Australian Government
Department of Health and Aged Care

Care minutes responsibility

Guide for residential aged care providers

4 February 2025

Contents

Purpose

The purpose of the care minutes responsibility guide (the Guide) is to provide information to approved providers about care minutes and legislative responsibility in relation to this responsibility. The Guide explains the categories of workers that can deliver care minutes, the activities that can qualify as care minutes, the care minutes targets for services and how these are calculated and provider reporting obligations.

Disclaimer

Approved providers of residential aged care services are responsible for understanding and complying with all legislation that is relevant to the delivery of residential care and respite care provided in a residential setting. This Guide is a general guide only and aspects of the policy and legislation, including proposed legislation, have been simplified for ease of understanding. It is not a substitute for, and is not intended to replace, independent legal advice or legal obligations under the aged care legislation or provide any interpretation of the legislation, or proposed legislation.

Residential aged care providers and care recipients should consider the need to obtain their own independent legal advice relevant to their particular circumstances.

The Department of Health and Aged Care (the department) makes every effort to ensure the information in this Guide is accurate and informative, however, does not make any representations nor provide any guarantees as to its accuracy, reliability, completeness, or currency of the information. The department disclaims all and any liability to any person in respect of anything done by a person in reliance on this Guide, whether in whole or in part.

Guide updates

Date	Version	Content
1/10/2024	1.0	Initial publication (derived from previous publication, Care minutes and 24/7 registered nurse responsibility guide)
17/12/2024	1.1	Section 2.1.3 – nurse practitioners Section 2.2 – changes to personal care worker definition Section 2.2.1 – changes to personal care worker trainee definition Appendix 2 – updates to examples
18/12/2024	1.2	Section 1.1 – new section on upcoming changes to care minutes funding for metropolitan services, and requirement for external audit of care time reporting. Section 2 – care minutes funding changes Section 6.2 – new section on upcoming auditing requirement
4/2/2025	1.3	Section 5.1.2, 5.3.2 and Appendix 4: updates regarding Star Ratings

Section 1: Introduction

1 Introduction

The care minutes responsibility requires approved providers of residential aged care services to provide a minimum amount of direct care time to residents by registered nurses (RNs), enrolled nurses (ENs), and personal care workers and assistants in nursing (PCW/AINs), in line with the direct care activities set out in this guide. It is established by amendments to the Quality of Care Principles 2014 made through the Aged Care Legislation Amendment (Care Minutes Responsibilities) Principles 2023.

The care minutes responsibility responds to the finding of the Royal Commission into Aged Care Quality and Safety (Royal Commission) that the routine care of older people in residential aged care often did not meet expectations for assistance with the activities of daily living, with many examples of substandard care in providing for the most basic of human needs.

The Royal Commission's Final Report:

- identified staffing levels as vital to the quality of care that older people receive
- recommended introducing a minimum staff time standard to increase care time for the people living in aged care homes across Australia (see Recommendation 86)
- recommended linking this staff time standard to a casemix-adjusted funding model, like the Australian National Aged Care Classification (AN-ACC) funding model.

In response to the Royal Commission recommendation, the government began funding approved providers through AN-ACC from 1 October 2022 to support the delivery of sector-wide average targets of 200 total care minutes, including a minimum of 40 minutes of RN time, per resident per day. This became mandatory on 1 October 2023, and increased to a sector-wide average of 215 minutes per resident per day, including a minimum of 44 minutes of RN time per day, from 1 October 2024.

The care minutes responsibility complements existing obligations of approved providers under the *Aged Care Act 1997* (the Act) to maintain an adequate number of appropriately skilled staff to ensure the care needs of care recipients are met and to provide safe, respectful and quality care and services (see obligations under the Aged Care Quality Standards (Quality Standards) in Schedule 2 to the Quality of Care Principles 2014). It is also separate and complementary to the 24/7 RN responsibility introduced on 1 July 2023, which requires providers to have an RN on-site and on duty at all times. Information on the 24/7 RN responsibility is available in the 24/7 RN guide.

1.1 Upcoming changes to care minutes funding and auditing

The government is making changes to AN-ACC funding by linking it to the delivery of care minutes in all non-specialised services in metropolitan areas (Modified Monash 1). This will not impact funding for specialised homeless services or services in regional, rural and remote areas.

This change aims to lift care minutes delivery and increase care for residents.

Services that meet their care minutes targets will have no change to their overall funding level. Services that **do not** meet their care minutes targets will see their funding reduce from April 2026.

For more information see Changes coming to care minutes funding and Care minutes supplement estimator.

Section 2:
Care workers

2 Care workers

Care minutes can only be delivered by the following specified care workers:

- registered nurses (RN)
- enrolled nurses (EN)
- personal care workers and assistants in nursing (PCW/AIN).

The government funds approved providers through AN-ACC to cover the cost of providing care minutes to residents by these aged care workers, including their wages.

This funding enables providers to employ a mix of specified care staff to deliver safe and quality care to residents living at their residential aged care services in line with their care needs at all times. For example:

- RNs provide nursing care including complex patient assessment, care plan development and evaluation of care
- ENs provide nursing care as delegated by the RN which includes, but is not limited to, patient assessment, wound management and administration of prescribed medications
- PCWs/AINs assist with daily living routines and perform tasks as delegated by nurses.

Note, services in MM1 areas that do not meet their care minutes targets from October 2025 will see their funding reduce from April 2026 as part of changes aimed at lifting care minutes performance. See Changes coming to care minutes funding for more information.

2.1 Nursing registration

Nurses in Australia are registered by the Nursing and Midwifery Board of Australia (NMBA).

The Australian Health Practitioner Regulation Agency (Ahpra) assists the NMBA perform their functions under the Health Practitioner Regulation National Law (National Law).

The titles of 'nurse', 'registered nurse' and 'enrolled nurse' are protected under the National Law and only those appearing on the Register of practitioners published by Ahpra may use the titles.

2.1.1 Registered nurse

An RN is a person who has completed the prescribed education preparation, demonstrates competence to practice, and is registered under the National Law as an RN in Australia.

In Victoria, an RN may also be known as a division 1 nurse.

An RN must continue to meet the core registration standards to maintain their registration. This includes recency of practice, continuing professional development, professional indemnity insurance, as well as all relevant professional codes and guidelines including the codes of conduct and ethics, and registered nurse standards for practice.

An RN has supervisory responsibilities for ENs and PCWs/AINs as well as delegating care and responsibilities to the care team.

2.1.2 Enrolled nurse

An EN is a person who provides nursing care under the direct or indirect supervision of an RN. They have completed the prescribed education preparation and demonstrate competence to practice

under the National Law as an EN in Australia. ENs are accountable for their own practice and remain responsible to an RN for the delegated care. In Victoria, an EN may also be known as a division 2 nurse. The labelling of an EN as a division 2 nurse does not make them an RN for the purposes of care minutes reporting or the 24/7 RN responsibility.

An EN must continue to meet the core registration standards in order to maintain their registration. This includes recency of practice, continuing professional development, professional indemnity insurance as well as all relevant professional codes and guidelines including the codes of conduct and ethics and enrolled nurse standards for practice.

An EN works with an RN as part of the care team and demonstrates competence in the provision of person-centred care. Core practice generally requires an EN to work under the direct or indirect supervision of an RN.

- **Direct supervision** is when the supervisor is actually present and personally observes, works with, guides and directs the person who is being supervised.
- **Indirect supervision** is when the supervisor works in the same service or organisation as the supervised person but does not constantly observe their activities. The supervisor must be available for reasonable access. What is reasonable will depend on the context, the needs of the resident receiving care, and the needs of the person being supervised.

An EN retains responsibility for their actions and remains accountable in providing delegated nursing care at all times. The need for an EN to have a named and accessible RN at all times and in all contexts of care for support and guidance is critical to the safety of residents.

2.1.3 Nurse practitioners

Nurse practitioners are RNs who are registered with the MNBA and have completed approved education to be recognised as a nurse practitioner by Services Australia.

Aged care staff who are Nurse practitioners performing direct care activities on-site can count towards care minutes reporting. However, services provided by Nurse Practitioners, including RNs, which are billed under Medicare or paid for privately (not paid for under AN-ACC) and are not engaged directly by the provider **do not** count towards care minutes reporting.

2.2 Personal care worker (PCW)

This is the definition of a PCW that will apply from 1 January 2025, that has been updated to reflect changes in the Aged Care Award 2010 and the Nurses Award 2020 that will apply from 1 January 2025. To see the definition in place prior to 1 January 2025, see Appendix 6.

The relevant award for aged care employees distinguish a PCW from other employees such as gardeners, drivers, food services assistants, cooks, chefs, clerical, cleaners and laundry hands.

For the purposes of care minutes:

- A PCW is an employee classified under Schedule B.2 in the Aged Care Award 2010 as an Aged Care employee - direct care level 1 to Level 6 (or in an equivalent role in an equivalent award or enterprise agreement or individual contract/agreement) whose primary responsibility is to directly provide personal care services to residents under the supervision of an RN or EN. Personal care services primarily consist of assisting with daily living activities, attending to personal hygiene, physical, administrative and cognitive needs and assisting with clinical care and provision of medical treatments and procedures where qualified to do so.

From 1 January 2025, AINs from the Nurses Award 2020 that work in residential aged care services transition to the Aged Care Award 2010. We now consider these workers PCWs for the purposes of care minutes. AINs from enterprise agreements continuing beyond 1 January 2025 will also be considered PCWs for the purposes of care minutes.

Activities of a PCW that can be reported as care minutes include assisting residents with:

- daily living routines and direct care activities (such as self-care or personal care) for example, assistance with eating and drinking, monitoring fluid intake, skin care, ambulation, bathing and washing, dressing, hair care, mouth care, positioning, shaving, bladder and bowel care (continence management), mobility and transfers (such as getting in and out of bed or to and from the toilet)
- social and emotional support for residents and their families, for example, supporting residents to be and feel connected, heard, valued and fulfilled
- regular monitoring and support of residents' health and wellbeing.

Activities not consistent with the role of a PCW include, but are not limited to:

- organising and running recreational/social activities
- provision of allied health support
- catering, food service, cleaning, laundry, maintenance and gardening.

For examples of care workers and the activities that can be reported as care minutes, see Appendix 2.

2.2.1 PCW trainees

Direct care delivered by trainees **can only count towards care minutes** where the trainee is employed under Schedule B.2 in the Aged Care Award 2010 as an Aged Care employee - direct care level 1 to Level 6 (or in an equivalent role in an equivalent award or enterprise agreement or individual contract/agreement) whose primary responsibility is to directly provide personal care services to residents under the supervision of an RN or EN.

Unpaid trainee placement hours cannot be reported and do not count towards care minutes.

2.2.2 Registered Undergraduate Students of Nursing

Worked hours of Registered Undergraduate Students of Nursing (RUSON) can also be reported as PCWs if they have:

- registered as a student nurse with Ahpra; and
- successfully completed no less than 12 months of the Bachelor of Nursing degree and are supervised by RNs at all times.

However, **unpaid placement hours cannot** be reported and **do not** count towards care minutes.

2.2.3 Allied health and lifestyle services

Allied health workers (including therapy assistants and allied health assistants working under the direction of an allied health professional) and lifestyle activities officers and recreation and diversional therapists are not specified care workers for the purposes of the care minute responsibility.

While services provided by these professions cannot contribute towards care minutes, they are an

important component of residential aged care, and the government continues to provide sufficient funding through AN-ACC to approved providers to deliver allied health and lifestyle services.

Providers must continue to provide these services without costs to residents who need them as required under Schedule 1 of the Quality of Care Principles 2014. The delivery of allied health and lifestyle activities is monitored by the Aged Care Quality and Safety Commission (ACQSC).

Residents and carers with concerns about the provision of allied health and lifestyle activities in a service can contact the Older Person's Advocacy Network (OPAN) on 1800 237 981 for advocacy services and assistance working with the service.

Staff, residents, and carers with concerns about level of care may complain to ACQSC. Complaints may be lodged online, or by contacting ACQSC directly on 1800 951 822. Complaints may be open, confidential, or anonymous. ACQSC can also provide support with information and options.

2.3 Workforce support

See Aged care workforce for programs to help recruit and retrain care workers.

Section 3: Direct care activities

3 Direct care activities

Only direct 'clinical care' and 'personal care' activities provided by specified workers (RNs, ENs or PCWs/AINs) **on-site** can count as care minutes. This means support provided through on-call and virtual telehealth arrangements cannot count towards care minutes targets.

Direct care activities may include both:

- direct in-person assistance (that is, face-to-face)
- direct care activities that are not undertaken face-to-face (for example, writing up care plans or organising a referral for an allied health service).

See Appendix 2 for examples of what different activities by different care workers can count as care minutes.

3.1 Activities included in care minutes

Time spent by RNs, ENs or PCWs/AINs providing direct 'clinical care' and 'personal care' activities that can be counted towards care minutes include but are not limited to:

Table 1: Care minutes activities

Direct care type	Activities	Examples
Clinical care	Treatments and procedures	• Medication management • Nutrition and hydration management • Pressure care management
	Assistance in obtaining health practitioner services	• Engaging with health providers including arranging and supporting to attend appointments to ensure residents' needs are met
	Assistance in obtaining access to specialised therapy services	• Engaging with allied health services, such as speech therapists, podiatrists, occupational or physiotherapy practitioners to ensure residents' needs are met
	Nursing services	• Assessing residents' clinical needs, including collecting clinical data such as vital signs, weight and other body measurements • Providing advice about or performing wound management • Diabetes and other chronic disease management • Behavioural management • Identifying and documenting changes to a resident's health status • Developing care plans and strategies • Liaising with residents and families on care issues including family meetings

Direct care type	Activities	Examples
Personal care	Resident social activities	• Assisting a resident to take part in social activities such as group lifestyle classes • (Only to the extent of one-on-one assistance to a resident to participate in the activities, and excludes the planning or delivery of activities to a group of residents)
	Daily living activities assistance	• Continence management • Bathing and washing residents • Grooming or shaving residents where the resident cannot perform these tasks • Mobility assistance
	Social and emotional support	• Social, emotional and cognitive support to residents (person-centred holistic care)
	Recreational therapy	• Accompanying residents on outings to assist residents with direct care activities • (Only to the extent of one-on-one assistance to a resident to participate in the activities, and excludes the planning or delivery of activities to a group of residents)
	Support for residents with cognitive impairment	• One-on-one support to residents with cognitive impairment (for example, dementia and behavioural disorders), including individual therapy activities and specific programs designed to prevent or manage a particular condition or behaviour and to enhance the quality of life

3.2 Emotional care and social support

Social and emotional support is a vital part of residential aged care and time spent by care workers supporting residents' social and emotional needs as a part of their duties can be included as care minutes.

Social and emotional support includes activities that support residents to be and feel connected, heard, valued and fulfilled. Examples of the activities that could be counted include, but are not limited to when a care worker:

- spends social time with a resident to have a conversation
- assists a resident personally to undertake personal interests (for example reading or playing a game)

- assists a resident personally to participate in a group activity.

Running group lifestyle activities (for example painting, singing, bingo, excursions) does not count towards care minutes. However, a care worker personally assisting a resident to take part in these activities can be counted.

While social and emotional support plays an important role in residents' wellbeing, it should enhance, and not replace, personal assistance with daily living routines and direct care activities, in line with the need to improve the standard of personal care in residential aged care.

3.3 Activities not included in care minutes

Non-direct care activities that cannot count as care minutes include, but are not limited to:

- rostering and other administrative tasks
- funding management related tasks including assessing residents for the purposes of determining whether to ask for an AN-ACC reclassification
- recruitment
- facility-level planning and reporting
- staff training
- preparing and serving meals
- laundry
- cleaning
- decorating rooms
- craft activities
- maintenance
- gardening
- planning and running recreation and lifestyle activities.

3.3.1 Performance of direct care activities

Only worked time is counted towards care minutes. This excludes all staff leave, training and unpaid breaks.

Where a specified worker is employed in a hybrid or dual role, for example, performing both personal and/or clinical care activities and non-care activities, only the portion of the worker's time spent on 'direct care' activities can count towards care minutes.

Where a specified worker works across separate services, their time should only be counted at a service based on the time they are allocated to and perform the specified personal care and clinical care activities in relation to residents at that service. That is, a worker's time must be apportioned based on the direct/clinical care provided in each service.

Section 4: Care minutes targets

4 Care minutes targets

Care minutes targets indicate the average amount of care time in minutes that must be provided through each aged care home by specified care workers (RNs, ENs and PCWs/AINs), per resident per day.

There are two types of care minutes targets:

- the sector-wide target, or benchmark, for the aged care sector as a whole
- service-level targets that are specific to a residential care service based on the care needs of its residents.

4.1 Sector-wide benchmark

The current sector-wide care minutes benchmark is an average of 215 minutes, including 44 minutes of RN time, per resident per day.

4.2 Service-level targets

Each approved provider of a residential care service has a responsibility to meet the service-level care minutes targets for that service.

Providers can calculate their care minutes targets based on the AN-ACC and respite classes of their residents (or assessed care needs) and the care minutes associated with each class.

In general, a residential care service with mainly higher needs residents will have higher care minutes targets, and therefore need to deliver more care time, than a service with mainly lower needs residents.

For example, a service with higher needs residents might have a total care minutes target of 235 minutes per resident per day, while a service with lower needs residents could have a lower target of 200 minutes per resident per day.

The collective performance of providers against their service-level targets is used to determine how well the aged care sector is meeting the average care minutes benchmark at the sector-wide level.

See care minutes performance in residential aged care for information on how each service is performing against their targets.

4.3 Care minutes allocations by AN-ACC and respite class

Under the AN-ACC funding model, each resident receives an independent assessment and is assigned an AN-ACC class or a respite class.

There are 13 AN-ACC classes and 3 respite classes.

As outlined in Table 2 below, each AN-ACC class have specific care minutes allocations that reflects the care needs of residents in that class, which are matched to the level of class funding provided under the AN-ACC funding model (using AN-ACC casemix classification weight changes recommended by the Independent Health and Aged Care Pricing Authority based on their 2023 Residential Aged Care Costing Study).

For more information on AN-ACC and respite classes, or the AN-ACC assessment process, see the AN-ACC Funding Guide.

The care minutes associated with each AN-ACC or respite class are used to calculate the service-level care minutes targets for each residential care service.

Table 2: Care minutes allocations associated with each AN-ACC and respite class from 1 October 2024

For a care recipient classified as…	The combined staff daily amount (or total care minutes allocation) is… (minutes)	And the registered nurse daily amount (or RN minutes allocation) is… (minutes)
Class 1	281	53
Class 2	122	25
Class 3	169	35
Class 4	138	29
Class 5	185	41
Class 6	177	37
Class 7	215	45
Class 8	239	50
Class 9	209	42
Class 10	254	50
Class 11	244	47
Class 12	243	46
Class 13	281	53
Class 101 – Respite	163	33
Class 102 – Respite	196	42
Class 103 – Respite	252	49

4.4 Calculation of care minutes targets

Approved providers of residential care services are required by law to ensure a certain amount of direct care minutes is provided to care recipients at a service each quarter, worked out in accordance with section 9 of the Quality of Care Principles 2014.

A care minutes target calculator is available to assist with this. Further guidance on how to calculate care minute targets is included in Appendix 3.

Approved providers of residential care services should contact the department by emailing rcfrbdataandanalysis@health.gov.au if there appears to be an error with the amount of direct care minutes it has published in respect of a service.

In addition, approved providers should ensure the list of residents (permanent and respite) for each of their services in the My Aged Care Service and Support Portal is up to date and correct, to support accurate publication of care minute target calculations by the Secretary. This list of residents can be found by navigating to the 'Residential care' tile (details are included in Section 8 of the My Aged Care – Service and Support Portal user guide). Any retrospective changes to this data after the targets are calculated (on the 15th of the month in advance of the quarter commencing) will not be taken into account.

4.4.1 Hospital leave and residents without an AN-ACC class

All residents with an AN-ACC classification who are on leave, for example social or hospital leave (including extended leave) are included in the care minute target calculation.

Residents that do not have an AN-ACC classification (that is, those without an AN-ACC class and are attracting a default payment rate) are **excluded** from the calculation of care minutes targets.

See **Appendix 3** for examples on how to calculate care minute targets, including factors that should be taken into account when undertaking these calculations.

4.4.2 Services that have combined or been acquired by another provider

Approved providers should use the following rules to work out their care minutes targets if they have transferred operational places under Division 16 of the Act.

- **two or more services operated by the same approved provider combine to become one single service:**
    - Residents who were at the *closing service* would only be relevant to the calculation of the *continuing service's* care minutes targets for the upcoming performance quarter from the date of transfer to the continuing service. This means that the days the residents were in care at the closing service before the date of transfer should not be counted for the purposes of calculating the care minutes target for the continuing service.
    - Residents who were at the continuing service must be included for the entire reference period.
- **a service is acquired by another approved provider:**
    - The *gaining provider* only needs to calculate their care minutes targets for the upcoming performance quarter based on the residents that were in care at the service operated by the *gaining provider* from the date the service was acquired. This means that the days the residents were in care at the service operated by the losing provider before the acquisition date should not be counted for the purposes of calculating the care minutes target for the gaining provider.

Examples of how to calculate care minutes targets for services that have transferred places under Division 16 of the Act can be found at Appendix 3.

4.4.3 Period used for calculation of care minutes targets

The reference period for a quarter is the period of 3 months beginning on the day that is 4 months before the first day of the quarter. In other words, the reference period commences four months prior to the first day of the relevant performance quarter and continues for a period of 3 months.

For example, for the performance quarter from 1 October to 31 December 2024, care minutes

targets are calculated using AN-ACC classification data from the 3-month period from June to August 2024.

See **Table 3** below for the reference periods for each performance quarter and the date the department undertakes the calculations.

Table 3 Target calculation periods for each performance quarter

Performance Quarter	Q1: October-December	Q2: January-March	Q3: April-June	Q4: July-September
Reference period (3 months beginning on the day that is 4 months before the first day of the quarter)	June-August	September-November	December–February	March-May
Calculation date	15 September	15 December	15 March	15 June

4.5 Delivery of quarterly targets

Each residential care service must meet their service-level care minutes targets on a quarterly basis.

Approved providers must ensure that the average amount of care minutes provided by specified workers to each resident that is in care at the residential care service, during the performance quarter, is at least the required care minutes calculated under section 9 of the Quality of Care Principles 2014.

For example, a residential care service with a total care minutes target of 210 minutes per resident per day for the October to December quarter, that had 1,000 resident care days during this quarter, is required to deliver 210,000 minutes of care from RNs, ENs and PCWs/AINs per day for the quarter.

The count of residents includes:

- **unclassified residents** (that is, those without an AN-ACC class) – while not included in the care minutes target calculation, unclassified residents are counted for the purpose of care minutes performance. Using the above example, 190 minutes needs to be delivered for each day an unclassified resident receives residential care in the quarter
- **residents on leave** are also counted as residents for the purpose of care minutes performance, except where the resident is on extended hospital leave for 29 consecutive days (even though the residents would be included in the care minutes target calculation). In this instance, the first 28 days of leave are included, but not the 29th and subsequent days.

4.5.1 Counting EN minutes towards RN targets

From 1 October 2024, approved providers are able to meet up to 10% of their RN care minutes target with care time delivered by ENs.

This small adjustment has been informed by stakeholder feedback including from providers, workers (particularly ENs), worker representatives, older people, state governments and the Technical and Further Education (TAFE) sector. It recognises the important role of ENs in aged care and improves recruitment and retention of these skilled workers. It also helps providers to meet their care minutes if they are facing RN workforce shortages.

The care outcomes which an EN contributes to will continue under the delegation and supervision of an RN and are supported by the 24/7 RN responsibility. This means the policy adjustment does not impact the responsibilities of nurses working in a residential care service.

Approved providers are funded to meet their care minutes as though the full RN component of their care minutes target is met by RNs.

The Nursing and Midwifery Board of Australia regulates the nursing profession in Australia. More information on the scope of practice for nurses can be found at Fact sheet: Scope of practice and capabilities of nurses.

Note, this adjustment does not impact the way providers report care time through the Quarterly Financial Report (QFR). The department's system will automatically calculate the number of EN minutes that can be attributed to a service's RN target. This means all EN care time must continue to be reported in the EN category of the QFR.

See Appendix 4 for examples of how EN minutes can contribute to the RN targets.

4.6 Accessing and viewing care minutes targets

On the 15th day of the month prior to the start of the performance quarter, the department uses the method set out in section 9 of the Quality of Care Principles 2014 to work out the care minutes targets for each service.

The department performs quality assurance checks on the data before publishing the targets on the Government Provider Management System (GPMS), prior to the start of the performance quarter.

The same care minutes target information is also published on the department's website so that aged care residents, their family members and other interested members can see their service's current care minute targets.

Providers can view historical, current and upcoming care minutes targets in GPMS, and access notifications when the targets become available. For more information, see Government Provider Management System User Guide: Care Minutes Targets.

4.7 Accessing care minutes performance information

Service-level care minutes performance is published on the My Aged Care Find a Provider as part of each services Staffing Star Rating page.

Information about care minutes performance in residential aged care is also available on the department website.

4.8 Publication of EN care minutes

Care minutes specifically delivered by ENs are published alongside Star Ratings on the Staffing page via the My Aged Care 'Find a Provider' tool, in line with the announcement made at the 2023--24 Budget.

The publication of EN care minutes delivered is **not** an indicator that EN specific targets are being introduced, but to provide transparency for older people and their representatives when comparing services and will support providers to monitor, compare and improve their care delivery.

Care time delivered by ENs will continue to contribute towards the overall service-level care minutes, including up to 10% of the RN target from 1 October 2024.

Section 5: Reporting and quality assurance

5 Reporting

Approved providers of residential aged care services are required to report care time delivered at the service level in the Quarterly Financial Report (QFR) through the GPMS portal for each financial quarter. The care time reported in the QFR is used to assess each service's performance against their care minutes targets.

Providers are also required to separately report their RN coverage in relation to the 24/7 RN responsibility through the GPMS portal every month.

5.1 Purpose of QFR reporting

Information reported in the QFR is used to monitor care staffing time to ensure that additional care minute funding that commenced with the implementation of AN-ACC on 1 October 2022 is being appropriately targeted.

This information may be used for purposes including, but not limited to:

- financial and prudential oversight: to track, monitor, and benchmark the sector
- consumer choice and transparency: to provide information, including on care minutes, for the purposes of calculating Star Ratings
- policy development: to inform policy planning and development
- funding and regulation: to inform the AN-ACC pricing model
- monitoring direct care minutes delivered by aged care services.

Care data reported in the QFR is used to calculate each service's Staffing Star Rating, which contributes to the overall Star Rating for a service. Incomplete or misleading care minutes reporting may impact a service's overall Star Rating.

Providers that submit late or fail to submit their QFR will be monitored by the ACQSC. ACQSC will consider a range of escalating regulatory actions and will closely monitor those providers who consistently fail to meet their legislated reporting obligations.

Regulatory actions may include issuing a non-compliance notice requiring the provider to take specific actions, and/or proportionate enforcement action.

Providers can submit their QFR at any time through GPMS from the first day of the following quarter until the legislated due date.

5.1.1 Performance of services

The residential care hours reported in the QFR for RNs, ENs, and PCWs/AINs directly informs the:

- performance of services against their care minutes targets
- Staffing Star Rating, which contributes to the service's Overall Star Rating.

This will assist consumers to easily compare and make choices on residential aged care services.

5.1.2 QFR due dates

The legislated QFR due dates are outlined below:

F igure 1 Legislated QFR dates

Approved providers have a legislated responsibility to submit the QFR by the due date for each quarter. The department has no authority to grant an extension to due dates.

Failure to submit a QFR, or to submit by the due date, could result in no Staffing Star Rating and will result in no Overall Star Rating as it requires all 4 sub-category ratings.

Failure to pass data validation checks will also result in no Staffing rating and no publication of care minutes actuals for the relevant reporting quarter/s and will result in no Overall Star Rating.

Care data reported in QFRs submitted after the due date may not be included in the Star Ratings process. This could result in no Star Rating for the Staffing sub-category.

5.2 QFR support

Information and resources for the QFR are available through the QFR resources, which include:

- an excel spreadsheet template of the QFR that shows the information that needs to be reported
- reporting guidance
- system user guide
- webinars recordings
- data validations guide
- Frequently Asked Questions (FAQs) register and
- QFR reporting definitions.

Approved providers should review these documents to understand their QFR reporting requirements. Approved providers are responsible for ensuring that they have appropriate systems in place to collect and provide quality data for this report.

A help desk is available to assist providers with the residential care labour cost and hours reporting section of the QFR and the ACFR. Send questions on these topics to health@formsadministration.com.au

5.2.1 Allied health reporting

Approved providers must report on all staff time in their ACFR and QFR, including time provided by allied health professionals. Allied health services are not counted towards care minutes because these services are funded separately under AN-ACC.

5.2.2 Costing activities

Data from the ACFR and QFR will contribute to costing and pricing activities undertaken by the Independent Health and Aged Care Pricing Authority (IHACPA) for the AN-ACC funding model, including ongoing matching of funding to resident needs and equitable distribution of funding.

5.2.3 Record keeping responsibilities

Under section 88-1 (1) (a) of the *Aged Care Act 1997* (the Act) approved providers of residential aged care have a responsibility to keep records which enable a proper assessment to be made as to whether the approved provider has complied, or is complying, with its responsibilities under Chapter 4 of the Act. These responsibilities include, but are not limited to:

- the responsibility to provide required amounts of direct care (Quality of Care Principles 2014 s 10)
- the responsibility to ensure at least one registered nurse is on-site and on duty, at all times (Aged Care Act 1997 s 54-1A)
- the responsibility to report on the 24/7 RN responsibility (Accountability Principles 2014 s 44B) and to prepare a Quarterly Financial Report (QFR) (Accountability Principles 2014 s 43*).*

If an approved provider fails to comply with a responsibility, ACQSC may impose sanctions under Part 7B of the Quality and Safety Commission Act 2018.

Care time reporting assessments assess the accuracy of information provided to the department under an approved provider's responsibility to report on the 24/7 RN responsibility (Accountability Principles 2014 s 44B) and to prepare a QFR (Accountability Principles 2014 s 43). As part of these reporting assessments, the department may require approved providers to supply information and documents. This generally includes:

- excel calculations, listings and working papers for direct care minutes used to prepare the QFR submission
- excel employee listing showing full name, classification, and award rate for the quarter, including Australian Health Practitioner Regulation Agency (AHPRA) registration numbers for any registered and enrolled nurses
- all agency invoices related to direct care minutes for the review period
- excel timesheets for the review period for all direct care staff
- excel pay runs for the review period for all direct care staff
- duty statements/job descriptions, or similar information for each role that delivers direct care
- details of engagement of agency direct care workers
- an explanation on how time is allocated for staff between direct care (that is, care minutes) and non-direct care
- any manual adjustments made to the underlying data for the purposes of QFR reporting
- a high-level overview of the processes in place to ensure care minute reporting is accurate
- a high-level overview of how you confirm registered nurses' shift attendance.

To support providers in responding to these requests for information, the department has prepared a model pack. This pack should be used as a guide, or as an example of what a provider's response to a request may look like.

5.3 Quality assurance

5.3.1 Data validation

The department will look closely at provider reporting to ensure only care time that fits within the scope of care minutes as outlined in this Guide is counted.

Since QFR reporting commenced in July 2022, the department has checked the residential care data submitted to the department for **all** services. This data validation process checks the reasonableness of submitted care hours data which includes:

- hourly rate validations to identify potential issues with reported labour expenditure or hours
- care minute validations to identify potential issues with reported RN, EN and PCW/AIN labour hours as well as reported occupied bed days
- checking for any quarterly changes to identify potential issues with reporting between periods
- checking reported expenditure per claim day to identify potential issues with reported labour expenditure or reported occupied bed days
- checking against departmental records to identify potential issues with reported labour costs and reported occupied bed days

These checks are used to identify discrepancies and questionable patterns that suggest inaccurate information has been reported, or that non-care activities are being counted as care minutes.

5.3.2 Resubmission of data

Providers will be notified in writing if data submitted needs to be reviewed and resubmitted.

Resubmissions must be made within the data validation period, which is approximately 3 weeks from the QFR due date. Clear guidance on due dates will be included in the written notifications.

The resubmission due date will be advised by the department in the written notice. Providers must re-submit their data by this date to allow the department sufficient time to review the re-submitted data for Star Rating purposes.

Any data that is submitted after the notified resubmission due date may not be accepted.

If providers leave their data unchecked, or the resubmitted data has not met the reasonableness checks, it may not be included in the Star Ratings process. This means the service may not receive a Star Rating for the Staffing sub-category, which will result in no Overall Star Rating as it requires all 4 sub-category ratings.

Failure to pass validation checks will also result in no Staffing rating and no publication of care minutes actuals for the relevant reporting quarter/s and will result in no Overall Star Rating.

Section 6: Regulation of care minutes

6 Regulation of the care minutes

The Aged Care Quality and Safety Commission (ACQSC) is responsible for regulating compliance with workforce-related requirements, including the care minutes responsibility.

Their Regulatory Bulletin explains how the Commission regulates this responsibility.

Staff, residents, and carers with concerns about level of care may complain to the Commission. Complaints may be lodged online, or by contacting the Commission directly on 1800 951 822. Complaints may be open, confidential, or anonymous. The Commission can also provide support with information and options.

6.1 Care time reporting assessments program

The department checks the accuracy of the information approved providers report to us in the Quarterly Financial Report (QFR) and monthly 24/7 RN Reports. Reporting assessments:

- help improve approved providers' reporting and information management
- help ensure that approved providers are meeting their mandatory reporting and care requirements
- provide accurate data to inform Star Ratings
- help inform the Independent Health and Aged Care Pricing Authority's (IHACPA) costing studies
- help inform the department's policy decisions
- improve the accuracy of information provided to the Commission and the quality of sector data overall.

See care time reporting assessments for more information about this program and actions that may be taken by the department if we identify issues with reporting.

Also see record keeping responsibilities for information about an approved provider's record keeping and reporting responsibilities.

6.2 Upcoming auditing requirement

All residential aged care providers will be required to have an audit of their care time and associated expense reporting, undertaken at the end of the financial year by an external auditor. Providers will be required to submit the first care time audit as part of their Aged Care Financial Report (ACFR) for 2025-26. The department will provide more information before the introduction of this requirement.

Appendices

Appendix 1: Support

Table 4 Aged care funding reform resources

Information source	Description
Resources	Resources are located here.
Social media	Follow us on Facebook, X, LinkedIn and Instagram.
Subscriptions	Subscribe to the department's newsletters here for aged care updates.
Ageing and Aged Care Engagement Hub	Find engagement activities and register interest to be involved in workshops, focus groups, webinars, and surveys. Website: https://www.agedcareengagement.health.gov.au/
My Aged Care service provider and assessor helpline	For help with the Government Provider Management System or My Aged Care system or technical support for providers and assessors. Phone: 1800 836 799 The helpline is available from 8:00am to 8:00pm Monday to Friday and 10:00am to 2:00pm Saturday, local time across Australia.
QFR-related guides, fact sheets, FAQs, and definitions	Visit the Forms Admin homepage.
Helpdesk	Email health@formsadministration.com.au for help with the residential care labour cost and hours reporting section of the QFR

Appendix 2: Care worker examples for care minutes

Lifestyle Staff

Liza – Lifestyle Activities Officer

Liza is employed as a Lifestyle Activities Officer at Service X and spends her day providing recreational and lifestyle services to residents including spending time with residents and planning and assisting with recreational and social activities and facilitating community participation. She also assists residents to decorate their rooms, organises craft activities for residents, and helps them engage in community activities outside the service and social gatherings in the service.

Since Liza's primary responsibility is not providing personal care services to residents under the supervision of an RN or EN, she is not considered a PCW and therefore none of her time can be reported as care minutes. Her time should be reported under the Lifestyle component of the QFR.

Registered Nurse and Care Management Staff

Beth – Registered Nurse and Care Manager

Beth is a qualified Registered Nurse and is employed as a Care Manager at Service X. Beth spends 60 per cent of her time undertaking administrative duties such as staff training, rostering, recruitment, facility-level planning and managing communication in the multidisciplinary team. This is not considered as direct care and time spent doing these activities does not count towards care minutes. Beth spends the other 40 per cent of her time providing high-level clinical advice to residents and families, assessing residents' clinical needs, and overseeing and developing individual care plans for residents. This is considered direct care and is therefore counted as care minutes.

All the time Beth spends providing direct care is attributed to RN care minutes, even if some of the care being provided involves tasks sometimes provided by other types of care workers, such as ENs or PCWs.

Nurse Practitioner

Jenny – Nurse Practitioner

Jenny is a qualified Nurse Practitioner and is employed by Service X on a part-time basis. She spends 80 per cent of her time on-site providing direct care activities, including organising diagnostic tests or appropriate medicines for residents with higher or complex care needs. As Jenny is an advanced practice Registered Nurse who is registered with the Nursing and Midwifery Board of Australia (MNBA), her time spent providing direct care to residents can be counted towards care minutes.

Enrolled Nurse

Georgia – Enrolled Nurse

Georgia has a Diploma of Nursing and is employed as an Enrolled Nurse at Service X. Georgia spends 100 per cent of her time administering medication under the guidance of an RN; checking and recording residents' temperature, pulse, blood pressure, and respiration; and helping residents with their activities of daily living. This is considered direct care and is reported as care minutes.

Buddy shifts

Simone and Laura – Enrolled Nurses

Simone is a qualified Enrolled Nurse who has been employed at Service X for 5 years. Laura recently completed her Diploma of Nursing and gained registration with the Nursing and Midwifery Board of Australia (MNBA) as an Enrolled Nurse. As a less experienced worker, Laura accompanies Simone, an experienced

worker, on one or more shifts to understand more about resident needs and preferences and get to know the work routine and apply learnings. As Simone and Laura are both Enrolled Nurses, direct care activities undertaken during the buddy shift arrangement can be counted as care minutes.

Likewise, on any occasion where a resident is receiving direct care from more than one care worker (as defined in Section 2) at a time, the approved provider is able to count the care time delivered by each care worker towards its targets. For example, if two care workers are providing care to the same resident at the same time for 20 minutes then this would count as 40 minutes of care time that the approved provider can count towards their care minutes targets.

Clinical Funding Manager

Miles – Enrolled Nurse and Clinical Funding Manager

Miles is a qualified Enrolled Nurse and employed in a hybrid role both caring for residents and performing a funding management role at Service X. Miles spends around 50 per cent of their time undertaking assessments of residents for the purposes of finding opportunities for AN-ACC reclassifications to achieve higher funding levels. These activities are not considered direct care and therefore should not be reported as care time. Miles spends the other 50 per cent of their time caring for and monitoring residents including attending to their basic daily needs such as toileting, helping with mobility and monitoring vital signs. These activities are considered direct care and should be reported as Enrolled Nurse care time.

Personal Care Worker and Assistant in Nursing Staff

Ingrid –Personal Care Worker (employed on award as an Aged Care employee - direct care level 4)

Ingrid is employed as a Personal Care Worker at Service X and spends most of her time (80 per cent) attending to the basic daily needs of residents including bathing and washing residents, dressing residents, helping residents eat, assisting residents with toileting, and accompanying residents on daily outings to assist with these basic daily needs. Since Ingrid is employed in a relevant category on the Aged Care Award her primary responsibility is to directly provide personal care services to residents her time providing direct care to residents counts towards care minutes.

Ingrid also helps in the kitchen (20 per cent of her time) helping with food preparation for residents. For example, Ingrid sometimes helps the Chef to plate up food and serves food to residents in the dining room. These activities are not considered direct care and cannot be counted towards care minutes.

Kate –Personal Care Worker with hybrid lifestyle role

Kate is employed as a Personal Care Worker at Service X, and spends the majority of her rostered time on duty (90 per cent) attending to the basic daily needs of residents including toileting, bladder and bowel management, helping residents with mobility, and transferring and caring for existing pressure areas. While attending to their basic daily needs, Kate also provides social and emotional support to residents by listening to their concerns and feelings to provide person-centred holistic care. Since Kate's primary responsibility is to directly provide personal care services to residents and therefore is considered a personal care worker her care time can be counted towards care minutes.

Kate occasionally assists (10 per cent of her time) as a Lifestyle Activities Officer, organising and running activities and social outings, including community events outside the service. The time Kate spends organising and running activities is not considered direct care and cannot be counted towards care minutes.

Melanie –Personal Care Worker

Melanie is employed as a Personal Care Worker at Service Y which is run as a household model. The model sees around 20 residents live as part of a household, with a shared kitchen, dining room, and living room. There are no set routines for residents, with the emphasis on making the service like a home. Melanie spends around 80 per cent of her time undertaking personal care tasks such as assisting with eating and drinking and bathing and washing residents 20 per cent of her time working with food preparation and cleaning of the

facility. As Melanie's primary responsibility is to directly provide personal care services to residents, time spent with residents attending to their needs is considered direct care.

Peter – Nursing Assistant (or Assistant in Nursing)

Peter is employed as a Nursing Assistant at Service X employed on an enterprise agreement. Peter spends his time attending to the basic daily needs of residents, under the direction and supervision of Registered Nurses and Enrolled Nurses, including assisting with positioning and mobility care. He also applies simple wound dressings, tests residents' blood sugar levels, assists in the collection of residents' clinical data such as weighing and measurements, and clinical observations. All the duties performed by Peter in this role are considered direct care and can be counted towards care minutes.

Appendix 3: care minute targets

Example – calculating care minutes targets

The following example illustrates how a calculation of the care minutes targets for Service A for the 1 October to 31 December 2024 quarter should be undertaken.

Service A provided a total of 900 care days to residents with an AN-ACC class from 1 June to 31 August 2024.

Using the care minutes allocation associated with each of the AN-ACC classes and the days residents were in care for each AN-ACC class, Service A's care minute targets for the 1 October to 31 December 2024 quarter are 234.8 total minutes and 46.7 RN minutes per resident per day.

AN-ACC class	(a) Care minutes allocations for class	(b) RN care minutes allocations for class	(c) Total no. of days in care for class in calc period	(a) x (c) Total care minutes for class	(b) x (c) Total RN minutes for class
AN-ACC class 5	185	41	276	51,060	11,316
AN-ACC class 9	209	42	250	52,250	10,500
AN-ACC class 10	254	50	276	70,104	13,800
AN-ACC class 11	244	47	230	56,120	10,810
AN-ACC class 13	281	53	276	77,556	14,628
		Total	**1,308**	**307,090**	**61,054**
Average care minutes targets (in minutes) **Equals sum of minutes divided by total days**				**234.8**	**46.7**

Scenarios that providers should consider when calculating care minutes targets

When calculating care minutes targets, approved providers should consider whether the following scenarios apply.

Scenario 1: Residents with changes in AN-ACC classes during the calculation period

Li is determining the minute targets for Service X for the period 1 October to 31 December 2024. The targets will be based on Service X's AN-ACC class mix and days of recognised residential care provided through the service for the period 1 June to 31 August 2024 (total of 92 days). During this period, Service X:

- did not have any new residents
- 2 residents exited care
- 3 residents had changes to their AC-ACC classes on 1 July as a result of reclassifications.

When calculating the service's care minute targets, Li should take into account that:

- 2 counted residents had less than 92 days in care (the 2 residents that exited care)
- the days of recognised residential care in respect of the 3 reassessed counted residents are correctly apportioned between the old and new AN-ACC classes (30 days for the original AN-ACC class and 62 for the new AN-ACC class).

Scenario 2: New residents without AN-ACC classes

Jean is determining Service Z's care minute targets for the period 1 January to 31 March 2025. The targets will be based on Service Z's AN-ACC class mix and days of recognised residential care provided through the service for the period 1 September to 30 November 2024 (total of 91 days).

During this period, Service Z had three new residents enter care towards the end of the period used to calculate the targets. These residents have not received an AN-ACC assessment by the day the targets must be calculated (15th day of month prior to the start of the quarter) and as such, do not have assigned AN-ACC classes.

As each of these residents do not have an AN-ACC class, Jean excludes them from the data used to calculate the targets for the next quarter, however, Service Z must ensure that they provide the required care time for these residents during the quarter.

Jean will include them in the calculation of future quarterly targets once they have been assigned AN-ACC classes.

Scenario 3: 2 services operated by same approved provider combined into a single service

Service A and Service B are co-located services run by the same approved provider. The provider made an application to combine Service B (closing service) with Service A (continuing service), and the transfer of operational places under Division 16 of the Act was finalised on 15 October 2024.

On 15 December, Alex works out the care minutes targets for Service A (which now includes the residents transferred from Service B) for the January – March 2025 quarter. The targets will be based on:

- Service A's AN-ACC class mix and days of recognised residential care provided through the service for the period 1 September to 30 November 2024 (total of 91 days)
- Service B's AN-ACC class mix and days of recognised residential care provided through the service the period from 15 October (date of transfer to Service A) to 30 November 2024 (total of 46 days).

When calculating the targets, Alex should also take into account any exits, new entries and changes in ANACC classification.

Scenario 4: A service was acquired by another approved provider

Service A was acquired by provider X (gaining provider) and the transfer of operational places under Division 16 of the Act was finalised on 15 October 2024.

On 15 December, Karen works out the care minutes targets for Service A (which is now operating under the gaining provider) for the January – March 2025 quarter. The targets will be based on Service A's AN-ACC class mix and days of recognised residential care provided through the service for the period from 15 October (date of transfer) to 30 November 2024 (total of 46 days). Days of care provided by the losing provider are not counted for the purposes of calculating the care minutes targets.

When calculating the targets, Karen should also take into account any exits, new entries and changes in AN-ACC classification.

Appendix 4: Inclusion of care time from an EN in RN targets

Example 1: minutes from an EN is equal to or greater than the maximum 10% of RN target

Joan worked out that Service X has a target of 210 minutes per resident per day for the October – December 2024 quarter. This includes an RN specific target of **42 minutes** per resident per day.

At the end of the quarter, Joan reports the RN, EN, PCW/AIN labour costs and hours for Service X in the relevant categories of the Quarterly Financial Report as usual. Using this data, the system worked out that Service X delivered an average of 215 total care minutes per resident per day, including an average of:

- **20 minutes from an EN per resident per day**
- **38 minutes from an RN per resident per day** (which *falls short* of the target of 42 RN minutes)
- 157 minutes from a PCW/AIN.

As Service X is able to meet up to 10% of its RN care minutes target with care time from an EN:

- The system automatically calculates, and attributes **4.2 minutes delivered by an EN** (equal to the maximum 10% of the RN target of 42 minutes) towards the service's performance against its RN care minutes target.
- The RN care minutes delivered by Service X for the October – December 2024 is now taken to be **42.2 minutes** (38 minutes from an RN plus 4.2 minutes from an EN) and they have 'met' their RN target.
- The 42.2 RN minutes will also be used to calculate the Staffing Star Rating for Service X.

All reported care time are included in the service's overall care minutes performance of 215 total care minutes.

Example 2: minutes from an EN is less than the maximum 10% of RN target

Service Y recently employed one part-time EN who works 3 days a week. For the October – December 2024 quarter, Simon worked out that Service Y's target is 220 minutes per resident per day, including **46 minutes** of RN care per resident per day.

At the end of the quarter, Simon reports the RN, EN, PCW/AIN labour costs and hours for Service Y in the relevant categories of the Quarterly Financial Report as usual. Using this data, the system worked out that Service Y delivered an average 218 total care minutes per resident per day, including an average of:

- **2 minutes from an EN per resident per day**
- **40 minutes from an RN per resident per day** (which *falls short* of the target of 46 RN minutes)
- 176 minutes from a PCW/AIN.

As Service Y only delivered an average of 2 minutes of care from an EN per resident per day (which is less than the maximum 10% of the RN target), the system automatically attributes **all of the minutes delivered by an EN** towards the service's performance against its RN care minutes target.

While Service Y is still short of meeting it RN target of 46 minutes, the RN care minutes delivered by service for the October – December 2024 is now taken to be **42 minutes** (40 minutes from an RN plus 2 minutes from an EN). This will also be used to calculate the Staffing Star Rating for Service Y.

All reported care time are included in the service's overall care minutes performance of 218 total care minutes.

Example 3: service delivers equal to or above RN target

Audrey worked out that the care minutes target for the October – December 2024 for Service Z is 215 minutes per resident per day, including **44 minutes** of RN care per resident per day.

At the end of the quarter, Audrey reports the RN, EN, PCW/AIN labour costs and hours for Service Z in the relevant categories of the Quarterly Financial Report as usual. Using this data, the system worked out that Service Z delivered an average 225 total care minutes per resident per day, including an average of:

- **25 minutes from an EN per resident per day**
- **46 minutes from an RN per resident per day** (which is *greater* than its target of 44 RN minutes)
- 154 minutes from a PCW/AIN

Even though Service Z has already met and exceeded its RN target, the service can still count some of the EN care time delivered towards its RN target. As Service Z delivered an average of 25 minutes from an EN per resident per day:

- The system automatically calculates, and attributes **4.4 minutes delivered by an EN** (equal to the maximum 10% of the RN target of 44 minutes) towards the service's performance against its RN care minutes targets.
- The RN care minutes delivered by Service Z for the October – December 2024 is now taken to be **50.4 minutes** (46 minutes from an RN plus 4.4 minutes from an EN).
- The 50.4 RN minutes will also be used to calculate the Staffing Star Rating for Service X.

All reported care time are included in the service's overall care minutes performance of 225 total care minutes.

Appendix 5: Previous allocations of care minutes by AN-ACC and respite class

Table 8 Care minutes allocations associated with each AN-ACC and respite class from 1 October 2023 – 30 September 2024

For a care recipient classified as…	The combined staff daily amount (or total care minutes allocation) is… (minutes)	And the registered nurse daily amount (or RN minutes allocation) is… (minutes)
Class 1	317	57
Class 2	110	30
Class 3	143	32
Class 4	115	28
Class 5	157	39
Class 6	152	34
Class 7	186	36
Class 8	200	38
Class 9	202	46
Class 10	282	56
Class 11	274	41
Class 12	269	42
Class 13	317	57
Class 101 – Respite	120	31
Class 102 – Respite	165	36
Class 103 – Respite	273	48

Appendix 6: Definition of a Personal Care Worker (PCW) /Assistant in Nursing (AIN) prior to 1 January 2025

The relevant awards for aged care employees distinguish a PCW/AIN from other employees such as gardeners, drivers, food services assistants, cooks, chefs, clerical, cleaners, laundry hands, and lifestyle coordinators.

For the purposes of care minutes:

- a PCW is an employee classified under Schedule B.2 in the *Aged Care Award 2010* as an Aged Care employee – direct care Level 2 (Grade 1 PCW) to Aged Care employee – direct care Level 7 (Grade 5 PCW) (excluding Aged care employee- direct care Level 6), or in an equivalent role in an equivalent award or enterprise agreement or individual contract/agreement, and
- an AIN (or Nursing Assistant) is an employee classified under Schedule B.2.1 in the *Nurses Award 2020*

PCWs and AINs work under the supervision and guidance of an RN or EN.

Activities of a PCW/AIN that can be reported as care minutes include assisting residents with:

- daily living routines and direct care activities (such as self-care or personal care) for example, assistance with eating and drinking, monitoring fluid intake, skin care, ambulation, bathing and washing, dressing, hair care, mouth care, positioning, shaving, bladder and bowel care (continence management), mobility and transfers (such as getting in and out of bed or to and from the toilet)
- social and emotional support for residents and their families, for example, supporting residents to be and feel connected, heard, valued and fulfilled
- regular monitoring and support of residents' health and wellbeing.

Activities not consistent with the role of a PCW/AIN include, but are not limited to:

- organising recreational/social activities
- allied health (including exercise physiologists) and
- hotel services such as catering, cleaning, and laundry.

For examples of care workers and the activities that can be reported as care minutes, see Appendix 2.