



Australian Government

Department of Health, Disability and Ageing



# Meal requirements for in-home aged care

## Guidance for aged care providers





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Section one

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# Introduction



# Introduction

## Background

### New Aged Care Act

From 1 November 2025, under the *Aged Care Act 2024* (the new Act), registered providers will have to meet certain conditions of registration, obligations and statutory duties when delivering funded aged care services. For more information on provider registration, see resources on [how the new aged care regulatory model will work](#) published by the Department of Health, Disability and Ageing (the department).

Providers delivering funded aged care services prior to introduction of the new Act will be deemed to be registered providers under the new Act when it commences. They will be deemed into [registration categories](#) based on the services they provide. Read more about the [transition of providers](#).

### Meal requirements

Providers delivering meal services to an older person's home or as part of community, centre-based and cottage respite will need to meet requirements for meals, snacks and drinks (referred to as 'the meal requirements' in this guidance document).

The meal requirements will be a condition of registration detailed under the *Aged Care Rules 2025* (Rules) under the new Act.<sup>1</sup> This will be applicable to providers delivering meal services in:

- registration category 1 (*Home and community services*)
- registration category 4 (*Personal and care support in the home or community*).

More specific information is available about [who this guidance is for](#).

### Aged care programs

The meal requirements apply to the delivery of services under the following in-home aged care programs:

- Support at Home (SaH) program - [SaH program handbook](#)
- Commonwealth Home Support Program (CHSP) - [CHSP manual](#)
- Multi-Purpose Service Program (MPSP) - *manual to be released 1 November 2025*

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<sup>1</sup> Section 148-20 of the *Aged Care Rules 2025*

- National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) – [NATSIFAC Program manual](#)

Manuals for each program can assist in understanding regulatory responsibilities however providers must ensure they meet their legislative responsibilities as set out in the new Act and Rules.

## Further information

Additional information and resources that may further support providers to understand their regulatory requirements will be available through the following Australian Government resources:

- Department [www.health.gov.au](http://www.health.gov.au)
- Aged Care Quality and Safety Commission (Commission) [www.agedcarequality.gov.au](http://www.agedcarequality.gov.au)
- Legislative information including the new Act and Rules [www.legislation.gov.au](http://www.legislation.gov.au)

## How to use this guidance

The information in this guidance explains the government policy, legislative context and operational guidance for providers implementing the meal requirements.

### Disclaimer

This document is not intended as legal or professional advice on interpretation of the legislation or how it applies in individual circumstances.

Providers are solely responsible for complying with all relevant legislation when delivering funded aged care services. Providers should obtain their own independent legal and professional advice relevant to their specific circumstances to fully understand how to comply with all legislation relevant to delivering care and services.

## Who is this guidance for?

This guidance is for Commonwealth funded providers delivering meal services under the SaH program, CHSP (until it transitions to the SaH program no earlier than 1 July 2027), MPSP and NATSIFACP.

Providers should ensure they understand what specific requirements are applicable to their funded aged care services through information provided by the department or Commission in relation to registration.

## Services in-scope of the meal requirements

The meal requirements apply to providers who deliver meals under the following services:

Service	Service Type	Registration category
Meal Delivery	Meals	1 – <i>Home and community services</i>
Community and centre-based respite	Home or community general respite	4 – <i>Personal and care support in the home or community</i>
Cottage respite	Community cottage respite	4 – <i>Personal and care support in the home or community</i>

The meal requirements apply to providers who produce meals in-house (i.e. through kitchens), subcontract meals or a combination of both. It is important to note that under the new Act providers are responsible for meeting all regulatory requirements even when a subcontractor is used to deliver services.

The new Act introduces the concept of ‘associated providers’. It describes an entity that delivers services on behalf of a provider, such as a subcontractor or third party involved in the delivery of services. Providers must ensure that all regulatory requirements are met by associated providers. Further guidance is available for [providers who use third party meal suppliers](#).

This guidance is also relevant to individuals and organisations that support providers to meet the meal requirements. This includes aged care workers, third party meal producers/organisations, Accredited Practising Dietitians (referred to as ‘dietitians’ in this document), other health professionals involved in meals, snacks and drinks and volunteers.

## Services out of scope of the meal requirements

The meal requirements do not apply to:

- community respite day outings where meals, snacks and drinks are provided by an external location
- group or individual social support services delivered under the service type ‘social support and community engagement’.
  - The primary purpose of these activities is to participate in community life and feel socially included
- meal preparation in an individual’s home
  - The primary purpose of this service is to assist older people to prepare meals, snacks and drinks in their own home. In line with older people’s rights, the types of meals, snacks and drinks prepared are determined by

the older person using ingredients and foods sourced and made available by the older person themselves

- individual assessment of older people by health professionals such as a dietitian which are conducted only for that individual and not as part of a wider review of the provider's meal, snacks and drinks
- residential aged care services
  - Providers delivering these services must meet separate food and nutrition expectations under the strengthened [Aged Care Quality Standards](#) (strengthened Standards).



Section two

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# Meal requirements

# Meal requirements

## What providers must do

The provider must ensure any meals, snacks and drinks delivered to older people through funded aged care services are nutritious and appetising, having regard to the older person's needs and preferences.

### *Dietitian assessment*

The provider must, at least annually, have a dietitian assess the meals, snacks and drinks delivered by the provider through the funded aged care services to ensure that any meals, snacks and drinks:

- (a) are appetising, and
- (b) are appropriate for the nutrition needs of older people accessing funded aged care services, including older people with specialised dietary needs, and
- (c) reflect evidence-based guidelines and practice.

### *Quality Assurance Framework*

The provider must implement a quality assurance framework to continuously improve the meals, snacks and drinks delivered to older people through the funded aged care services by taking into account:

- (a) the satisfaction of older people with the meals, snacks and drinks they are provided, and
- (b) the assessments undertaken and any recommendations made by a dietitian based on those assessments.

Note: the meal requirements legislation can be found in the *Aged Care Rules 2025* at section 148-20

## Interpretation

Meal providers are varied and operate differently to meet the unique circumstances of the older people who are receiving meal services. The meal requirements are intended to allow flexible approaches to ensure meals, snacks and drinks provided are nutritious, appetising and have regard to older people's needs and preferences.

Providers should be aware of, and ensure they meet, any other legislative requirements, such as those relating to food safety under food safety legislation enacted and enforced by each state and territory. Read more about [food safety](#).

The [glossary](#) ([Attachment 1](#)) provides additional guidance on terms.

## What are ‘meals, snacks and drinks’?

For the purposes of this guidance, ‘meals, snacks and drinks’ refer to the food and/or drinks provided to an older person as part of a funded aged care service. For guidance on what is considered a meal, snack or drink for the purposes of specific aged care programs, such as to meet funding or reporting requirements, please refer to the relevant [program manuals](#).

### In-scope meals, snacks and drinks

The meal requirements apply regardless of the delivery method such as hot meals delivered to the door, bulk delivery services for chilled or frozen meals or provision of meals, snacks and drinks in a cottage respite setting.

Meals, snacks and drinks referred to in this guidance include:

- main meals for breakfast, lunch or dinner, which may be one dish or multiple course meals such as entree, main and dessert, or other combinations
- those pre-prepared for consumption and do not require preparation (except for heating)
- those delivered ready to eat (e.g. fresh/hot or chilled).

### Out of scope meals, snacks and drinks

Meals, snacks and drinks referred to in this guidance do not include:

- meal cooking kits
- nutritional products recommended for clinical/medical purposes (e.g. oral nutrition supplements, thickeners, enteral nutrition formula and equipment).

## What are ‘nutritious’ meals, snacks and drinks?

Nutritious foods and fluids are those that provide essential nutrients, such as vitamins, minerals, carbohydrates, proteins, fats, fibre and carbohydrates, which are essential for supporting bodily functions and maintaining health. These nutrients help sustain energy, support growth and repair and protect against diseases.

## Why are nutritious meals, snacks and drinks important?

Eating nutritious meals, snacks and drinks helps prevent malnutrition and can support older people to remain independent in their own home for longer. Meals, snacks and drinks should support healthy ageing, wellbeing and functional independence by contributing a variety of foods and nutrients needed by older people.

## Nutrition needs of older people

Older people aged 65 years and over, and Aboriginal and Torres Strait Islander people aged 50 years and over, have unique dietary needs compared to the general younger adult population. For example, people in these age groups generally have higher requirements for protein, calcium and vitamins B6 and D.

Examples of evidence-based guidelines that assist providers and dietitians in understanding the dietary needs of older people include:

- [Australian Dietary Guidelines](#) (ADGs) and supporting resource the [Australian Guide to Healthy Eating](#)<sup>2</sup>
- [Nutrient Reference Values for Australia and New Zealand](#) (NRVs)<sup>3</sup>
- [National Meal Guidelines](#) - *A Guide for Service Providers, Caterers and Health Professionals Providing Home Delivered and Centre Based Meal Programs for Older Australians*.

## Nutrition for in-home aged care contexts

Under in-home aged care programs, older people will receive meal services that align to their needs and preferences which results in variation in use. For example, some older people may choose to receive multiple meals a day while others may only occasionally have a meal, snack or drink as part of a service. This means the amount of daily nutrition older people receive from funded aged care services varies.

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<sup>2</sup> It is important to note that the recommendations of the ADGs are not appropriate for people with medical conditions requiring specialised dietary advice and frail elderly people who are at risk of malnutrition where appropriate health professionals should be consulted. The ADGs are being reviewed and specific national dietary guidance for older people 65 years and over (50 years and over for Aboriginal and Torres Strait Islander peoples) is currently under development by the National Health and Medical Research Council. This is planned for release in late 2026.

<sup>3</sup> The NRVs reflect the levels of intake of essential nutrients for practically all healthy people and therefore may not be suitable for some older people where appropriate health professionals should be consulted.



Most older people will supplement their meal services with other food and drinks supplied by themselves, by other organisations not subject to these requirements or family and friends.

However, it is important to note that while other foods and drinks may be consumed, the meal from a funded aged care service may be the main meal of the day for some older people. Therefore, it is important it contributes appropriately towards their nutritional needs.

### **How to determine if meals, snacks and drinks are nutritious**

Providers can use the [evidence-based guidelines](#) to understand the nutrition needs of the older person population to help design their menus, meals, snacks and drinks. Dietitians will use their expertise to assess the meals, snacks and drinks using suitable nutrition guidelines and standards. These may include the evidence-based guidelines or may be other specific guidelines and standards for meals, snacks, drinks and menus designed for specialised dietary needs and preferences. Meals, snacks and drinks for these purposes will require use of different guidance and standards appropriate for the specific dietary need and preference. Read more about [specialised dietary needs](#) such as vegetarian, low sodium or texture modified meals. Additional guidance from other health professionals may also be required such as speech pathologists for texture modified meals, snacks and drink. Read more about dietitian assessment including [assessing if meals, snacks and drinks are nutritious](#).

## **Appetising meals, snacks and drinks**

### **What does 'appetising' mean?**

Appetising means having an appealing aroma, appearance and taste. When designing or selecting meals, snacks and drinks, providers should take into account that appetite, and taste and smell sensations, reduce as we age. This means providers should consider if meals, snacks and drinks are flavourful and are a suitable size for older people.

It is not an expectation that providers meet every unique individual preference when delivering meals (such as each older person's personal dislike of a certain ingredient). However, providers should ensure they clearly communicate the types of meals, snacks and drinks they provide, including how they may cater to specific preferences. See more about [having regard for older people's needs and preferences](#).

### **Importance of appetising meals, snacks and drinks**

Offering appetising meals, snacks and drinks is important because meals, snacks and drinks cannot be nutritious to older people if they are not consumed. Appetising

meals, snacks and drinks also contribute to the quality of life and wellbeing of older people.

### **How to ensure meals, snacks and drinks are appetising**

To ensure meals, snacks and drinks are appetising to older people, providers must take into account the feedback from older people required under the [Quality Assurance Framework](#). This will ensure feedback on individual personal preferences is considered by providers when continuously improving their meals, snacks and drinks offering. This feedback should also be considered by the dietitian as part of the dietitian assessment to determine how appetising the meals, snacks and drinks are to the older people receiving them. Read more about the [Quality Assurance Framework](#).

### **Having regard for the older person's needs and preferences**

Providers must have regard for the needs and preferences of older people when delivering meals, snacks and drinks. This means considering the [nutrition needs of older people](#) as a cohort such as higher requirements for protein. It also means taking into account any specialised dietary needs of older people.

Providers are not required to develop bespoke meals, snacks and drinks to suit every individual need and preference. Rather providers should be aware of the needs and preferences of their care recipients and make available suitable menu options. For example, where care recipients require vegetarian meals, snacks and drinks, providers should have regard to this and ensure suitable vegetarian menu options are available.

### **Specialised dietary needs**

Specialised dietary needs include specific requirements for food and drinks due to medical needs, or religious and cultural preferences. These specialised dietary needs may mean excluding or including certain foods or ingredients. For example, excluding peanuts for individuals with a peanut allergy. It may also mean preparing meals and ingredients in particular ways. For example, meats must be prepared in line with halal practices for those practising the Muslim faith. Other examples of specialised dietary needs include (but are not limited to) gluten free, high energy/high protein, low sodium and texture modified.

Meals, snacks and drinks designed for specialised dietary needs should support the needs and preferences of older people with the specialised dietary need. For example, a kosher menu should meet the needs of older people who require meals in line with kosher practices such as avoiding particular types of meats and ensuring meals do not mix dairy and meat products.

## Identifying needs and preferences

Information from an aged care needs assessment informs what services older people need, for example identifying whether assistance is required with meal preparation or the presence of any food allergies. Some providers may also undertake additional assessment processes to understand needs and preferences.

The client's Support Plan includes information on the older person's needs and services, goals, strengths and assessed needs. Providers should also have processes in place to support regular review of their [care and services plans](#) to ensure the services remain appropriate.

## Menu offerings

Different menu offerings are available in the market including some which cater for specialised dietary needs such as vegetarian or texture modified menus. The meal requirements do not require providers to offer particular menu types. However, providers should clearly communicate and accurately represent their service offerings to older people. This should occur prior to them entering into an agreement to assist in informed decision making and selecting the best service to meet their needs and preferences. This assists older people to select the right meal service for their needs, such as having gluten free meals available for older people with Coeliac disease.

Accurate representation of menu offerings is also important when meals, snacks and drinks may not be appropriate. For example, a provider may not be able to provide an allergen free meal due to cross contamination risk in their kitchen or preparation and packaging areas. This should be clearly communicated prior to entering into agreements. Read more about assessment and [care planning](#), such as involvement of other health professionals.

For providers delivering texture modified meals, the level of texture modified foods and fluids offered should be clearly labelled. It is recommended to follow the [International Dysphagia Diet Standardisation Initiative Framework](#) (IDDSI) when preparing and providing texture modified foods and thickened fluids.

## What if I can't meet the needs and preferences of an older person?

Where a provider identifies that their existing offering cannot meet specific nutritional requirements or specialised dietary needs, they could:

- develop new meals, snacks, drinks and menus that meet the needs and preferences of older people receiving care and services from them. Where this occurs, providers could consider engaging relevant health and medical professionals to ensure they meet the specialised dietary needs
- engage a third-party meal organisation who can provide suitable menu options for those with specialised dietary needs.

For example, if a person is identified to need a vegetarian menu but this is not offered by the provider, the provider could adjust their menu by developing new vegetarian dishes. Alternatively, these providers could explore available vegetarian meal services to subcontract.

The meal requirements do not require providers to facilitate individual assessment or services from health professionals such as a dietitian for each older person. This is a separate activity that should occur if identified as a need for older people in their aged care needs assessment. Read more about other [care planning](#) activities providers could take that are outside the meal requirements.



Section three

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# Implementing the meal requirements

# Implementing the meal requirements

## Dietitian assessment of meals, snacks and drinks

### Role of providers in dietitian assessment

Providers are responsible for ensuring meals, snacks and drinks are assessed at least annually by a dietitian to ensure they are appropriate, including for specialised dietary needs.

Where a provider sources meals from a third party, they must still demonstrate that meals, snacks and drinks have been assessed by a dietitian. For these providers, they could:

- seek evidence from third party producers that they have engaged a dietitian to assess their meals, snacks and drinks or
- engage a dietitian directly to review the selection of meals, snacks and drinks sourced from a third party.

### Engaging a dietitian

Dietitians Australia is the peak body for dietitians and maintains a register of dietitians. Providers who do not already employ or contract dietitian services for menu reviews, can use the [Find a Dietitian search tool](#) from Dietitians Australia.

Onsite dietitian assessment is recommended to enable assessment of texture, taste, presentation, aroma and cooking methodology. However, where access to a dietitian is limited such as in rural and remote areas, assessment can be conducted remotely. Read more about what [dietitians should assess](#), including for remote assessments, at [Attachment 2](#).

Where providers offer menus for specialised dietary needs, it is recommended to consider engaging other relevant health professionals, such as speech pathologists for texture modified meals, snacks and drinks.

### Frequency of dietitian assessments

Each provider may have different menu cycles such as weekly, monthly or seasonal menus. The dietitian assessments must occur at least annually, which could be at the time a menu is created or be a review of existing menus. More frequent review is encouraged as this allows for consideration of changes to menus that may arise due to new menu offerings or from continuous improvement in response to older people's feedback or a dietitian assessment. Where assessments are conducted annually,

they should include assessment of the variety of menus across the year such as seasonal menu changes where possible.

### **Actions of providers**

Providers need to engage dietitians and provide necessary information to support their assessment. This should include (at a minimum):

- providing documentation such as menus, recipes, portion sizes, cooking methods, older person feedback, photos and videos
- allowing access to the kitchen and staff for onsite reviews
- online interviews with staff for remote assessments.

Providers are also required to improve meals, snacks and drinks by taking into account the recommendations of the dietitian as part of the [Quality Assurance Framework](#).

### **Role of dietitians to assess meals, snacks and drinks**

The role of the dietitian includes assessing the meals, snacks and drinks in relation to nutritional, sensory, medical, cultural and religious considerations. Dietitians will review the meals, snacks and drinks using contemporary, evidence-based guidelines and practice to ensure they are appropriate for the needs and preferences of the older people the meals, snacks and drinks are intended for. For example, dietitians reviewing meals, snacks and drinks designed for vegetarian diets would apply evidence-based guidelines and practice to ensure older people who practice vegetarianism are supported to meet their nutritional needs.

Dietitians should consider feedback from older people receiving the meals, snacks and drinks to determine satisfaction with the variety, taste, aroma, texture and temperature of meals, snacks and drinks. Read more about the requirements to [collect feedback from older people](#) under the Quality Assurance Framework.

Following assessment, dietitians should provide information to the provider to support them to make improvements to their meals, snacks and drinks. This could be through a report detailing the findings and a list of actionable recommendations the provider can take to improve the quality of meals, snacks and drinks.

More detailed information is available on the role of dietitians at [Attachment 2](#).

### **Providers implementing the assessment findings**

Providers must take into account the recommendations of the dietitian to continuously improve meals, snacks and drinks under the [Quality Assurance Framework](#).

It is acknowledged that outside of a scheduled dietitian assessment, providers may be required to add new menu items or adjust the meals, snacks and drinks offered. For example, this may be to manage unforeseen stock issues (e.g. due to weather

events such as floods) or for seasonal specials (e.g. Easter or Christmas special menu items). In these cases, providers are encouraged to have the dietitian input to these meals, snacks and drinks. Where this is not possible, providers could use information previously provided from dietitians that could provide a framework for what meals, snacks and drinks should contain or suggestions on suitable ingredient replacements. This should support providers to develop, adjust or choose meals, snacks and drinks and ensure they are nutritionally similar.

### **Providers who develop and cook their own meals**

Implementing dietitian assessment findings could include changing standard recipes, ingredients or cooking methods. This could be to improve the nutritional content by adding, replacing or removing ingredients. For example, the dietitian may recommend increasing the protein content of a soup by adding milk or milk powder. Changes to cooking methods may be recommended to improve suitability of menu offerings. For example, the ingredients, preparation and cooking time for a lasagne may be recommended to change to ensure it meets texture modified meal requirements.

### **Providers who use third party meal suppliers**

Where a third party engages a dietitian to review and improve their meals, snacks and drinks:

- providers remain responsible for ensuring they meet the meal requirements even when they subcontract services to third parties. Providers must make their own assessment of whether the dietitian review satisfies the meal requirements
- evidence should be obtained for all third party suppliers the provider uses to ensure all meals, snacks and drinks provided to older people have been assessed
- contractual arrangements may be put in place to ensure the provider has sufficient evidence to demonstrate meeting the meal requirements. This could include reports detailing the third party's dietitian review and actions taken by the third party to improve meals in response to feedback.

Providers engaging a dietitian directly to assess third party meals, snacks and drinks:

- the dietitian assessment should include review of the menu items including their nutritional information to determine if the selection of meals across menus supports needs and preferences
- certain menu offerings may not be appropriate for the intended audience of the menu and the dietitian may recommend not featuring these frequently or at all on menus. For example, it may not be recommended to have low energy or low protein options for the general older person population (i.e. individuals 65 years and over or Aboriginal and Torres Strait Islander people aged 50 years and over)



and replace these with other more suitable options with sufficient protein and energy

- providers are also encouraged to work with their third party suppliers to influence the design of meals, snacks and drinks in line with recommendations and evidence-based guidelines
- where a third party's offering is found not to be suitable, providers should source different suppliers to ensure meals, snacks and drinks meet older people's needs.

## Quality Assurance Framework

Providers must develop a Quality Assurance Framework to monitor and continuously improve the meals being delivered. Providers can develop the Quality Assurance Framework in a format that suits their unique organisational needs and this may include incorporating the Quality Assurance Framework into existing systems and processes for quality assurance. The Quality Assurance Framework should be regularly reviewed to ensure it remains effective and fit for purpose.

## Continuous improvement

The Quality Assurance Framework should inform continuous improvement to the meals, snacks and drinks available to older people. This must take into account the recommendations of dietitians if there are identified improvements to be made. It should assess and improve the quality of meals in relation to taste, appearance, nutrition, serving size, suitability for the cohort served, compliance with texture modification frameworks (if relevant), choice and variety. Example activities include developing clearly defined action plans following menu review, meal audits, interviews, analysis of data and training of staff.

### Other continuous improvement expectations under the new Act

Under the new Act, it is a condition of registration that all providers demonstrate the capability for, and commitment to, continuous improvement towards the delivery of high-quality care.<sup>4</sup>

Providers in registration category 4 (*personal and care support in the home or community*), category 5 (*nursing and transition care*) and category 6 (*residential care*) will also be required to have a continuous improvement plan that details how they intend to improve the quality of funded aged care services.<sup>5</sup> These providers will also

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<sup>4</sup> Subsection 147(1) of the *Aged Care Act 2024* and 147-5 of the *Aged Care Rules 2025*

<sup>5</sup> Subsection 147(2) of the *Aged Care Act 2024* and 147-10 of the *Aged Care Rules 2025*

need to meet a range of requirements under Standard 2 of the [strengthened Standards](#) in relation to continuous improvement. Providers could integrate aspects around meals, snacks and drinks into these plans and other processes to meet the meal requirements.

## Feedback from older people

A key part of the Quality Assurance Framework is feedback from older people on their satisfaction with the meals, snacks and drinks they have received. Providers can use and adapt, as required, existing mechanisms to capture this information. For example, under the new Act all providers must have a complaints and feedback management system.<sup>6</sup>

### How to collect feedback

Feedback from older people could be sought through methods such as:

- surveys (e.g. online, email, via post or phone calls)
- workshops and focus groups
- phone calls
- in-person feedback (e.g. discussions could occur when delivering meals).

Providers should consider the needs of older people from culturally and linguistically diverse backgrounds or with communication difficulties by tailoring feedback methods to accommodate these needs (e.g. larger print, visual supports or an interpreter service). If an older person's communication needs are not known, it is important to discuss this with the older person, their representative or consult with a relevant health professional, such as a speech pathologist, occupational therapist or social worker, to understand strategies or resources to assist.

### What feedback to collect

The feedback should include satisfaction with the quality (such as taste, texture, appearance, aroma and temperature), variety and suitability of meals, snacks and drinks to the older person. Providers are also encouraged to seek feedback on accessibility of packaging where used.

### Using feedback

The Quality Assurance Framework should clearly set out processes for collecting and actioning feedback to ensure meals, snacks and drinks delivered meets needs and

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<sup>6</sup> Section 165 of the *Aged Care Act 2024*

preferences. Where feedback cannot be implemented, providers should seek to transparently communicate the reasons with older people.

Section four

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# Other considerations



# Other considerations

## Social connection and wellbeing

It is acknowledged that some provider models support meals, snacks and drinks having a social connection element which can benefit the wellbeing of older people. It is important to consider that meals, snacks and drinks not only provide nutrition but are an important way for older people to connect with others and can reduce feelings of isolation and loneliness.

For some older Aboriginal and Torres Strait Islander people, meals, snacks and drinks that represent cultural practices, evoke memories and stories are important. This encourages older people to not only eat but enjoy meals.

## Choice

In line with the [Statement of Rights](#), older people have the right to make informed decisions about the food and drinks they choose to consume. For example, someone who needs a texture modified diet may request to eat or drink something that doesn't align with health professional recommendations. Where this occurs, providers should ensure that the older person is informed of the risks and is supported to make decisions to be able to eat and drink with acknowledged risk. Read more from the Commission in regards [supporting choice](#).

## Food safety and labelling regulations

### Food safety

Older people have higher risk of foodborne illness and can suffer serious health complications from having reduced immune system functions.

It is important that providers have systems and processes in place to ensure meals, snacks and drinks are prepared and stored safely. This includes considering the cooking, storage and transport methods to deliver meals, snacks and drinks to ensure food safety precautions are correctly applied. Providers should be aware that [certain foods](#) have a higher risk of food poisoning and should be avoided or minimised such as chilled seafood or certain cheeses.

## Existing food safety legislation

The meal requirements note there are existing food safety legislative requirements under the Australia New Zealand Food Standards Code (Code). This includes requirements to minimise food safety risks and food safety programs for vulnerable people (Chapter 3). The Code is developed and updated by Food Standards Australia New Zealand (FSANZ) and enforced by state and territory food regulatory bodies. Further information on food safety can be found on the FSANZ website at:

- [Food safety for older people](#)
- [Food safety for food businesses](#)
- [Food safety for vulnerable people](#)

## Labelling

Under the Code, there are requirements for the [labelling of food](#). This includes requirements for packaged foods to include ingredients, allergens, nutrition information, directions for use, storage conditions and date marking (e.g. use by and best before dates). These existing regulations can support providers to meet the meal requirements. For example, a review of nutrition information panels could form part of the dietitian assessment to determine if each meal, snack or drink has adequate amounts of nutrients.

## Packaging

Providers should ensure packaging and labelling are suitable for older people, including the accessibility, text legibility and having clear preparation instructions. It is important that packaging is easy to open for older people who may have dexterity or mobility issues. Use of contrasting colours and large text can assist older people with vision or cognitive limitations.

## Care planning

Care planning is important to ensure that the right meals, snacks and drinks are available for older people to support their individual needs and preferences. This is because there can be a variety of menu offerings across meal delivery providers.

## Care and services plans

While the meal requirements do not specify requirements for care planning, providers should have systems and processes in place to ensure care and services for older people are right for them. Under the new Act, all providers are required to ensure

older people's care and services plans describe their current care needs, goals and preferences and includes strategies for risk management and preventative care.<sup>7</sup>

## **When an older person needs further dietary support**

Through processes such as regular assessment, re-assessment, malnutrition screening or through feedback from the Quality Assurance Framework, older people may be identified as needing additional dietary support or advice in addition to what they are currently accessing. While not a requirement of the meal requirements, where this occurs providers should support older people to understand available additional services in line with their assessed need and what is available through their aged care program. Actions providers could take include:

- referrals to appropriate health professionals for assessment of needs such as:
  - their GP or a dietitian to support malnutrition screening and assessment
  - assessment and management by a dietitian
  - assessment and management by a speech pathologist if there are concerns about eating, drinking or swallowing difficulty
  - assessment and management by an occupational therapist for people with dexterity issues.
- requesting a Support Plan Review via the myagedcare provider portal, which may identify additional services to support the older person that may be accessed under aged care programs, such as:
  - individualised dietary advice from an APD
  - assistance with meal preparation in the home
  - assistive technology, home modifications and other supports to assist in eating and meal preparation.

## **Additional care planning information**

[Further care planning information](#) is available at [Attachment 3](#). This includes additional requirements some providers may be required to meet through other legislative requirements such as the strengthened Standards. It also outlines expectations for providing services to older people who [self-manage under the Support at Home program](#).

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<sup>7</sup> Paragraph 148(e) of the *Aged Care Act 2024* and 148-80(3) and 15-20(2) of the *Aged Care Rules 2025*

Section five

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# Compliance

# Compliance

The Commission is the national aged care regulator and is responsible for regulation of provider responsibilities under the new Act. The Commission will assess compliance with the meal requirements in a risk-based, proportionate manner adjusted to the provider's compliance performance. This includes use of intelligence such as complaints information and other monitoring activities. Where providers are making best efforts to comply with their responsibilities, the Commission will take this into account when considering appropriate regulatory responses to non-compliance and will work with providers to support them in returning to compliance. Where providers are unwilling or are not attempting to comply, the Commission may take regulatory action where a provider is found not to be meeting its obligations under the new Act. This includes civil penalties that can apply in cases where a breach of a condition has been found. The Commission's powers include a range of compliance and enforcement mechanisms such as placing conditions on a provider's registration, varying or revoking a provider's registration.

## Demonstrating meeting the meal requirements

Meal providers are varied and operate differently to meet the unique circumstances of the older people they are servicing. The meal requirements allow flexible approaches to meeting requirements and ensuring that meals provided are nutritious, appetising and support the needs and preferences of the intended audience of the meals.

Providers can demonstrate compliance through supporting documentation such as the review undertaken by the dietitian, how they implemented feedback and evidence of implementing a [Quality Assurance Framework](#).

Where a third party is used, providers must be able to demonstrate meeting the meal requirements which could include seeking evidence from third parties.



Section six

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# Further information

# If you need further support

- Food, Nutrition and Dining Hotline: Call 1800 844 044 (Monday to Friday 9am-5pm AEST) for advice on food and nutrition, including meals delivered as part of in-home aged care and community settings.
- Commission: [Food, nutrition & dining: resources for providers](#)
- NSW Government: [Eating well guide for older people and carers](#)
- Tasmanian Government: [Resources for centre based and home delivered meals](#)

## Attachments

1. Glossary
2. Further information on dietitian assessment
3. Additional care planning information

# Attachment 1 - Glossary

Term	Description
New Act	Refers to the <i>Aged Care Act 2024</i> .
Appetising	Please see description under ' <a href="#">Appetising meals</a> '.
Associated provider	Associated provider is a new concept being introduced in the <i>Aged Care Act 2024</i> . It describes an entity that delivers services on behalf of a registered provider, like a subcontractor.
CHSP	Commonwealth Home Support Program, which provides entry-level support for older people who need some help to stay at home.
Dietitian	Refers to an Accredited Practising Dietitian as credentialed by Dietitians Australia.
Meal requirements	Refers to requirements for meals, snacks and drinks under s148-20 of the <i>Aged Care Rules 2025</i> .
Meals, snacks and drinks	See section ' <a href="#">What are 'meals, snacks and drinks'?</a> '.
Meal cooking kit	Provides pre-prepared ingredients and recipes (usually simplified) to cook meals at home.
MPSP	Multi-Purpose Service Program, provides integrated health and aged care services for older people living in small rural towns and remote areas.
NATSIFACP	National Aboriginal and Torres Strait Islander Flexible Aged Care Program, provides culturally safe aged care to older Aboriginal and Torres Strait Islander peoples. The service providers in this program deliver a mix of aged care services in aged care homes, and home and community settings.
Needs and preferences	Needs refers to specific dietary requirements such as for protein, calcium or other nutrients to support health. Preferences refer to personal choices about what someone may like to eat (or avoid) such as avoiding meat if someone is vegetarian.

Nutritious	See section <a href="#">‘What does nutritious mean?’</a>
Older person	Has the same meaning as ‘individual’, the term used under the <i>Aged Care Act 2024</i> .
Provider	Refers to a registered provider who is registered by the Aged Care Quality and Safety Commission to deliver funded aged care services.
SaH program	Support at Home program, which will replace the Home Care Packages Program and Short-Term Restorative Care Programme from 1 November 2025. The Commonwealth Home Support Program will transition to the new program no earlier than 1 July 2027. The Support at Home program will ensure improved access to services, equipment and home modifications to help older people remain healthy, active and socially connected to their community.
Strengthened Standards	Refers to the Aged Care Quality Standards under <i>the Aged Care Act 2024</i> .
Specialised Dietary Needs	Refers to specific requirements for food and drinks due to needs, or religious or cultural preferences. See further under <a href="#">‘Specialised dietary needs’</a> .
Rules	Refers to the <i>Aged Care Rules 2025</i> .

# Attachment 2 - Further information on dietitian assessment

## What dietitians should assess

Dietitian assessment of meals, snacks and drinks should include:

- comprehensive assessment of menus, recipes and portion sizes to assess the nutritional content of menu offerings
- interviews with staff to understand how meals, snacks and drinks are produced, plated/packaged and stored
- consideration of texture, taste, presentation, aroma and cooking methodology (for onsite assessments)
- review of photos and videos where conducted remotely, to assist in assessing the presentation of the meal, snack or drink, including colour, shape, consistency and presentation when served
- consideration of the feedback from older people receiving the meals, snacks and drinks to determine satisfaction with the variety, taste, aroma, texture and temperature of meals, snacks and drinks.

### Onsite assessments

Onsite assessments should include assessing meals, snacks and drinks as intended to be consumed by older people. This would include following the heating instructions for chilled or frozen meals.

### Remote assessments

Where conducting assessment remotely, dietitians should consider what information they require to assess remotely if meals, snacks and drinks are appetising and accurate to the description of the menu item.

## Nutrition assessment

Nutrition assessment of meals, snacks and drinks by dietitians should include:

- reviewing the recipe inclusive of quantities/weights, serving sizes and cooking methods, with assessment of the size of meals
- nutritional analysis through software programs or analysis of the ingredients list and nutrition information panel which will be available for pre-prepared meals sourced through third party suppliers

- assessment of nutritional adequacy by considering the amount of key nutrients and/or number of food groups.

Dietitians should consider the amounts and types of food groups and/or nutrients required by the older person population the meals are intended for. Meals, snacks, drinks and menus should provide a variety of foods to choose from to enable an older person to be supported to meet their dietary needs and support their health and wellbeing. Where it's identified that a service uses a cyclical menu, dietitians should assess variety and nutritional adequacy across the entire cycle period. This should take into account that any meals, snacks or drinks a person is provided may be supplemented with other foods and drinks.

### **Evidence-based guidelines**

Dietitians should use evidence-based guidelines and practice, and clinical judgement, when assessing the meals, snacks and drinks. For the general older person population, this should consider the specific [nutrition needs of this cohort](#) compared to younger adults. At a minimum, this includes ensuring adequate energy and nutrients such as protein and calcium. Assessment of meals, snacks and drinks should refer to contemporary evidence-based guidelines such as the Nutrient Reference Values which recommend approximately one gram of protein per kilogram body weight for people over 70 years of age<sup>8</sup>. The physiological changes associated with ageing that can impact eating and drinking should also be considered such as altered taste and smell, changes to digestion, oral health, cognition and reduced appetite.

### **Accuracy of menu offering**

The assessment should consider how closely the meals, snacks and drinks delivered reflect the recipes. It is important that meals, snacks and drinks are produced in line with the recipes to ensure they consistently meet nutrition needs and align to requirements such as absence of allergens. This allows for consideration of meeting relevant guidelines or frameworks for specialised dietary needs.

It is acknowledged that variations may be required on occasion due to unexpected issues such as stock delays. Any replacement ingredients should ensure the composition of meals, snacks and drinks remain similar to the original recipe. This could form part of the [Quality Assurance Framework](#).

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<sup>8</sup> Nutrient Reference Values, Protein, Accessed 3 March 2025, [www.eatforhealth.gov.au/nutrient-reference-values/nutrients/protein](http://www.eatforhealth.gov.au/nutrient-reference-values/nutrients/protein). Recommended daily dietary intake for women over 70 years is 0.94g/kg and men over 70 years is 1.07g/kg.



# Attachment 3 - Additional care planning information

## Further requirements for certain providers

### Care planning under registration category 4 (*Personal and care support in the home or community*)

The meal requirements do not specify requirements for care planning. However, for providers delivering community respite under registration category 4 (*personal and care support in the home and community*), they must meet the strengthened Standards requirements regarding care planning. This requires providers to:

- engage with older people and others involved in their care to develop and review care and services plans. Care and services plans must describe the current needs, goals and preferences of individuals and include strategies for risk management and preventative care (Outcome 3.1)
- ensure older people's care and services meet their needs, goals and preferences and optimise quality of life, reablement and maintenance of function (Outcome 3.2), including cultural needs
- ensure that older people receive funded aged care services that are planned and coordinated (Outcome 3.4).

### Malnutrition screening and management under registration category 5 (*nursing and transition care*)

The meal requirements do not specify requirements for malnutrition screening. However, providers who also separately deliver the service type 'nursing care' under registration category 5 (*nursing and transition care*) must also meet the strengthened Standards expectations for older people who are receiving nursing services in addition to meal services. This includes:

- identifying, monitoring and managing high impact and high prevalence risks in delivery of clinical care services (Outcome 5.5). Relevant providers can demonstrate conformance with this requirement by:
  - conducting regular malnutrition screening (Action 5.5.5a)
  - responding to the risk of malnutrition when an older person is malnourished or has unplanned weight loss or gain (Action 5.5.5c).

This ensures older people who are requiring more intensive care services have appropriate monitoring and screening to have the right services to support their wellbeing.

## Support at Home program self-management

Under the SaH program, participants may self-manage their aged care services. This involves the participant leading and making key decisions about:

- the mix of services they receive (in line with the services they are approved to receive)
- management of their budget
- in some instances, which organisations and/or workers will provide the service required. A participant may choose to engage a third party to provide meal preparation or meal delivery services, if their provider agrees to support these arrangements.

Under self-management approaches, the provider must undertake care management activities to ensure they have oversight of quality, safety, governance and compliance requirements.

The new Act outlines that a provider must engage a third party worker either directly or through an associated provider in order to deliver funded aged care services to a participant. The provider remains responsible for meeting all regulatory requirements and provider obligations for all services delivered to a participant, including those delivered by third parties.

This means that there may be circumstances where the provider cannot agree to particular third parties being engaged where regulatory requirements and/or provider obligations cannot be met.



Phone **1800 200 422**  
(My Aged Care's free call phone line)



Visit [health.gov.au/aged-care-reforms](https://health.gov.au/aged-care-reforms)

For translating and interpreting services, call **131 450** and ask for My Aged Care on **1800 200 422**.

To use the National Relay Service, visit [nrschat.nrscall.gov.au/nrs](https://nrschat.nrscall.gov.au/nrs) or call **1800 555 660**.