**Residential care service list**

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# Introduction

**This booklet provides information on the care and services that residential care homes are required to provide.**

## Residential care service list

**Residential care homes are responsible for meeting the care needs of their residents in line with the Residential Care Service List (service list).**

**The service list outlines the care and services that homes are required to provide.**

**These services are funded by the** Government (with some contributions from you) and should be provided **at no extra cost.**

**These services will be provided whether you have moved into a residential care home permanently or are there for a short period of time for a break (called respite).**

**When you enter a residential care home you will sign a service agreement and an accommodation agreement. These agreements will include information about the care, services and accommodation you will receive, and any payments you will need to make.**

**The service list is set by the *Aged Care Act 2024* (the Act) and the Aged Care Rules 2025 (the Rules).** **You can find out more about them by going to the Rules here at** [legislation.gov.au/F2025L01173/asmade/text](https://www.legislation.gov.au/F2025L01173/asmade/text)

## Quality Standards and Statement of Rights

**All residential care and services must be delivered in line with the Aged Care Quality Standards (Quality Standards)** ([health.gov.au/our-work/strengthening-aged-care-quality-standards](https://www.health.gov.au/our-work/strengthening-aged-care-quality-standards))**.**

**These standards ensure that you receive high quality care and support.**

**They set clear requirements about what residential care homes are required to deliver for the funding they receive. The Aged Care Quality & Safety Commission accredit services and monitor that they comply with these standards.**

**Residential care homes** also have a positive duty to uphold your rights.

These rights are outlined in the Statement of Rights in the Aged Care Act. **They** include the right for every individual to have:

* independence, autonomy, empowerment and freedom of choice
* equitable access
* quality and safe funded aged care services
* respect for privacy and information
* person-centred communication and the ability to raise issues without reprisal
* advocates, significant persons and social connections.

**More information is available on the Statement of Rights at** [agedcarequality.gov.au/older-australians/reform-changes-older-people/statement-rights](https://www.agedcarequality.gov.au/older-australians/reform-changes-older-people/statement-rights)

## Understanding your funding

The care and services on the service list are funded by the Government, with some contributions from you.

The Australian Government provides funding to residential care homes on your behalf so that you can get the support you need. More information is available at [health.gov.au/our-work/residential-aged-care/funding](https://www.health.gov.au/our-work/residential-aged-care/funding)

It is Government policy that residential care homes ask you to pay some fees and accommodation costs. This includes a basic daily fee, means tested hotelling contributions, non-clinical care contributions, and accommodation payments and/or contributions. More information is available at [health.gov.au/our-work/residential-aged-care/charging](https://www.health.gov.au/our-work/residential-aged-care/charging)

## Higher everyday living fee

Residential care homes can offer a range of higher everyday living services that are over and above the standard services outlined by the service list.

This might include things like a television in your room, or a daily newspaper.

**Residential care homes can choose which higher everyday living services they want to offer (if any).**

**This means that the range of higher services offered may differ between residential care homes.**

You can choose to receive these higher services if you wish. But you may need to pay a higher everyday living fee (HELF).

**Whether you want to purchase any of these services is completely up to you – they are optional.**

**This means that you won’t be required to pay for anything you don’t want.**

**You can only agree to a HELF after entering a home. Once agreed there is also a cooling off period which allows you to cancel or change services that you decide you no longer want.**

**The HELF will replace existing additional and extra service fees.**

There are rules on how residential care home can charge a HELF. These are outlined at

[health.gov.au/our-work/residential-aged-care/charging/higher-everyday-living-additional-and-extra-service-fees](https://www.health.gov.au/our-work/residential-aged-care/charging/higher-everyday-living-additional-and-extra-service-fees)

## This guide

**This guide aims to provide information so you know which services you should receive through government funding (and your mandatory contributions).**

**This should help you to make decisions about whether you want or need any higher everyday living services or identify if a provider is proposing to charge you for something that should already be covered.**

**The next part of this guide is separated into the key areas of the service list.**

**This includes accommodation, everyday living, non-clinical care, and clinical care.**

**A short and simple description of each area is provided for your information. This is a summary only and may not include every detail.**

**The full list of services is included at Appendix A, and can also be found within the Aged Care Rules which are available at** [legislation.gov.au/F2025L01173/asmade/text](https://www.legislation.gov.au/F2025L01173/asmade/text)

# Accommodation

A full list of the accommodation services is outlined at **Appendix A**. The below is a summary and does not include all details.

## Accommodation

Your residential care home is responsible for the building and grounds of the home. This includes your room and shared spaces like lounges and gardens.

Your residential care home is also responsible for making sure the home is safe, clean, and comfortable. They handle repairs, maintenance, gardening, pest control and room refurbishments when needed.

## Accommodation administration

Your residential care home is responsible for the administration of the home. This includes preparing your accommodation agreement (which outlines your room type, costs, and payment options), managing bookings, and handling paperwork like invoices.

It also covers general operations like staff rostering and hygiene protocols.

# Everyday living

A full list of the everyday living services is outlined at **Appendix A**. The below is a summary and does not include all details.

## Operational administration and emergency assistance

Your residential care home will ensure your daily services — like meals, cleaning, and laundry — are well-coordinated.

They will have at least one suitable employee on-site 24/7 to respond to emergencies, whether it’s a medical issue or something like a fire or flood.

The home must have emergency plans in place and keep your supporters and family informed if something serious happens.

See Standard 2 of the Quality Standardsfor more information.

## Communication services

Your residential care home must provide access to a device that will allow you to communicate with others. This might include a phone or a computer with the internet.

A device must be provided in an area that is easy for you to access. You can ask for one in your room, but you may need to pay extra for that through a higher everyday living fee.

You can be asked to pay for usage costs, like phone calls.

## Utilities

Your residential care home will ensure you have access to essential services like electricity, water, heating, and cooling.

They must ensure your room and shared areas are kept at a comfortable temperature and that all electrical equipment that they provide is safe.

They can charge you for the testing and tagging of any electrical equipment that you bring to the home.

## Cleaning services and waste disposal

Your residential care home must ensure that the home and grounds are clean, tidy and well maintained.

Your room and shared spaces will be cleaned regularly to maintain hygiene and safety.

If you prefer to clean your own room and can do so safely, that’s allowed. It should be noted that there will need to be some checking for health and safety reasons.

Your residential care home also manages waste disposal, including clinical waste and sharps, in line with health and safety regulations.

## Communal furnishings

Furniture will be provided in shared areas like lounges and dining rooms.

This includes things like couches, chairs, tables, and TVs.

These spaces are designed to support social interaction and relaxation and should include areas that you can use to meet visitors.

## Bedroom and bathroom furnishings

Your room will come with the items you need, including a bed, mattress, pillows, bed linen and furniture like a chair, wardrobe and bedside table.

If you need specialised items (like an adjustable bed or pressure-relief mattress) these will be provided if assessed as necessary by a health professional.

You can also bring your own furniture, if you have checked with the aged care home and they have allowed it.

## Toiletry goods

You will be provided with the basic toiletries you need, including soap, shampoo, toothpaste, deodorant, hairbrush, and moisturiser.

You will also be provided with cleaning products for dentures, hearing aids, glasses and artificial limbs (and their storage containers).

If you have allergies or skin conditions, the home must provide suitable alternatives.

However, if you prefer a specific brand, you can request the home to provide it but you may need to pay a higher everyday living fee. You could also choose to purchase your own toiletries yourself.

## Personal laundry

The residential care home will wash and return your clothes.

If you need special detergents due to skin sensitivities, they will be provided.

## Meals and refreshments

You will receive at least 3 nutritious meals a day, plus snacks and drinks at all times.

Meals will be tailored to your medical, cultural, or religious needs — like vegetarian, kosher, halal, or texture-modified diets.

You can also request flexible mealtimes within reason and assistance with eating must be provided if needed.

If your doctor or a dietician recommends a special diet for medical reasons (e.g. high protein, allergy-friendly), it will be provided at no extra charge.

See Standard 6 of the Quality Standards for more information.

More information on meals is also available at [agedcarequality.gov.au/older-australians/health-wellbeing/food-and-nutrition](https://www.agedcarequality.gov.au/older-australians/health-wellbeing/food-and-nutrition)

# Non-clinical care

A full list of the non-clinical care services is outlined at **Appendix A**. The below is a summary and does not include all details.

## Care and services administration

Your residential care home will coordinate your care, including working with health professionals, managing care plans, and ensuring everything runs smoothly behind the scenes.

It’s about making sure your care is well-organised and responsive to your needs.

## Personal care assistance

You will receive help with daily tasks like bathing, dressing, eating, and grooming where you need it.

Staff will also assist with cleaning personal items like dentures or hearing aids.

This support is tailored to your individual needs and delivered with dignity and respect.

## Communication

If you have trouble hearing, seeing, or speaking, the home will provide assistance to help you communicate.

This might include hearing aid support, visual aids, or translated materials if English isn’t your first language.

If you do not speak English and need help you can contact the national translating and interpreting service (TIS National). TIS National can be contacted at [tisnational.gov.au](http://www.tisnational.gov.au/) or by calling 1300 655 820.

## Emotional support

Your residential care home will support your emotional wellbeing, especially if you’re feeling lonely or distressed.

This includes helping you settle in, offering pastoral care, and connecting you with health professionals, counsellors and community visitors as needed.

See Standard 1 of the Quality Standardsfor more information.

## Mobility and movement needs

If you need help moving around, the home will provide mobility aids like walking frames or wheelchairs.

These are chosen based on your needs and assessed by a health professional but will not include motorised wheelchairs or mobility scooters.

Staff are also trained to help you move safely using lifting equipment if needed.

You may need to pay a higher everyday living fee if you wish to receive a certain brand, or a product that has not been recommended by the health professional.

See Standards 2 and 4 of the Quality Standards for more information.

## Continence management

Your residential care homes will support you with continence if needed. This includes assistance with toileting, changing products, and using continence aids.

You must be supplied with as many continence items as you need.

## Recreational and social activities

You will have access to daily activities that are aimed at preventing loneliness and boredom, creating an enjoyable and interesting environment.

Activities could include board/card games, reading, organised walks, trivia, concerts, cultural celebrations, arts programs, or school visits.

You must be offered at least one activity each day - even on weekends and public holidays.

Activities outside of the home may sometimes be offered. These may come with additional expenses to you for transport, tickets etc.

See Standard 7 of the Quality Standardsfor more information.

# Clinical care

A full list of the clinical care services is outlined at **Appendix A**. The below is a summary and does not include all details.

## Care and services plan oversight

Your residential care home will help develop a care and services plan that outlines your health needs, goals, and preferences.

Your plan must be developed by a registered nurse, in consultation with other health and allied health professionals as required in their area of expertise.

Your plan will be reviewed regularly and updated to make sure it still meets your needs, and any changes are discussed with you and your supporters (if required). This ensures your care stays relevant and effective.

See Standards 3 and 5 of the Quality Standardsfor more information.

## Allied health, rehabilitation and therapeutic exercise therapy programs

Your residential care home will provide you with the allied health therapy services that you need.

These programs will be designed by qualified professionals and tailored to your specific needs.

Services might include things such as podiatry, physiotherapy or speech therapy to help you stay active and independent.

This does not include any intensive, long-term rehabilitation services that you require following serious illness and injury. It also does not include services and appointments that are in addition to those outlined in your care and services plan.

## Medication management

Your residential care home will help you manage your medications safely, including ordering, storing, and administering them.

Staff will also monitor how your medications are working and consult with the appropriate professionals to make changes if needed.

Staff will listen to you if you have any concerns about the effects of the medication you are receiving and will ensure this feedback is provided to the appropriate health professional. You will still need to pay for the medications themselves but will have access to the regular Pharmaceutical Benefit Scheme (PBS) subsidies and safety net provisions.

See Standard 5 of the Quality Standardsfor more information.

## Nursing

You will receive the nursing care you need. This will include things like wound care, managing chronic conditions, and palliative care.

Nurses will also help with assessments, care planning and updating as well as managing your overall health.

## Dementia and cognition management

If you have dementia or memory issues, your residential care home will provide tailored support and activities to help you feel safe, engaged, and respected.

Programs will be designed with you and your supporters to enhance your quality of life and help manage your symptoms.

## General access to medical and allied health services

Your residential care home will help you arrange appointments with health practitioners as needed. This generally includes appointments with people such as doctors and specialists. but can include allied health appointments you wish to book in addition to your therapy program.

Your residential care home will generally organise for GPs to visit you at the home, but you may have to travel offsite to see a specialist.

If the appointment is offsite the home will also help with transport and support if needed, but you may need to pay for this.

You may also need to pay for the medical service itself. Standard Medicare Benefits Schedule (MBS) provisions apply to eligible medical services, but you will need to pay any required co-payments.

You can choose your own health providers, and the home will assist in making arrangements for you to access the health provider of your choice.

# Help and more information

**Concerns about care and services**

If you have a concern at any time about the care you, or someone else, is receiving you should raise it with staff or management in the first instance. This is often the best way to have a concern resolved quickly, as all residential care homes are required to have a complaints mechanism in place.

To help with these discussions, you can contact:

1. the Australia-wide Older Persons Advocacy Network (OPAN), which provides free, independent and confidential support for older people receiving government funded-aged care.
   * Advocacy services provide information to older people, their families and carers about their rights and responsibilities when accessing aged care services. OPAN can be contacted from 8am - 8pm Monday to Friday, and 10am - 4pm Saturday through:
   * the free aged care advocacy line on 1800 700 600 or
   * visit [opan.org.au](http://www.opan.org.au/) to be put in touch with a network member in your state/territory.
2. the Aged Care Quality and Safety Commission (the Commission).
   * The Commission provides a free service for people to raise concerns about the standard of care or services delivered by Australian Government funded residential care services.
   * Call 1800 951 822
   * Visit [agedcarequality.gov.au](http://agedcarequality.gov.au/)

# Appendix A – List of Services

The Residential care service list can be found in Division 8 of the *Aged Care Rules 2025*.

## Residential accommodation

| **Service** | **Description** |
| --- | --- |
| Accommodation | Capital infrastructure costs and depreciation of buildings and grounds used by individuals.  Communal areas for living, dining, and recreation, as well as personal accommodation in either individual or shared rooms.  Refurbishments and replacements of fixtures, fittings, and infrastructure.  Maintenance of buildings and grounds used by individuals, to address normal wear and tear. |
| Accommodation administration | Administration relating to the general operation of the residential care home, including accommodation agreements, accommodation bond agreements, and accommodation charge agreements. |

## Everyday living

| **Service** | **Description** |
| --- | --- |
| Operational administration and emergency assistance | Administration relating to:   * the delivery of the other services listed and described in this table; and * service agreements.   Emergency assistance, including the following:   * at all times, having at least one suitable employee of the registered provider onsite and able to take action in an emergency; * if an individual is in need of urgent medical attention—providing emergency assistance in accordance with the registered provider’s protocol for providing such assistance; * activation of emergency plans in the case of fire, floods or other emergency; * contingency planning for emergencies; * staff training for emergencies. |
| Communication services | Access for individuals to an external telecommunications mechanism in the residential care home (and in individual’s rooms if requested), such as telephone, internet or Wi-Fi services, but not including any usage charges or device costs. |
| Utilities | Utility running costs for the residential care home (such as electricity, water and gas).  Heating and cooling for bedrooms and common areas to a comfortable temperature.  Testing and tagging of all electrical equipment provided by the registered provider; but not including electrical equipment brought into the residential care home by individuals. |
| Cleaning services and waste disposal | Cleanliness and tidiness of the entire residential care home, including the individual’s personal area unless the individual chooses to and is able to maintain their personal area themselves.  Safe disposal of organic and inorganic waste material. |
| Communal furnishings | Fit-for-purpose communal lounge and dining furniture, including the following:   * televisions; * if the residential care home has a communal outdoor space—outdoor furniture. |
| Bedroom and bathroom furnishings | The following (other than bedroom and bathroom furnishings that are customised or that the individual chooses to provide):   * a bed and a mattress that meet the individual’s care, safety and comfort needs, including, if required, a bed that is adjustable to cater for the individual’s needs and accommodates the individual’s height and weight; * equipment or technologies used to ensure the safety of the individual in bed and to avoid injury to the individual and to aged care workers; * pillows (including, if required, pressure cushions, tri pillows and wedge pillows); * a bedside table, bedside locker or bedside chest of drawers, wardrobe space, draw screens (for shared rooms), a visitor chair (if required) and an over bed table (if required); * a fixture or item of furniture where the individual can safely lock and store valuables, if this is not provided by the furniture items mentioned in previous bullet point; * a chair, with arms, that meets the individual’s care, safety and comfort needs, including, if required, a chair with particular features, such as an air, water or gel chair; * a shower chair (if required), containers for personal laundry, and waste collection containers or bins for bedrooms and bathrooms; * bed linen, blankets or doonas, air or ripple mattresses (if required), absorbent or waterproof covers, sheeting and bed pads (if required), bath towels, hand towels and face washers; and laundering of all these products. |
| Toiletry goods | The supply of the following goods (or substitutes if needed to meet the individual’s medical needs, including specialist products for conditions such as dermatitis) but not including alternative items requested on the basis of the individual’s personal preferences:   * facial cleanser (or alternatives such as facial wipes), shower gel or soap, shower caps, shampoo and conditioner; * toothpaste, toothbrushes and mouthwash; * hairbrush or comb, shaving cream and disposable razors; * tissues and toilet paper; * moisturiser and deodorant; * cleaning products for dentures, hearing aids, glasses and artificial limbs (and their storage containers). |
| Personal laundry | Laundering (other than by a special cleaning process such as dry cleaning or hand washing) items that can be machine washed, using laundry detergents that meet the individual’s medical needs, such as skin sensitivities.  If requested, ironing of machine washed clothes (other than underwear and socks).  A labelling system for the individual’s clothing, but not including alternate labelling systems requested on the basis of the individual’s personal preferences.  Return of personal laundry to the individual’s clothing storage space. |
| Meals and refreshments | At least 3 meals served each day (including the option of dessert with either lunch or dinner) plus morning tea, afternoon tea and supper, of adequate variety, quality and quantity to meet the individual’s nutritional and hydration needs.  Special diets where required to meet the individual’s medical, cultural or religious needs, including but not limited to enteral feeding, nutritional supplements, texture modified meals and thickened fluids, diets to address food allergies and intolerances, and vegetarian, vegan, kosher and halal diets (but not for meeting the individual’s social preferences on food source such as nongenetically modified and organic).  Reasonable flexibility in mealtimes, if requested, so the individual can exercise choice.  A variety of non-alcoholic beverages available at all times (such as water, milk, fruit juice, tea and coffee).  Eating and drinking utensils and eating aids if needed.  Snack foods of adequate variety, including fruit and options suitable for texture modified diets, available at all times in the residential care home. |

## Non-clinical care

|  |  |
| --- | --- |
| **Service** | **Description** |
| Care and services administration | Administration related to:   * the delivery of the other services listed and described in the other items of this table; and * the delivery of the services in the service type residential clinical care. |
| Personal care assistance | Personal assistance, including individual attention, individual supervision and physical assistance, with the following:   * bathing, showering, personal hygiene and grooming (other than hairdressing); * dressing, undressing and using dressing aids; * eating and drinking, and using utensils and eating aids (including actual feeding if necessary); * cleaning of personal items (and their storage containers) needed for daily living, including dentures, hearing aids, glasses, mobility aids and artificial limbs. |
| Communication | Assistance with daily communication, including the following:   * assistance to address difficulties arising from impaired hearing, sight or speech, cognitive impairment, or lack of common language (for example, visual aids such as cue cards, paper-based photo or alphabet spelling communication boards or books, photo-based easy language written information, and menu and activity choice boards or learning of key phrases); * fitting sensory communication aids and checking hearing aid batteries. |
| Emotional support | If the individual is experiencing social isolation, loneliness or emotional distress—ongoing emotional support to, and supervision of, the individual (including pastoral support).  If the individual is new to the residential care home—assisting the individual to adjust to their new living environment.  Provision of culturally safe supports that have been determined in consultation with the individual and their supporters (if required). |
| Mobility and movement needs | The following (other than the provision of motorised wheelchairs, electric mobility scooters, customised aids, or mobility aids requested on the basis of the individual’s personal preferences):   * assisting the individual with moving, walking and wheelchair use; * assisting the individual with using devices and appliances designed to aid mobility; * the fitting of artificial limbs and other personal mobility aids; * supply and maintenance of crutches, quadruped walkers, walking frames, wheeled walkers, standing walkers, walking sticks, wheelchairs, and tilt in space chairs; * aids and equipment used by aged care workers to move the individual, including for individuals with bariatric needs.   Taking into account:   * the individual’s care, safety and comfort needs; and * the individual’s ability to use aids, appliances, devices and equipment; and * the safety of other individuals and of aged care workers and visitors to the residential care home. |
| Continence management | Assisting the individual to:   * maintain continence or manage incontinence; and * use aids and appliances designed to assist continence management.   The supply of aids and appliances designed to assist continence management to meet the individual’s needs, including the following:   * commode chairs, over toilet chairs, bedpans, uridomes, and catheter and urinary drainage appliances; * as many continence aids (such as disposable urinal covers, pants, pads, chair pads and enemas) as are needed to meet the individual’s needs. |
| Recreational and social activities | Tailored recreational programs and leisure activities (including communal recreational equipment and products) aimed at preventing loneliness and boredom, creating an enjoyable and interesting environment, and maintaining and improving the social interaction of the individual. These programs and activities must include the option of:   * at least one recreational or social activity each day that is not screen based, television based or meal based; and * regular outings into the community (but not including the cost of entry tickets, transport or purchased food and beverages associated with the outings). |

## Clinical care

|  |  |
| --- | --- |
| **Service** | **Description** |
| Care and services plan oversight | Ensuring that:   * the individual’s care and services plan is carried out; and * progress against the care and services plan goals is monitored.   Note: For requirements for care and services plans, see paragraph 148(e) of the Act and Subdivisions A and D of Division 3 of Part 4 of Chapter 4 of this instrument. For Aged Care Quality Standards for care and services plans, see subsections ^1520(1) to (3) of this instrument. |
| Allied health, rehabilitation and therapeutic exercise therapy programs | Allied health, rehabilitation and therapeutic exercise therapy programs that are:   * designed by:   + appropriate registered health practitioners; or   + appropriate allied health professionals; or   + appropriate registered health practitioners and appropriate allied health professionals; and * designed in consultation with the individual and their supporters (if required); and * delivered in individual or group settings; and * delivered by, or under the supervision, direction or appropriate delegation of:   + registered health practitioners; or   + allied health professionals; or   + registered health practitioners and allied health professionals; and * aimed at maintaining and restoring the individual’s physical, functional and communication abilities to perform daily tasks for themselves, including through:   + maintenance therapy that is designed to provide ongoing therapy services to prevent reasonably avoidable physical and functional decline and maintain and improve levels of independence in everyday living; and   + if required, more focused restorative care therapy on a time-limited basis that is designed to allow the individual to reach a level of independence at which maintenance therapy will meet their needs.   But not including the following:   * intensive, long-term rehabilitation services required following (for example) serious illness or injury, surgery or trauma; * allied health services and appointments made for or by the individual or their supporters, that are in addition to those required to meet the individual’s care needs under programs covered by eligible items above. |
| Medication management | Implementation of a safe and efficient system to manage prescribing, procuring, dispensing, supplying, packaging, storing and administering of both prescription and over-the-counter medicines.  Administration and monitoring of the effects of medication (via all routes (including injections)), including supervision and physical assistance with taking both prescription and over-the-counter medication, under the delegation and clinical supervision of a registered nurse or other appropriate registered health practitioner.  Reviewing the appropriateness of medications as needed under the delegation and clinical supervision of a registered nurse, or other appropriate registered health practitioner.  But not including the cost of prescription and over-the-counter medications. |
| Nursing | Services provided by or under the supervision of a registered nurse, including but not limited to the following:   * initial comprehensive clinical assessment for input to the care and services plan for the individual, carried out:   + in line with the individual’s needs, goals and preferences; and   + by a registered nurse; and   + if required, in consultation with other appropriate registered health practitioners, appropriate allied health professionals, or appropriate registered health practitioners and appropriate allied health professionals; * ongoing regular comprehensive clinical assessment of the individual, including identifying and responding appropriately to change or deterioration in function, behaviour, condition or risk, carried out:   + in line with the individual’s needs, goals and preferences; and   + by a registered nurse, or an enrolled nurse under appropriate delegation by a registered nurse; and   + if required, in consultation with other appropriate registered health practitioners, appropriate allied health professionals, or appropriate registered health practitioners and appropriate allied health professionals; * all other nursing services, carried out:   + by a registered nurse, or an enrolled nurse under appropriate delegation by a registered nurse; and   + if required, in consultation with other appropriate registered health practitioners, appropriate allied health professionals, or appropriate registered health practitioners and appropriate allied health professionals.   Note 1: Examples of services include (but are not limited to) the following:   * ongoing monitoring and evaluation of the individual, and identification where care may need to be escalated or altered due to the changing health or needs of the individual; * maintaining accurate, comprehensive, and up-to-date clinical documentation of the individual’s care; * assistance with, or provision of support for, personal hygiene, including oral health management and considerations for bariatric care needs; * chronic disease management, including blood glucose monitoring; * if the individual is living with cognitive decline—support and supervision of the individual; * if the individual is living with mental health decline—support and supervision of the individual; * establishment and supervision of a pain management plan, including the management and monitoring of chronic pain; * medication management (as listed and described in item 3 of this table); * insertion, maintenance, monitoring and removal of devices, including intravenous lines, nasogastric tubes, catheters and negative pressure devices; * if the individual has identified feeding and swallowing needs—support for the individual; * skin assessment and the prevention and management of pressure injury wounds; * establishment and supervision of a continence management plan; * stoma care; * wound management, including of complex and chronic wounds; * provision of bandages, dressings, swabs, saline, drips, catheters, tubes and other medical items required as a part of nursing services; * assistance with, and ongoing supervision of, breathing, including oxygen therapy, suctioning of airways and tracheostomy care; * required support and observations for peritoneal dialysis treatment; * assisting or supporting an individual to use appropriate healthcare technology in support of their care, including telehealth; * risk management relating to infection prevention and control; * advance care planning, palliative care and end-of-life care.   Note 2: For requirements for care and services plans, see paragraph 148(e) of the Act and Subdivisions A and D of Division 3 of Part 4 of Chapter 4 of this instrument. For Aged Care Quality Standards for care and services plans, see subsections ^1520(1) to (3) of this instrument. |
| Dementia and cognition management | If the individual has dementia or other cognitive impairments:   * development of an individual therapy and support program designed and carried out to:   + prevent or manage a particular condition or behaviour; and   + enhance the individual’s quality of life; and   + enhance care for the individual; and * ongoing support (including specific encouragement) to motivate or enable the individual to take part in general activities of the residential care home (if appropriate). |
| General access to medical and allied health services | Making arrangements for registered health practitioners to visit the individual for any necessary registered health practitioner appointments (but not the cost of the appointments or any gap payments charged for the appointments).  Making arrangements for the individual to attend any necessary registered health practitioner appointments (but not the cost of the appointments or any gap payments charged for the appointments, or transport or escort costs).  If required, making arrangements for allied health professionals to visit the individual, or for the individual to visit an allied health professional, for any services or appointments mentioned in paragraph (f) of item 2 of this table (but not the cost of the appointments or any gap payments charged for the appointments, or transport or escort costs).  If required, provision of audiovisual equipment for use with telehealth appointments.  Arranging for an ambulance in emergency situations. |