



# 24/7 registered nurse obligation exemption application form

## You should use this form if:

- you are a registered provider that provides funded aged care services in an approved residential care home; and
- you want to apply for, or renew, an exemption from the 24/7 registered nurse (RN) obligation for your approved residential care home.

## This form contains 6 parts:

- **Part A** – General information (page 2)
- **Part B** – How to complete this form (pages 3 - 7)
- **Part C** – Application for a renewal of an exemption (pages 8 - 11)
- **Part D** – Application for a new exemption (pages 12 - 18)
- **Part E** – Declaration by an authorised person (page 19)
- **Part F** – Information about the 24/7 RN obligation and exemption (pages 20 - 22)

## Criteria for the granting of an exemption

An exemption from the 24/7 RN obligation can only be granted if the following requirements are met for your approved residential care home:

- the home is located in the 2023 Modified Monash (MM) category known as MM5, MM6 or MM7; and
- the home has no more than 30 operational beds (on the day a decision for an exemption is made); and
- you have taken reasonable steps, by having alternative clinical care arrangements in place, to ensure that the clinical care needs of the individuals receiving funded aged care services in the home will be met during the period for which an exemption is in force; and
- you have given the System Governor the required 24/7 RN reports under section 166-855 of the Aged Care Rules 2025 in relation to the home for each calendar month.

## More help

For help completing this form, please contact [exemptions@health.gov.au](mailto:exemptions@health.gov.au)

The completed application form and all supporting documents **must be** submitted to the Department of Health, Disability and Ageing by email at [exemptions@health.gov.au](mailto:exemptions@health.gov.au)

# Part A: General information

## Purpose of this form

Registered providers delivering funded aged care services in an approved residential care home are required to have at least one registered nurse (RN) on-site and on duty at all times (24 hours a day, 7 days a week) at each approved residential care home they operate (the **24/7 RN obligation**).

You (the registered provider) can use this form to apply for either:

- a renewal of your current exemption from the 24/7 RN obligation (**Part C**); or
- a new exemption from the 24/7 RN obligation for your approved residential care home (**Part D**).

**Part F** of this form also explains the 24/7 RN obligation and the criteria you must meet to be eligible for an exemption.



The department may share information you provide in this form with the Aged Care Quality and Safety Commission (the Commission) and may seek information from the Commission in accordance with section 537 of the *Aged Care Act 2024* (the Act) about your past performance against registered provider obligations and registration conditions, including the 24/7 RN obligation. This is so the System Governor, or the delegate, has information that is relevant to their consideration of whether you have taken reasonable steps to ensure the clinical care needs of the individuals receiving funded aged care services at your approved residential care home will be met while an exemption is in force.

The Commission will also share with the department:

- any variation to your registration by the Commissioner under paragraph 123(1)(a) and (b) of the Act to vary a condition to which the registration is subject to under section 143 of the Act; and
- any notices given to you by the Commissioner under Division 2 of Part 10 of Chapter 6 of the Act, Part 11 of Chapter 6 of the Act, and Part 5 of the Regulatory Powers Act (as applied by section 448 of the Act); and
- if you have given an undertaking under section 114 of the Regulatory Powers Act (as applied by section 458 of the Act) or under section 463 of the Act; and
- whether you have been convicted of an offence against the Act; and
- whether you have been found liable to pay a civil penalty under the Act.
- a copy of any reports from site visits that have been conducted for the purposes of monitoring an approved residential care home's compliance with workforce requirements, including the 24/7 RN obligation.

## Privacy notice

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

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

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

# Part B: How to complete this form

## General instructions

You must complete a **separate** application form for each approved residential care home.

You can complete the form on your computer using the latest version of Adobe Acrobat Reader, or you can print it out.

If you have a printed form:

- Use a black or blue pen; and
- Print in BLOCK LETTERS.



For help completing this form, please contact [exemptions@health.gov.au](mailto:exemptions@health.gov.au)

The completed application form and all supporting documents **must be** submitted to the Department of Health, Disability and Ageing by email at [exemptions@health.gov.au](mailto:exemptions@health.gov.au)

## Which section of the form you should complete

You only need to complete **one** of the following sections in the form:

- **Part C** if you are applying for a renewal of a current exemption; or
- **Part D** if you are applying for a new exemption (an exemption for a home that does not have a current exemption).

The declaration **at Part E should be completed** by an authorised person (see who should submit this form).

## Who should submit this form

**Part E** of this form should be submitted by an authorised person on behalf of the registered provider seeking an exemption for the approved residential care home. The authorised person should be:

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


## Checklist for information and evidence you must provide

Before submitting your application, check that you have included all of the required information and evidence for either **Part C** or **Part D** below.


An incomplete application may delay the assessment process.

You may provide a **statutory declaration** with details about your arrangements that are relevant to a particular question if you do not have documented evidence.

### Checklist for Part C: Application for renewal of an exemption

	Section and question:	You must provide the following with your application:	<input checked="" type="checkbox"/>
	<b>Section 3:</b> Circumstances relevant to the exemption  <b>Question c:</b> Decrease to RN shift coverage and/or on-call RN availability	<b>All applications</b> must include a copy of the Master Roster for clinical care staff, including an <b>RN on-call roster</b> . This must show: <ul style="list-style-type: none"> <li>the coverage and skills mix of staff for each shift over each 24-hour period, and each day of the week, for a period of no less than a month.</li> <li>clear designation of roles (such as RNs, enrolled nurses (ENs), personal care workers (PCWs), allied health team and other relevant staff, timing of shifts and any overlaps.</li> <li>a legend or description of codes or acronyms (if applicable).</li> </ul> If a Master Roster is not available, provide a copy of your current roster for your clinical care staff and allied health team, for a period of no less than a month.	<input type="checkbox"/>
	<b>Section 3:</b> Circumstances relevant to the exemption  <b>Question d:</b> Changes to on-call clinician and alternative clinical care arrangements	If you answered yes to this question, include documents that evidence any new on-call clinician or alternative clinical care arrangements you have established due to a decrease or cessation of an arrangement outlined in your original application for an exemption, to ensure you can continue to effectively manage the escalation of clinical issues and complex clinical care when an RN is not on-site and on duty. Evidence should include: <ul style="list-style-type: none"> <li>A contract of agreement or other form of agreement; or</li> <li>A Statutory Declaration detailing the new arrangement; and</li> <li>Revised policies, protocols/procedures, flowcharts any other guidance material that governs the new arrangement, including how to access support.</li> </ul> You <b>do not</b> need to provide evidence of on-call clinician or alternative clinical care arrangements that were included in your previous application for an exemption if there are no material changes.	<input type="checkbox"/>
	<b>Section 3:</b> Circumstances relevant to the exemption  <b>Question e:</b> Changes to the management or escalation of clinical care	If you answered yes to this question, documents that evidence any other material or significant changes to the way you manage the escalation of clinical care issues when an RN is not on-site and on duty, that varies from the arrangements upon which your current exemption was granted. This may include, but is not limited to: <ul style="list-style-type: none"> <li>New staff training programs;</li> <li>New or updated protocols and procedures to effectively govern the escalation of clinical risk at the approved residential care home, including flowcharts and guidance material; and</li> <li>Change in contractor.</li> </ul>	<input type="checkbox"/>

## Checklist for Part D: Application for a new exemption

	If you have completed:	You must provide the following with your application:	<input checked="" type="checkbox"/>
	<b>Section 3:</b> Shift coverage and roster	A copy of your Master Roster for your clinical care staff. This must show: <ul style="list-style-type: none"> <li>the coverage and skills mix of staff for each shift over each 24-hour period, and each day of the week, for a period of no less than a month;</li> <li>clear designation of roles (such as RNs, enrolled nurses (ENs), personal care workers (PCWs), allied health team and other relevant staff), timing of shifts and any overlaps; and</li> <li>a legend or description of codes or acronyms (if applicable).</li> </ul> If a Master Roster is not available, provide a copy of your current roster for your clinical care staff and allied health team, for a period of no less than a month.	<input type="checkbox"/>
	<b>Section 4:</b> On-call clinician arrangements  <b>Question 4.1:</b> Co-location with hospital or acute/sub-acute care unit	Documents that evidence your arrangement with the hospital or acute/sub-acute care facility you are co-located with to access clinical care from their RN(s), or other clinically qualified medical officer(s), for individuals receiving funded aged care services to ensure that they receive appropriate assessment and treatment where there is no RN on-site and on duty at your approved residential care home. Evidence should include: <ul style="list-style-type: none"> <li>A contract of agreement or other form of agreement; or</li> <li>A Statutory Declaration detailing this arrangement, including the name of the hospital or acute-sub-acute health care facility, the support they will provide and contact information; and</li> <li>An escalation flow chart or a guidance document for staff about when and how to access this arrangement.</li> </ul>	<input type="checkbox"/>
	<b>Section 4:</b> On-call clinician arrangements  <b>Question 4.2</b> On-call RN (external or contractual)	Documents that evidence your arrangement with an <b>on-call RN(s)</b> to provide advice and support on matters such as clinical assessment, risk management and administration of certain medications, and/or respond to clinical care needs and assess risks which less qualified clinical staff members (such as an EN) are not able to perform due to their limited scope of practice. Evidence should include: <ul style="list-style-type: none"> <li>Contract of agreement or other form of agreement; or</li> <li>A Statutory Declaration detailing this arrangement, including the name of the RN or name of the agency, contact information; times the on-call RN is available, the support they will provide such as on-call telephone support and/or on-call attendance in person, and their proximity to the home; and</li> <li>An escalation flow chart or a guidance document for staff about when and how to access this arrangement.</li> </ul> <b>NB:</b> If your on-call arrangement is with RNs that are <b>directly employed</b> by your organisation, provide a copy of the <b>RN on-call roster</b> .	<input type="checkbox"/>
	<b>Section 4:</b> On-call clinician arrangements	Documents that evidence your arrangement with an <b>on-call general practitioner(s) or nurse practitioner(s)</b> to provide advice and support on matters such as clinical assessment, risk management and administration of certain medications, and/or respond to clinical care needs and assess risks which less qualified clinical staff members (such as an EN) are not able to perform due to their limited scope of practice.	<input type="checkbox"/>

	If you have completed:	You must provide the following with your application:	<input checked="" type="checkbox"/>
	<b>Question 4.3</b> On-call general practitioner or nurse practitioner	Evidence should include: <ul style="list-style-type: none"> <li>Contract of agreement or other form of agreement; or</li> <li>A Statutory Declaration detailing this arrangement, including the name of the GP or nurse practitioner or name of the medical practice, contact information; the support they will provide such as on-call only and/or on-call attendance in person, times they are available to provide support, and their proximity to the home; and</li> <li>An escalation flow chart or a guidance document for staff about when and how to access this arrangement.</li> </ul>	<input checked="" type="checkbox"/>
	<b>Section 4:</b> On-call clinician arrangements  <b>Question 4.4</b> On-call specialist telehealth services	Documents that evidence your arrangement with a <b>telehealth service(s), including specialist telehealth service(s)</b> , to provide advice and support in response to complex clinical care needs when an RN is not on-site and on duty to manage the escalation of clinical care needs of individuals receiving funded aged care services at the approved residential care home.  Evidence should include: <ul style="list-style-type: none"> <li>Contract of agreement or other form of agreement; or</li> <li>A Statutory Declaration detailing this arrangement, including the name of the service, contact information and services they will provide; and</li> <li>An escalation flow chart or a guidance document for staff about when and how to access this arrangement.</li> </ul>	<input type="checkbox"/>
	<b>Section 5:</b> Other alternative clinical care arrangements	Documents that evidence any other <b>alternative clinical care arrangement(s)</b> to respond to complex clinical care needs when an RN is not on-site and on duty to manage the escalation of clinical care needs of individuals receiving funded aged care services at the approved residential care home..  Evidence should include: <ul style="list-style-type: none"> <li>Contract of agreement or other form of agreement; or</li> <li>A Statutory Declaration detailing this arrangement, including the name of the service, contact information and services they will provide; and</li> <li>An escalation flow chart or a guidance document for staff about when and how to access this arrangement.</li> </ul>	<input type="checkbox"/>
	<b>Section 6:</b> Protocols and procedures for your alternative clinical care arrangements	Documents that evidence your <b>policies, protocols and procedures</b> that set out the process for responding to and managing the escalation of clinical issues and high level complex clinical care as identified in <b>section 2(e)</b> in the absence of an RN who is on-site and on duty. This may include protocols and procedures to ensure appropriate escalation, action and referral occurs when there are changes in a care recipient's condition related to complex care arrangements that include but are not limited to: <ul style="list-style-type: none"> <li>schedule 8 medication</li> <li>complex wound care</li> <li>oxygen therapy</li> <li>blood or other intravenous infusions</li> <li>complex diabetes management</li> <li>catheter management</li> <li>complex medication management (time sensitive medications eg: Parkinsons)</li> <li>restrictive practices in use</li> </ul>	<input type="checkbox"/>

	If you have completed:	You must provide the following with your application:	<input checked="" type="checkbox"/>
		<ul style="list-style-type: none"> <li>falls management / frequent falls</li> <li>palliative and end-of-life care</li> <li>incident management.</li> </ul> <p>Protocols and procedures may include a flowchart, a written explanation describing the process, handover procedures involving RNs at the end of their shift to other care staff, written instructions and updates to medical records; and guidance materials that set out your governance arrangements for planning, assessing, delivering, and escalating clinical care needs.</p>	
	<b>Section 7:</b> Workforce training and management	<p>Documents that evidence your <b>workforce training and management strategies</b>, including:</p> <ul style="list-style-type: none"> <li>workforce training strategies that set out how all on-site, on-call and agency staff are trained to provide complex clinical care (as identified in sections 2(e), manage the escalation of clinical issues including recognising and responding to clinical deterioration in the absence of an RN on-site and on duty;</li> <li>evidence of having provided the training activities outlined in the workforce training strategies, such as training plans and agendas, staff handbook, competency records of organisational training activities; and</li> <li>workforce recruitment strategies to fill vacant RN positions.</li> </ul>	<input type="checkbox"/>



## Part C: Application for renewal of an exemption



Only complete this part of the form if an exemption is **currently** in place in respect of your approved residential care home and you are seeking to apply for a further exemption in relation to that home (renewal).

If you are applying for an exemption for an approved residential care home that **does not** currently have an exemption in place, complete **Part D**. This includes if you have previously been granted an exemption for your approved residential care home and it has expired.

### 1. Registered provider of the exemption

This section collects information about the registered provider for the approved residential care home through which funded aged care services are provided to individuals.

- a) **Provide details for the registered provider of the approved residential care home for which an exemption is sought.**

Registered provider name:

PRV/NAPS ID:

Exemption ID

(Find your exemption ID on your exemption approval letter)

- b) **Who can we contact?**

This should be a person who is one of the key personnel of the registered provider.

Family name:

Given name:

Position:

Phone number (including area code):

--	--	--	--	--	--	--	--	--	--

Email address:

### 2. Approved residential care home covered by the exemption

This section collects information about the approved residential aged care home that provides funded aged care services to individuals.

- a) **Provide details of the approved residential care home for which you are applying for an exemption from the 24/7 RN obligation.**

Approved residential care home name:

SRV/NAPS ID:

Physical street address:

Suburb:

State/Territory:

--	--	--

Postcode:

--	--	--	--	--

MMM:

--	--	--

- b) **Who can we contact?**

This should be a person who is one of the key personnel at the approved residential care home.

Family name:

Given name:

Position:

Phone number (including area code):

--	--	--	--	--	--	--	--	--	--

Email address:



### 3. Circumstances relevant to the exemption

- a) Is the registered provider of the approved residential care home identified in Section 1 the same provider for which the exemption was previously granted? Yes ☐ No ☐



If you answered **no** to this question, you must apply for a new exemption by completing **Part D**. An exemption is granted to the registered provider in respect of an approved residential care home and not to the home on its own. A change of ownership of the approved residential care home from one registered provider to another means an exemption granted to the previous registered provider for the home is no longer in effect.

- b) Do you continue to deliver high-level complex clinical care to one or more individuals receiving funded aged care services at the approved residential care home? Yes ☐ No ☐

1. If you answered yes to question 3(b), provide a summary in the box below of the high-level complex care provided and the number of individuals receiving that care.

This should include, but not be limited to, care such as Schedule 8 medication administration, complex wound management, insulin injections, oxygen therapy, complex diabetes management, catheter management, complex medication management (time sensitive medications e.g: Parkinsons), restrictive practices in use, frequent falls or palliative and end-of-life care).

**Do not** provide any identifiable and sensitive information about your residents.

- c) Since the day your current exemption was granted, has there been a decrease to your RN shift coverage and/or a decrease in on-call availability of your RN staff. Yes ☐ No ☐

1. If you answered yes to question 3(c), explain in the space below what you have done to manage the reduction in internal RN staffing coverage and/or on-call availability to ensure you can **continue** to meet the clinical care needs of individuals receiving funded aged care services at the home when an RN is not on-site and on duty during the period a new exemption is in force.

This should include, but not be limited to, how you have adjusted your staff scheduling to ensure the needs of individuals receiving funded aged care services at your home are still being met, information about any challenges your home faces in recruiting and retaining RNs as staff, and what you may be doing to overcome these challenges.

d) Since the day your current exemption was granted, have there been material or significant changes to any of the on-call clinician or alternative clinical care arrangements (outlined in your original application) to ensure the clinical care needs of individuals receiving funded aged care services at the approved residential care home will continue to be met during the period an exemption is in force? Yes ☐ No ☐

1. If you answered yes to question 3(d), was the change a decrease to, or cessation of, an alternative clinical care arrangement? Yes ☐ No ☐

2. If you answered yes to question 3(d)(1), explain in the box below:

- why the arrangement was decreased or ceased
- when this occurred
- if you have implemented another on-call clinician or alternative clinical care arrangement to ensure you can **continue** to meet the clinical care needs of individuals receiving funded aged care services at the home when an RN is not on-site during the period a new exemption is in force
- when the new arrangement commenced.

e) Since your current exemption was granted, have there been any other material or significant changes to way you manage the escalation of clinical care when an RN is not on-site and on duty that affects your on-call clinician or alternative clinical care arrangements? This may include, but is not limited to, changes to staff training and the implementation of new protocols and procedures to govern the escalation of clinical risks at the approved residential care home. Yes ☐ No ☐

1. If you answered yes to question 3(e), provide a summary of what these material changes are and how they help ensure you can **continue** to meet the clinical care needs of individuals receiving funded aged care services at the approved residential care home when an RN is not on-site and on duty during the period a new exemption is in force.



**This is the end of Part C**

**Next steps:**

- Complete Declaration at **Part E**
- Attach information and evidence listed in **Part B** under '***Checklist for Part C: Application for renewal of an exemption***' on **page 4** before submitting your application.

## Part D: Application for a new exemption



Only complete this part of the form if you are applying for an exemption for an approved residential care home that **does not** currently have an exemption in place. This includes if you have previously been granted an exemption for your approved residential care home and it has expired.

If you have an exemption **currently** in place in respect of your approved residential care home and you are seeking to apply for a further exemption in relation to that home (renewal), complete **Part C**.

### 1. Registered provider details

This section collects information about the registered provider seeking an exemption for the approved residential care home through which funded aged care services are provided to individuals.

- a) **Provide details for the registered provider of the approved residential care home for which an exemption from the 24/7 RN obligation is sought.**

PRV/NAPS ID:

Registered provider name:

- b) **Who can we contact?**

This should be a person who is one of the key personnel of the registered provider.

Family name:

Given name:

Position:

Phone number (including area code):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email address:

### 2. Approved residential care home details

This section collects information about the approved residential care home that provides funded aged care services to individuals.

The information we collect in this section will help us to assess whether your staff mix and any on-call arrangements are appropriate for your cohort of individuals you deliver funded aged care services to given their point-in-time clinical needs.



To be eligible for an exemption:

- The approved residential care home through which funded aged care services are provided **must** be in a Modified Monash Model (MMM) 5, 6 or 7 area based on the **2023 MM classifications**. To find out the MM classification for your home, visit <https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator/app>, and select 2023 as the MM classification filter.
- There are no more than 30 operational beds at the approved residential care home (on the day a decision for an exemption is made).

- a) **Provide details of the approved residential care home for which you are applying for an exemption from the 24/7 RN obligation.**

Approved residential care home name:

SRV/NAPS ID:

Physical street address:

Suburb:

State/Territory:

--	--	--

Postcode:

--	--	--	--	--

MMM:

--	--	--

**b) Who can we contact?**

This should be a person who is one of the key personnel at the approved residential care home.

Family name:

\_\_\_\_\_

Position:

\_\_\_\_\_

Given name:

\_\_\_\_\_

Phone number (including area code):

[illegible]

Email address:

--

c) What is the number of operational beds at the approved residential care home?

11

(Excludes offline beds).

d) How many individuals at the approved residential care home are receiving high level complex clinical care at the time of this application.

7

e) List below any types of high level complex clinical care your home is currently providing to individuals.

This should include, but not be limited to, care such as requiring Schedule 8 medication administration, complex wound management, oxygen therapy, and blood or other intravenous infusions, complex diabetes management, catheter management, complex medication management (time sensitive medications eg: Parkinsons), restrictive practices in use, frequent falls and individuals receiving palliative and end-of-life care.

**Do not** provide any identifiable and sensitive information about individuals you provide funded aged care services for.

### 3. Shift coverage and roster

**a) Provide an overview of your roster arrangements for your clinical staff below.**

--

#### 4. On-call clinician arrangements

This section collects information about your on-call arrangements with an off-site RN, GP, NP and/or specialist telehealth service when an RN is not on-site and on duty. The options below are examples of common on-call clinician arrangements.

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

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

Select this arrangement and provide information below if your approved residential care home:

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

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

Select this arrangement and provide information below if your approved residential care home has established an arrangement(s) with an on-call RN.

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

☐ On-call telephone/video

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

☐ On-call in person attendance

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

How long will it take the RN to travel to the home?  Minutes

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

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

Select this arrangement and provide information below if your approved residential care home has established an arrangement(s) with an on-call GP or NP.

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

☐ On-call telephone/video

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

☐ On-call in person attendance

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

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

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

#### ☐ 4.4. On-call specialist telehealth services

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

## 5. Other alternative clinical care arrangements

This section collects information about any other alternative clinical care arrangements you have in place that are not covered in **Section 4: on-call clinician arrangements** that support the provision of complex clinical care (as identified in sections 2(e), managing the escalation of clinical issues and recognising and responding to clinical deterioration in the absence of an RN who is on-site and on duty).

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

## 6. Protocols and procedures for your alternative clinical care arrangements

This section collects more detailed information about the above arrangements (Sections 4 and 5) and how they work in practice. This will allow us to assess whether you have taken 'reasonable steps' to ensure the clinical care needs of individuals at your approved residential care home will be met during the period that an exemption is in force.

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



- b) Describe your contingency arrangements (that is, the process you would follow in the event the nominated on-call clinician is not available). You do not need to complete this section if the process is already documented in your policies, protocols and procedures - please ensure these policies, protocols and/or procedures are attached.

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

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

## 7. Workforce training and management

- a) Describe any additional workforce training strategies that are specifically targeted at ensuring that all on-site, on-call and agency staff understand your escalation and on-call processes and have the right skills (such as first-aid or necessary qualifications), to effectively care for individuals at your approved residential care home, including the current cohort of individuals, and respond to those who have deteriorated and require clinical escalation when there is no RN on-site.

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



This is the end of Part D.

Next steps:

- Complete Declaration at **Part E**
- Attach information and evidence listed in **Part B** under ***Checklist for Part D: Application for a new exemption*** on **pages 5 – 7** before submitting your application.

## Part E: Declaration by an authorised person



Please read the information on page 3 about **who should sign this form** before completing this section.

### I declare that:

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

### I understand that:

- To be granted an exemption from the 24/7 RN obligation, the approved residential care home:
  - must be located in a Modified Monash (MM) 5, 6 or 7 area, based on the 2023 MM classifications; and
  - must have no more than 30 operational beds (on the day the exemption decision is made by the System Governor or delegate).
- The registered provider will not be eligible for the 24/7 RN supplement in respect of the approved residential care home whilst the exemption is in force (see Part F Section 8 of this form for more information).
- If an exemption from the 24/7 RN obligation is granted, the registered provider of the approved residential care home must continue to meet all other conditions and obligations under the *Aged Care Act 2024* (Aged Care Act) and the Aged Care Act Rules 2025 including complying with the 24/7 RN reporting obligation. The registered provider must also continue to meet its care minutes obligations and the Strengthened Aged Care Quality Standards.
- If an exemption from the 24/7 RN obligation is granted to the registered provider in relation to the approved residential care home, and that exemption ceases or is revoked, the registered provider of the home is required to meet its 24/7 RN obligation and may be eligible for the 24/7 RN supplement.
- I must notify the department in writing of material changes to the information regarding the reasonable steps that have been taken, by having alternative clinical care arrangements stated in this application, and any other information requested by the delegate of the System Governor of the department. This includes whether the 24/7 RN obligation can be met from a certain date.
- I must retain evidence of current and planned alternative clinical care arrangements put in place to remain exempt from the 24/7 RN obligation for the duration of the exemption period.
- The department will share information collected in this application form with the Commission and collect information from the Commission, including information about certain notices or undertakings issued under the Act and the Regulatory Powers Act, for the purpose of deciding whether reasonable steps have been taken to ensure the clinical care needs of individuals receiving funded aged care services at the home will be met during the exemption period.
- The department will also share information collected in this application form with the Commission to the extent relevant to its functions and regulatory activities.
- Giving false or misleading information to the Commonwealth is a criminal offence.

### Authorised person:

Family name

Given name/s

Position held with registered provider:

Signature:

Date:

# Part F: Information about the 24/7 registered nurse (RN) obligation and exemption

## 1. Definitions

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

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

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

## 2. Exemption criteria

The System Governor, or delegate, may grant an exemption from the 24/7 RN obligation if the registered provider in relation to the approved residential care home has met the following exemption criteria:

### 2.1 General criteria

- the registered provider has submitted an application to the department using this form, and any additional information that the System Governor, or delegate, may subsequently request in relation to the application;
- the approved residential care home is located in the 2023 **Modified Monash (MM)** category known as MM5, MM6 or MM7;
- there are no more than **30 operational beds** at the approved residential care home (on the day a decision is made by the System Governor or the delegate).
- the registered provider has given to the System Governor the reports required under section 166-855 in relation to the approved residential care home for each calendar month; and
- the System Governor, or delegate, is satisfied that the registered provider has taken reasonable steps to ensure that the clinical care needs of individuals receiving funded aged care services at the home will be met at all times during the exemption period.

An **operational bed** in an approved residential care home:

- is a bed covered by the approval of the home; and
- excludes offline beds.

The Modified Monash (MM) model is a measure of remoteness and population size used by the department to define whether a location is a city, regional, rural, remote, or very remote. Locations are categorised from MM 1 – MM 7, with MM 1 denoting a major city and MM 7 a very remote location. MM categories are based on the Australian Statistical Geography Standard – Remoteness Areas framework and are updated after each Census (see: <https://www.health.gov.au/topics/rural-health-workforce/classifications/asgs-ra>)

Registered providers can find the MM category of their approved residential care home by typing the street address into the department's health workforce locator tool at <https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator/app> and selecting 2023 as the MM classification filter.

### 2.2 Other criteria

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

- any variation to the registration of the registered provider by the Commissioner under paragraph 123(1)(a) of the Act to vary a condition to which the registration is subject to under section 143 of the Act;

- any variation to the registration of the registered provider by the Commissioner under paragraph 123(1)(b) of the Act;
- any notice given to the registered provider by the System Governor or Commissioner under Part 11 of Chapter 6 of the Act; or (ii) Division 2 of Part 10 of Chapter 6 of the Act; and
- any notice given to the registered provider under Part 5 of the Regulatory Powers Act (as applied by section 448 of this Act);
- if the registered provider has given an undertaking under section 114 of the Regulatory Powers Act (as applied by section 458 of the Act);
- if the registered provider has given an undertaking under section 463 of the Act;
- whether the registered provider has been convicted of an offence against the Act; and
- whether the registered provider has been found liable to pay a civil penalty under the Act.

### 3. Exemption period

An exemption may be granted by the System Governor or delegate for a period of up to 12 months. The exemption period cannot begin before the day on which the System Governor or delegate grants the exemption.

### 4. Provider requirements

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



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

- any of the registered provider's other obligations under the *Aged Care Act 2024* the Aged Care Rules 2025, and other relevant subordinate legislation, including the strengthened Aged Care Quality Standards;
- the reporting obligations in respect of the 24/7 RN obligation that apply to all registered providers; and
- the RN component of the care minutes obligation which commenced on 1 October 2023.

### 5. Outcome of application

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

### 6. Publication of exempt providers

If a decision is made to grant an exemption, the System Governor, or delegate, may make publicly available the steps you have taken to ensure that the clinical care needs of the individuals receiving funded aged care services at the residential care home will be met during the period for which the exemption is in force; and confirmation that the System Governor is satisfied that those steps are reasonable. The information made publicly available will also include:

- the name of the registered provider and approved residential care home;
- the period for which an exemption is in force; and
- any other conditions that apply to the exemption; and
- any other information of a kind prescribed by the Rules

## 7. Change of circumstances

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

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



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

If you have been granted an exemption in relation to your approved residential care home, you can let us know of any material changes by emailing [exemptions@health.gov.au](mailto:exemptions@health.gov.au).

## 8. 24/7 RN supplement

A registered provider of an approved residential care home with an exemption from the 24/7 RN obligation for any day of the calendar month, in respect of the home, will not be eligible to receive the 24/7 RN supplement.

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