Australian Government
Department of Health, Disability and Ageing



Care minutes

Guide for registered providers of residential care homes

1 November 2026

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Purpose

The purpose of the care minutes guide (the Guide) is to provide information to registered providers (providers) of approved residential care homes (homes or aged care homes) about the legislative obligation to deliver a certain amount of care minutes in aged care homes. The Guide explains the categories of workers that can deliver care minutes, the activities that can qualify as care minutes, the care minutes targets for aged care homes and how these are calculated and reporting obligations in relation to care minutes. This guide only relates to the application of the care minutes obligation in mainstream homes (that is those funded under the Australian National Aged Care Classification funding model).

Disclaimer

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

Providers and residential care residents should consider the need to obtain their own independent legal advice relevant to their particular circumstances.

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1 Guide updates

Date	Version	Content
1/10/2024	1.0	Initial publication (derived from previous publication, Care minutes and 24/7 registered nurse responsibility guide)
17/12/2024	1.1	Section 2.1.3 – nurse practitioners Section 2.2 – changes to personal care worker definition Section 2.2.1 – changes to trainee information Appendix 2 – updates to examples
18/12/2024	1.2	Section 1.1 – new section on upcoming changes to care minutes funding for metropolitan services, and requirement for external audit of care time reporting Section 2 – care minutes funding changes Section 6.2 – new section on upcoming auditing requirement
4/2/2025	1.3	Section 5.1.2, 5.3.2 and Appendix 4: updates regarding Star Ratings
12/5/2025	1.4	Section 2.2 – clarification of the definition of personal care worker
23/6/2025	1.5	Section 6.2 – addition of information on the Care Minutes Performance Statement and auditing requirement.
12/9/2025	1.6	Section 4.3 – information added on care minutes associated with each AN-ACC class used to calculate service level care minute targets applying from 1 October 2025 onwards.
1/10/2025	1.7	Section 5.2.1 – clarification on allied health reporting and general update to reflect 1 October 2025 changes
1/11/2025	1.8	General terminology update to reflect the new Aged Care Act 2024 from 1 November 2025. Section 2 – new section about care minutes funding Section 3.1 – Activities included in care minutes table is updated to reflect the new Aged Care Rules 2025 Section 4.7 – Provider rostering responsibilities included which impacts subsequent numbering throughout the guide. Appendix 5 – Table 7 updated to included previous allocations of care minutes by AN-ACC and respite class
11/11/2025	1.9	Section 3.2 – update to definition of assistant in nursing/nursing assistant to reflect that in the Aged Care Act 2024 Section 4 – clarification that extra care delivered through a Higher Everyday Living Fee (HELF) agreement cannot be counted towards care minutes.
11/12/2025	2.0	Appendix 3 – update to care minutes calculation example in Table 6. (Note: changed to Appendix 4 from 28/1/2026)
28/1/2026	2.1	Section 3.3 – update to personal care worker definition to include members of a religious order Section 3.3.1 – new subsection on members of a religious order New Appendix 3 – Examples of common reporting errors Appendix numbers have been adjusted accordingly.

Date	Version	Content
2/3/2026	2.2	Section 2.1 – update to include link to new care minutes supplement Frequently Asked Questions.
25/3/2026	2.3	Section 5.6 – update to reflect that care minute targets are no longer available for providers to view in GPMS.
1/04/2026	2.4	Section 2 – update for changes to care minutes funding post 1 April 2026
21/5/2026	2.5	Section 4.3.1 – guidance on how direct care minutes can be apportioned accurately Section 6.5 – new section to detail reporting accuracy issues
1/11/2026	2.6	Section 2.1 and 2.2 – fixed numbering Section 3.3 and 3.3.1 – update to reflect technical amendment in the Aged Care Rules 2025 regarding definition of a direct care staff member. Section 4.3 – update to appendix reference Section 5.4 – update to appendix reference Section 5.4.1 – update to appendix reference Section 5.4.2 – update to appendix reference Section 5.5.1 – update to appendix reference Section 6.2 – remove reference to the model pack (no longer in use) Appendix 7 – include definition of PCW prior to 1 November 2026

Section 1: Introduction

1.1 Introduction

The care minutes requirement obliges registered providers (providers) to deliver a minimum amount of direct care time to residents by registered nurses (RNs), enrolled nurses (ENs), and personal care workers (PCWs) and assistants in nursing (AINs), in line with the direct care activities set out in this guide in their approved residential care homes (homes). It is established as an obligation on providers by section 176 of the Aged Care Act 2024 (the Act) and by associated rules in the Aged Care Rules 2025.

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

The Royal Commission's Final Report:

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

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

The care minutes requirement obliges providers to maintain an adequate number of appropriately skilled staff to ensure the care needs of care recipients are met and to provide safe, respectful and quality care and services. It is separate and complementary to the 24/7 RN requirement, which requires providers to have an RN on-site and on duty at all times. Information on the 24/7 RN requirement is available in the 24/7 RN guide.

Section 2: Care minutes funding

2.1 Care minutes funding

The Government funds providers through the AN-ACC funding model to cover the cost of providing care minutes to residents by specified care workers.

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

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

2.2 Care minutes supplement

The Government has linked AN-ACC funding to the delivery of care minutes in all non-specialised homes in metropolitan areas (Modified Monash 1 (MM1)) from April 2026. This will not impact funding for homes with a specialised homeless AN-ACC base care tariff status or homes in regional, rural and remote areas (MM2-7).

The care minutes supplement commenced 1 April 2026 and works on a sliding scale. Homes receive more funding if they were closer to delivering their care minutes targets two quarters earlier. For example, care minutes delivered from October to December 2025 in each aged care home will determine the funding providers receive from April 2026.

For more information see Changes coming to care minutes funding, Frequently Asked Questions and Care minutes supplement estimator.

Section 3: Care workers

3 Care workers

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

- registered nurses (RNs)
- enrolled nurses (ENs)
- personal care workers and assistants in nursing (PCWs/AINs).

3.1 Nursing registration

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

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

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

3.1.1 Registered nurse

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

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

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

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

3.1.2 Enrolled nurse

An EN is a person who provides nursing care under the direct or indirect supervision of an RN. They have completed the prescribed education preparation and demonstrate competence to practice under the National Law as an EN in Australia. ENs are accountable for their own practice and remain responsible to an RN for the delegated care. In Victoria, an EN may also be known as a division 2 nurse. The labelling of an EN as a division 2 nurse does not make them an RN for the purposes of care minutes reporting or the 24/7 RN responsibility.

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

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

- **Direct supervision** is when the supervisor is actually present and personally observes, works with, guides and directs the person who is being supervised.

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

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

3.1.3 Nurse practitioners

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

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

3.2 Nursing assistant/assistant in nursing

In line with the Aged Care Act 2024, a nursing assistant or assistant in nursing (AIN) is a person:

- who is not a registered nurse or enrolled nurse; and
- who works under the direction and supervision of a registered nurse; and
- whose work is solely to assist a registered nurse or enrolled nurse in the delivery of nursing.

3.3 Personal care worker

The following definition of a PCW applies from 1 November 2026.

To see the definition in place prior to 1 November 2026, see Appendix 7.

For the purpose of care minutes, a PCW is a person whose **primary responsibility** is to directly provide **personal care services** to residents under the supervision of an RN or EN, and is either:

- an employee covered by the *Aged Care Award 2010* and classified as an **aged care employee - direct care** under Schedule B.2 of the award;
- an aged care worker or an equivalent role covered by another award, enterprise agreement, contract or other agreement to deliver personal care services to residents; or
- a person who is an appropriately qualified full-time member of a religious order, such as a religious sister or nun (see also section 3.3.1).

For the purposes of the PCW definition only:

- **Primary responsibility** means the worker ordinarily spends more than half of their time on delivering personal care services.
- **Personal care services** consists of assisting with daily living activities, attending to personal hygiene, physical, administrative and cognitive needs and assisting with

clinical care and provision of medical treatments and procedures where qualified to do so.
- **Personal care services** do not include one-on-one social and emotional support activities.

Note: While one-on-one social and emotional support is not considered personal care services for the purposes of the PCW/AIN definition, it is considered a **direct care activity** and therefore counts as care minutes where it is delivered by a worker that meets the definition of an RN, EN or PCW.

Guidance on what is considered a direct care activity is in Section 4 of this guide, and examples of workers and whether they can be included in care minutes is in Appendix 2.

3.3.1 Members of a religious order

In accordance with section 7-12A of the Aged Care Rules, providers can include direct care time delivered by suitably qualified and accredited full-time members of a religious order, such as religious sisters (or nuns), towards their care minutes performance, even where the member of the religious order is not directly remunerated.

To be eligible, the member must:

- be an RN or EN with current NMBA registration, or
- be an AIN; or
- meet the definition of a PCW (see section 3.3 of this guide).

Where a full-time member of a religious order is primarily providing spiritual or social support, or not rostered to provide direct care, they are excluded from counting towards care minutes even if they meet the qualification requirements.

Where full-time members of a religious order provide additional services in the home beyond what is formally rostered, these services should be excluded when considering whether their 'primary responsibility' is to directly provide personal care services to residents.

3.3.2 Trainees

Trainees worked hours only count towards care minutes where they also meet the definition of a PCW/AIN (including being paid as at least at the **direct care level 1** rate under the Aged Care Award 2010).

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

3.3.3 Registered undergraduate students of nursing

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

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

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

3.3.4 Allied health and lifestyle services

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

requirement.

While services provided by these professions cannot contribute towards care minutes, they are an important component of residential aged care, and the Government continues to provide sufficient funding through the AN-ACC funding model to providers to deliver allied health and lifestyle services.

Providers must continue to provide these services without costs to residents who need them as required under the Residential Care Services List in the Aged Care Rules 2025. The delivery of allied health and lifestyle activities is monitored by the Aged Care Quality and Safety Commission (ACQSC).

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

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

3.4 Workforce support

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

Section 4: Direct care activities

4 Direct care activities

Direct care activities are those that count as care minutes when delivered by specified workers (RNs, ENs or PCWs/AINs).

To count as care minutes, the services need to be delivered **on-site** at the aged care home except where the resident is offsite (for example attending an appointment, or attending a social activity) and the worker is with the resident. This means support provided through on-call and virtual telehealth arrangements cannot count towards care minutes.

In addition, services cannot be counted if they are:

- in relation to planning or delivery of activities to a group of individuals
- extra care delivered through a Higher Everyday Living Fee (HELF) agreement, where the resident agrees to pay to receive services beyond what is recommended under their care plan and in addition to the activities in the Residential Care Service List.

Direct care activities may include both:

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

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

4.1 Activities included in care minutes

Activities that are considered direct care activities are linked to the Residential Care Service List in the Aged Care Rules 2025. Tables 1 and 2 outlines the services that are considered direct care activities when delivered by specified care workers.

Table 1: Care minutes activities for non-clinical or personal care

Direct care type – Non-clinical or personal care (refer to Aged Care Rules 2025, Chapter 1 Introduction, Part 3 Aged Care Services List, Division 8 Residential Care Service Types, Section 8-150)	
Non-clinical or personal care services INCLUDED as care minutes	
Item 2 - 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.
Item 3 - 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. fitting sensory communication aids and checking hearing aid batteries.

Direct care type – Non-clinical or personal care (refer to Aged Care Rules 2025, Chapter 1 Introduction, Part 3 Aged Care Services List, Division 8 Residential Care Service Types, Section 8-150)	
Item 4 - Emotional Support	Including the following: • if the resident is experiencing social isolation, loneliness or emotional distress – ongoing emotional support to, and supervision of, the resident (including pastoral support); • if the resident is new to the residential care home – assisting the resident to adjust to their new living environment; • provision of culturally safe supports that have been determined in consultation with the resident and their supporters (if required).
Item 5 - Mobility and movement needs	Including the following: • assisting the resident with moving, walking and wheelchair use; • assisting the resident with using devices and appliances designed to aid mobility; • the fitting of artificial limbs and other personal mobility aids; • 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 resident, including for residents with bariatric needs.
Item 6 - Continence management	Including assisting the resident to: • maintain continence or manage incontinence; • and use aids and appliances designed to assist continence management.
Item 7 - Recreational and social activities	Tailored recreational programs and leisure activities aimed at preventing loneliness and boredom, creating an enjoyable and interesting environment, and maintaining and improving the social interaction of the resident. **Note:** Time spent planning or delivering recreational programs or leisure activities cannot be counted where they are in relation to planning or delivery of activities to a group of residents.

Table 2: Care minutes activities for clinical care

Direct care type – Clinical care (refer to Aged Care Rules 2025, Chapter 1 Introduction, Part 3 Aged Care Services List, Division 8 Residential Care Service Types Section 8-155)	
Clinical care services INCLUDED as care minutes	
Item 3 - Medication management	Including the following: • 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;

Direct care type – Clinical care (refer to Aged Care Rules 2025, Chapter 1 Introduction, Part 3 Aged Care Services List, Division 8 Residential Care Service Types Section 8-155)	
	• reviewing the appropriateness of medications as needed under the delegation and clinical supervision of a registered nurse, or other appropriate registered health practitioner.
Item 4 – Nursing*	Services provided by or under the supervision of an RN, including but not limited to the following: • initial comprehensive clinical assessment for input to the care services plan for the resident, carried out: o in line with the resident's needs, goals and preferences; and o by an RN; and o 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 resident, including identifying and responding appropriately to change or deterioration in function, behaviour, condition or risk, carried out: o in line with the resident's needs, goals and preferences; and o by an RN, or an EN under appropriate delegation by an RN; and o 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: o by an RN, or an EN under appropriate delegation by an RN; and o if required, in consultation with other appropriate registered health practitioners, appropriate allied health professionals, or appropriate registered health practitioners and appropriate allied health professionals. • liaising with residents and families on care issues including family meetings is considered to count for the purposes of care minutes.
Item 5 - Dementia and cognition management	If the resident has dementia or other cognitive impairments: • development of an individual therapy and support program designed and carried out to: o prevent or manage a particular condition or behaviour; and o enhance the resident's quality of life; and o enhance care for the resident; and • ongoing support (including specific encouragement) to motivate or enable the resident to take part in general activities of the residential care home (if appropriate).
Item 6 - General access to medical and allied health services	The following: • making arrangements for registered health practitioners to visit the resident for any necessary registered health practitioner appointments; • making arrangements for the resident to attend any necessary registered health practitioner appointments; • if required, making arrangements for allied health professionals to visit the resident, or for the resident to visit an allied health professional;

Direct care type – Clinical care (refer to Aged Care Rules 2025, Chapter 1 Introduction, Part 3 Aged Care Services List, Division 8 Residential Care Service Types Section 8-155)	
	• if required, provision of audio-visual equipment for use with telehealth appointments; • arranging for an ambulance in emergency situations.

4.2 Emotional care and social support

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

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

- spends social time with a resident to have a conversation
- assists a resident personally to undertake personal interests (for example, reading or playing a game)
- assists a resident personally to participate in a group activity.

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

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

4.3 Activities not included in care minutes

Activities that fall outside of the specific items under sections 8-150 and 8-155 of the Aged Care Rules (i.e., items elsewhere on the Service List) cannot be counted towards care minutes. These include all, but are not limited to, the following:

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

See Appendix 3 for examples of common non-care related activities reported as direct care time in the Quarterly Financial Report, identified through the department's care time reporting assessments program.

4.3.1 Performance of direct care activities and accurate apportionment of hybrid roles

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

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

Where a specified worker works across separate homes, their time should only be counted at a home based on the time they are allocated to and perform the specified personal care and clinical care activities in relation to residents at that home. That is, a worker's time must be apportioned based on the direct/clinical care provided in each home. For example, if a staff member consistently spends 5% of their time on short or incidental non-direct care activities, this should be reflected in how much of their time is attributed to care minutes.

Providers may wish to conduct time in motion studies, or have staff periodically complete a logbook recording their time spent on non-direct care activities over a representative period, to support estimates in this regard.

Including staff time spent undertaking activities other than direct care when reporting on direct care in the Quarterly Financial Report or Care Minutes Performance Statement misrepresents performance against impacted homes' care minutes targets. This may lead to:

- the overpayment of the care minutes supplement
- misleading consumers about the standard of care offered at an aged care home, through impact on star ratings; and
- misleading the Aged Care Quality and Safety Commission regarding compliance with the care minutes obligation.

See section 6.5 for information about the importance reporting accuracy.

Section 5: Care minutes targets

5 Care minutes targets

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

There are two types of care minutes targets:

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

5.1 Sector-wide benchmark

The current sector-wide care minutes benchmark is an average of 215 minutes, including 44 minutes of RN time, per resident per day. Providers are not required to meet this sector average benchmark in their residential care homes. Instead, they are required to meet the specific targets that apply to each of their homes, on average over the quarter.

5.2 Targets for each residential care home

Each provider has a responsibility to meet the care minutes targets for each of their homes.

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

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

For example, a home with higher needs residents might have a total care minutes target of 235 minutes per resident per day, while a home with lower needs residents could have a lower target of 200 minutes per resident per day. The collective performance of providers against their home-level targets is used to determine how well the aged care sector is meeting the average care minutes benchmark at the sector-wide level.

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

5.3 Care minutes allocations by AN-ACC and respite class

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

Each AN-ACC class has specific care minutes allocations that reflects the care needs of residents in that class, which are matched to the level of class funding provided under the AN-ACC funding model (outlined in Table 3). These are reviewed annually to ensure ongoing alignment to AN-ACC class funding.

The care minutes associated with each AN-ACC and respite class are used to calculate the care minutes targets for each residential care home that apply each quarter.

Table 3: Care minutes allocations associated with each AN-ACC and respite class from 1 October 2025

For a care recipient classified as…	The combined staff daily amount (or total care minutes allocation) is… (minutes)	And the registered nurse daily amount (or RN minutes allocation) is… (minutes)
Class 1	268	51
Class 2	128	27
Class 3	178	36
Class 4	150	32
Class 5	185	41
Class 6	176	37
Class 7	215	46
Class 8	232	47
Class 9	214	44
Class 10	229	44
Class 11	253	48
Class 12	247	47
Class 13	268	51
Class 101 – Respite	176	37
Class 102 – Respite	223	48
Class 103 – Respite	262	51

See Appendix 6 for the care minute allocations used to calculate targets for each aged care home applying prior to October 2025.

5.4 Calculation of care minutes targets for each residential care home

Providers are required by law to ensure a certain amount of direct care minutes is provided to residents at their homes each quarter, worked out in accordance with section 176-20 of the Aged Care Rules 2025.

A care minutes target calculator is available to assist with this. Further guidance on how to calculate care minute targets is included in Appendix 4.

Providers should contact the department by emailing anaccdataandanalysis@health.gov.au if there appears to be an error with the amount of direct care minutes it has published in respect of a home.

In addition, providers should ensure the list of residents (permanent and respite) for each of

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

5.4.1 Leave and residents without an AN-ACC class

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

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

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

5.4.2 New, returned to operations, combined, and transferred homes

Providers should use the following rules to work out their care minutes targets if they have new homes, homes returning to operations, homes that have combined, and homes that have transferred from another provider.

new homes and homes returning to operations:

- The care minutes target for a commencing home or home returning to operation (i.e. from having zero operational beds) is calculated using the same method as for other homes, with the calculation date being the 15th day of the month prior to the commencement of the relevant quarter. If a home did not have any residents during the target calculation reference period, the home will have a zero care minutes target until the next quarter. However, even if a home has a zero minutes target, the provider is still required to have appropriate staffing levels, including to meet the Strengthened Aged Care Quality Standards.

two or more homes operated by the same provider combine to become one single home:

- Residents who were at the *closing home* would only be relevant to the calculation of the *continuing home's* care minutes targets for the upcoming performance quarter from the date of transfer to the continuing home. This means that the days the residents were in care at the closing home before the date of transfer should not be counted for the purposes of calculating the care minutes target for the continuing home.
- Residents who were at the continuing home must be included in the calculation for the entire reference period.

a home is acquired by or transferred to another provider:

- The *gaining provider* only needs to calculate their care minutes targets for the upcoming performance quarter based on the residents that were in care at the home operated by the *gaining provider* from the date the home was acquired. This means that the days the residents were in care at the home operated by the losing provider before the acquisition date should not be counted for the purposes of calculating the care minutes target for the gaining provider.

Examples of how to calculate care minutes targets for homes in the above scenarios can be found at Appendix 3.

5.4.3 Period used for calculation of care minutes targets

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

For example, for the performance quarter from 1 October to 31 December 2025, care minutes targets are calculated using AN-ACC classification data from the 3-month period from June to August 2025.

See **Table 4** below for the reference periods for each performance quarter and the date the department undertakes the calculations.

Table 4: Target calculation periods for each performance quarter

Performance Quarter	Q1: Jul-Sep	Q2: Oct-Dec	Q3: Jan-Mar	Q4: Apr-Jun
Reference period*	Mar-May	Jun-Aug	Sep-Nov	Dec-Feb
Calculation date	15 June	15 Sep	15 Dec	15 Mar

*3 months beginning on the day that is 4 months before the first day of the quarter.

5.5 Delivery of quarterly targets

Each provider must meet their home-level care minutes targets for each occupied bed day delivered on average over the quarter.

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

The count of residents includes:

- **unclassified residents** (that is, those without an AN-ACC classification that receive the default Class 98 or 99) – while not included in the care minutes target calculation, unclassified residents are counted for the purpose of care minutes performance. Using the above example, 210 minutes needs to be delivered for each day an unclassified resident receives residential care in the quarter.
- **residents on leave** are also counted as occupied bed days for the purpose of care minutes performance, except where the resident is on extended hospital leave for 29 consecutive days (even though the residents would be included in the care minutes target calculation). In this instance, the first 28 days of leave are included, but not the 29th and subsequent days.

Although current care minutes requirements may differ at times from actual resident need (because the residents in each home may change from when the target was calculated, or individual residents' needs may change), it is always expected that providers meet their mandatory targets set at the beginning of the quarter, and meet the Strengthened Aged Care Quality Standards.

5.5.1 Counting EN minutes towards RN targets

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

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

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

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

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

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

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

5.6 Accessing and viewing care minutes targets

On the 15th day of the month prior to the start of the performance quarter, the department uses the method set out in section 176-20 of the Aged Care Rules 2025 to work out the care minutes targets for each home.

The department performs quality assurance checks on the data before publishing the targets prior to the start of the performance quarter.

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

5.7 Accessing care minutes performance information

Care minutes performance information for each aged care home is published on the My Aged Care Find a Provider as part of each homes Staffing Star Rating page.

Care minutes performance against their care minutes targets also directly informs each home's Staffing Star Rating, which contributes to the home's Overall Star Rating.

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

5.8 Publication of EN care minutes

Care minutes specifically delivered by ENs are published alongside Star Ratings on the Staffing page via the My Aged Care Find a Provider tool.

The publication of EN care minutes delivered is **not** an indicator that there are EN specific targets, but to provide transparency for older people and their representatives when

comparing homes and will support providers to monitor, compare and improve their care delivery.

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

Section 6: Reporting and quality assurance

6 Reporting

Providers of aged care homes are required to report care time delivered for each aged care home in the Quarterly Financial Report (QFR) through the GPMS portal for each financial quarter. The care time reported in the QFR is used to assess each home's performance against their care minutes targets.

Providers are also required to separately report their care time at the end of the financial year through the

6.1 Quarterly Financial Report

6.1.1 QFR due dates

The legislated QFR due dates are outlined below:

Figure 1 Legislated QFR dates



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

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

Failure to submit a QFR will also result in no care minutes supplement funding (commenced April 2026) for eligible homes until the reporting is submitted.

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

6.1.2 QFR support

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

- an excel spreadsheet template of the QFR that shows the information that needs to be reported
- reporting guidance
- system user guide
- webinars recordings

- data validations guide
- Frequently Asked Questions (FAQs) register and
- QFR reporting definitions.

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

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

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6.1.3 Allied health reporting

Providers must report on all staff time in their ACFR and QFR, including time provided by allied health professionals.

Only allied health services which are funded by AN-ACC can be reported within the QFR. Allied health services funded by the Medicare Benefits Schedule (MBS) or privately by residents should not be reported as part of allied health care time or expenses. For example, if a podiatry service is funded through Medicare or privately by the resident, the associated number of hours and expenditure should be excluded when reporting the hourly rate for podiatrist.

6.1.4 QFR data validation

The department checks the residential care data submitted for all homes. This data validation process checks the reasonableness of submitted care hours data which includes:

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

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

6.1.5 Resubmission of QFR data

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

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

The resubmission due date will be advised by the department in the written notice. Providers

must re-submit their data by this date to allow the department sufficient time to review the re-submitted data for Star Rating purposes.

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

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

6.2 Care time reporting assessments program

The department checks the accuracy of the information providers report in the QFR used to calculated care minutes and monthly 24/7 RN Reports. These are detailed checks that are undertaken on a sample of reporting each quarter.

Reporting assessments:

- help improve providers' reporting and information management
- help ensure that providers are meeting their mandatory reporting and care requirements
- provide accurate data to inform Star Ratings
- help inform the IHACPA costing studies
- help inform the department's policy decisions
- improve the accuracy of information provided to the ACQSC and the quality of sector data overall.

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

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

6.3 Care Minutes Performance Statement reporting and auditing requirement

Starting as part of their 2025-26 ACFR all providers will be required to prepare and submit a new Care Minutes Performance Statement. Providers must also engage a registered company auditor to complete an audit of their Care Minutes Performance Statement.

The Care Minutes Performance Statement includes information about:

- direct care minutes delivered
- associated labour hours and costs
- RN coverage
- occupied bed days.

For more information, refer to Care Minutes Performance Statement guidance.

6.4 Record keeping responsibilities

Under section 154 of the Act, providers have a responsibility to keep records prescribed by the rules. Under section 154-1300 which enable a proper assessment to be made as to whether the provider has complied, or is complying, with its obligations under Chapter 3 of

the Act. These obligations include, but are not limited to:

- the obligation to provide required amounts of direct care (Aged Care Rules 2025 s 176-15)
- the obligation to ensure at least one RN is on-site and on duty, at all times (Aged Care Act 2024 s 175)
- the obligation to report on the 24/7 RN requirement (Aged Care Rules 2025 s 166-855) and to prepare a QFR (Aged Care Rules 2025 s 166-340).

If a provider fails to comply with these obligations, the ACQSC may undertake a regulatory response.

Care time reporting assessments assess the accuracy of information provided to the department under a provider's responsibility to report on the 24/7 RN responsibility (Aged Care Rules 2025 s 166-855) and to prepare a QFR (Aged Care Rules 2025 s 166-340). As part of these reporting assessments, the department may require providers to supply information and documents. This generally includes:

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

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

6.5 Legal requirements to report accurately

In providing the QFR to the department (of which reporting against the care minutes requirement is a component), a director of the corporation must make a declaration that the particulars of the reports are true and correct.

An entity breaches section 529 of the *Aged Care Act 2024*, and is liable to a civil penalty if the entity gives information in compliance or purported compliance with the Act; and the entity does so knowing that the information:

- is false or misleading in a material particular; or
- omits any matter or thing without which the information is misleading in a material particular.

Under section 134.2 of the *Criminal Code Act 1995*, a person commits an offence if:

- the person, by a deception, dishonestly obtains a financial advantage from another person; and
- the other person is a Commonwealth entity.

If a registered provider obtains a greater amount of the care minutes supplement by dishonestly submitting a report to the department that portrays eligibility for a higher rate of the supplement than their actual performance would entitle them to, then they are in breach of section 134.2 of the *Criminal Code Act 1995*.

Under section 137.2 of the *Criminal Code Act 1995*, a person commits an offence if:

- the person produces a document to another person; and
- the person does so knowing that the document is false or misleading; and
- the document is produced in compliance or purported compliance with a law of the Commonwealth.

If a registered provider submits a report to the department that portrays the provider as delivering a greater amount of care minutes than were actually performed and they do so knowingly, then they are in breach of section 529 of the *Aged Care Act 2024* and section 137.2 of the *Criminal Code Act 1995*.

Under section 181 *Corporations Act 2001*, directors or other officers of a corporation must exercise their powers and discharge their duties for a proper purpose. Failure to comply with this requirement may lead to a civil penalty being applied to the relevant director. It may also lead to disqualification from the management of corporations.

A director that knowingly facilitates breaches of these requirements may personally be in breach of section 181 of the *Corporations Act 2001*. Various penalties, both civil and criminal, may apply with regard to these breaches.

Section 7: Regulation of care minutes

7 Regulation of the care minutes

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

Their Regulatory Bulletin explains how the ACQSC regulates this responsibility.

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

Appendices

Appendix 1: Support

Table 5: Aged care funding reform resources

Information source	Description
Resources	Resources are located here.
Social media	Follow us on Facebook, X, LinkedIn and Instagram.
Subscriptions	Subscribe to the department's newsletters here for aged care updates.
My Aged Care service provider and assessor helpline	For help with the Government Provider Management System (GPMS) or My Aged Care system or technical support for providers and assessors. Phone: 1800 836 799 The helpline is available from 8:00am to 8:00pm Monday to Friday and 10:00am to 2:00pm Saturday, local time across Australia.
QFR-related guides, fact sheets, FAQs, and definitions	Visit the Forms Admin homepage.
Helpdesk	Email health@formsadministration.com.au for help with the residential care labour cost and hours reporting section of the QFR

Appendix 2: Care worker examples for care minutes

Lifestyle Staff

Liza – Lifestyle Activities Officer

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

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

Registered Nurse and Care Management Staff

Beth – Registered Nurse and Care Manager

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

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

Nurse Practitioner

Jenny – Nurse Practitioner

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

Enrolled Nurse

Georgia – Enrolled Nurse

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

Buddy shifts

Simone and Laura – Enrolled Nurses

Simone is a qualified EN who has been employed at Home X for 5 years. Laura recently completed her Diploma of Nursing and gained registration with the NMBA as an EN. As a less experienced worker, Laura accompanies Simone, an experienced worker, on one or more shifts to understand more about resident needs and preferences and get to know the work routine and apply learnings. As Simone and Laura are both ENs, direct care activities undertaken during the buddy shift arrangement can be counted as care minutes.

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

Clinical Funding Manager

Miles – Enrolled Nurse and Clinical Funding Manager

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

Personal Care Worker and Assistant in Nursing Staff

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

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

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

Kate – Personal Care Worker with hybrid lifestyle role

Kate is employed as a PCW at Home X and spends the majority of her rostered time on duty (60 per cent) attending to the basic daily needs of residents including toileting, bladder and bowel management, helping residents with mobility, and transferring and caring for existing pressure areas. Kate also spends an additional 30 per cent of her time providing one-on-one social and emotional support to residents by taking time to talk to them, and assisting them to undertake activities that interest them. Since Kate's primary responsibility is to directly provide personal care services to residents and she is a PCW, her care time can be counted towards care minutes (including the 60 per cent undertaking personal care services and the 30 per cent spent on social and emotional support).

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

Melanie – Personal Care Worker

Melanie is employed as a PCW at Home X which is run as a household model. The model sees around 20 residents live as part of a household, with a shared kitchen, dining room, and living room. There are no set routines for residents, with the emphasis on making the home feel homely. Melanie spends around 80 per cent of her time undertaking personal care tasks such as assisting with eating, drinking, bathing and washing residents, and 20 per cent of her time working with food preparation and cleaning of the facility. As Melanie's primary responsibility is to directly provide personal care services to residents, her time spent with residents attending to their needs is considered direct care.

Peter – Nursing Assistant (or Assistant in Nursing)

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

Members of a religious order

Sister Maria – Registered Nurse

Sister Maria is a member of a religious order and is a qualified RN at Home Y. Sister Maria works rostered shifts as an RN providing direct personal care to residents. During these rostered hours, she undertakes tasks such as administering medications, completing wound care, assessing residents' clinical needs, and updating care plans. This is considered direct care and time spent doing these activities counts towards care minutes.

Sister Maria also provides pastoral and spiritual support to residents and families, including leading prayer groups. These activities are not considered direct care and do not count towards care minutes.

Sister Catherine – Personal Care Worker

Sister Catherine is a member of a religious order and works rostered shifts as a Personal Care Worker (PCW) at Home Z. Sister Catherine spends the majority of her rostered time on duty (60 per cent) attending to the basic daily needs of residents, including showering, dressing, toileting, bladder and bowel management, helping residents with mobility, and transferring and caring for existing pressure areas. Sister Catherine spends the rest of her rostered time (40 per cent) providing one-on-one social and emotional support to residents by taking time to talk to them and assisting them to undertake activities that interest them. Since Sister Catherine's primary responsibility (that is, 60 per cent of her time) is to directly provide personal care services to residents, she meets the definition of a PCW, and all her time can be counted towards care minutes (including the 40 per cent spent on social and emotional support).

Outside of her rostered shifts, Sister Catherine also provides additional services, such as spiritual and pastoral support to residents and their families and other community relation roles. These activities are not considered personal care services for the purposes of the PCW definition and do not count towards care minutes.

Sister Isabella – Spiritual and Pastoral Support

Sister Isabella is a member of a religious order and works rostered shifts at Home X. Sister Isabella spends 20 per cent of her time on duty attending to the basic daily needs of residents, including showering, dressing, toileting, bladder and bowel management, helping residents with mobility, and transferring and caring for existing pressure areas. Sister Isabella spends another 20 per cent of her time providing one-on-one social and emotional support to residents by taking time to talk to them and assisting them to undertake activities that interest them. The remaining 60 per cent of Sister Isabella's time is spent providing spiritual and pastoral support to residents and their families, including leading prayer sessions in a group setting.

As Sister Isabella does not spend the majority of her time delivering personal care services, she will not be considered a Personal Care Worker and her direct care activities will not count towards care minutes.

Appendix 3: Examples of common reporting errors

Table 7: examples of common reporting errors and non-direct care related activities reported as direct care time in the QFR.

Example	Explanatory notes
• Misallocation of staffing categories, including reporting of direct care expenses under staff categories not counted in care minutes reporting (such as therapy assistants, lifestyle staff). • Reporting direct care staff in the wrong QFR category.	Only direct care activities performed by registered nurses, enrolled nurses and personal care worker/assistants in nursing can be reported in their relevant QFR categories. Do not include direct care expenses of other staff (such as allied health and lifestyle) under registered nurses, enrolled nurses and personal care worker/assistants in nursing categories in the QFR. Agency staff funded under AN-ACC to provide direct care activities can count towards care minutes, however, these costs should be captured in QFR in the 'Residential Labour Costs and Hours' section under the heading, 'Agency Staff Cost – Direct Care'.
• Incorrect apportionment of direct and non-direct care work time by staff working in hybrid roles, including reporting 100% of time instead of the actual portion of time the worker spends delivering direct care activities. • For example, staff in managerial roles who spend most of their time performing non-direct care activities (such as management and administrative tasks) are being counted 100% towards care minutes.	Where a worker is employed in a hybrid or dual role, for example, performing both personal and/or clinical care activities and non-care activities, only the portion of the worker's time spent on 'direct care' activities can count towards care minutes. See Appendix 2 for examples.
• Providing ongoing support for families post admission of a resident, including following hospital admissions or transfer to another home, or service provider. • Contacting residents' families to express sympathy following their passing, including liaising with families about memorial services.	Only social and emotional support provided directly to residents can count towards care minutes.
• Assisting residents with allied health, therapeutic (including any maintenance therapy) and rehabilitation programs as directed by physiotherapists, or other allied health professionals.	These form part of item 2 under section 8-155 of the Rules and is not one of the items that counts towards care minutes under the old or new Act.
• Trainees that do not meet the definition of a PCW	Trainees are not considered a PCW if they do not meet the PCW definition (see section 3.3). This includes meeting both the criteria that they are paid below the pay rate for an aged care employee – direct care level 1 and their primary responsibility is to directly provide personal care services to residents under the supervision of an RN or EN. The Aged Care Award 2010 pay guide outlines that the casual pay rate for a Level 1 worker is $38.91 an hour before any allowances. Further details, including the part-time and full-time rates are in the Aged Care Award 2010 Pay guide on the Fair Work Commission's website.

Example	Explanatory notes
• Inclusion of non-direct care activities such as: Food preparation and serving meals ○ Preparing and serving food to residents during meal times. ○ Pouring drinks, refilling water jugs, serving tea/coffee for residents during meal times. ○ Preparing foods and drinks for residents in line with their meal plans. ○ Preparing and delivering snack foods such as toasting sandwiches. ○ Returning dirty cups and plates to kitchen. Cleaning and laundry ○ Collecting, cleaning and spraying all resident tray tables before returning them to the kitchen. ○ Cleaning and disinfecting all equipment including toilets, shower chairs, bed trolleys, bathroom equipment, lifters and hoists. ○ Cleaning and tidying residents' rooms and common areas, including emptying waste bins. ○ Changing residents' bed linen as per schedule and when required. ○ Taking dirty clothes and linen from residents' rooms to the laundry. ○ Delivering residents' clean clothes and linen to their rooms or storage area.	These form part of everyday living services defined in section 8-145 of the Rules and do not meet the definition of direct care in the Rules.

Appendix 4: Care minutes targets

Example – Calculating care minutes targets

The following example illustrates how a calculation of the care minutes targets for Home A for the 1 October to 31 December 2025 quarter should be undertaken.

Home A provided a total of 900 care days to residents with an AN-ACC class from 1 June to 31 August 2025.

Using the care minutes allocation associated with each of the AN-ACC classes and the days residents were in care for each AN-ACC class, Home A's care minute targets for the 1 October to 31 December 2025 quarter are 234.8 total minutes and 46.7 RN minutes per resident per day.

Table 6: Calculating care minutes targets

AN-ACC class	(a)	(b)	(c)	(a) x (c)	(b) x (c)
	Care minutes allocations for class	RN care minutes allocations for class	Total no. of days in care for class in calc period	Total care minutes for class	Total RN minutes for class
AN-ACC class 5	185	41	276	51,060	11,316
AN-ACC class 9	214	44	250	53,500	11,000
AN-ACC class 10	229	44	276	63,204	12,144
AN-ACC class 11	253	48	230	58,190	11,040
AN-ACC class 13	268	51	276	73,968	14,076
		Total	**1,308**	299,922	59,576
Average care minutes targets (in minutes) equals sum of minutes divided by total days				**229.30**	**45.55**

Scenarios that providers should consider when calculating care minutes targets

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

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

Li is determining the care minute targets for Home X for the period 1 October to 31 December 2025. The targets will be based on Home X's AN-ACC class mix and days of recognised residential care provided through the home for the period 1 June to 31 August 2025 (total of 92 days). During this period, Home X:

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

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

- 2 counted residents had less than 92 days in care (the 2 residents that exited care)

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

Scenario 2: New residents without AN-ACC classes

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

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

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

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

Scenario 3: 2 homes operated by same provider combined into a single home

Home A and Home B are co-located in the same building run by the same provider. The provider made an application to combine Home B (closing home) with Home A (continuing home), and this was finalised on 15 October 2024.

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

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

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

Scenario 4: A home was acquired by another provider

Home A was acquired by provider X (gaining provider) and this was finalised on 15 October 2024.

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

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

Appendix 5: Inclusion of care time from an EN in RN targets

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Example 3: Home delivers equal to or above RN target

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

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

- **25 minutes from an EN per resident per day**

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

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

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

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

Appendix 6: Previous allocations of care minutes by AN-ACC and respite class

Table 7: Care minutes allocations associated with each AN-ACC and respite class from 1 October 2023 – 30 September 2024 and 1 October 2024 – 30 September 2025

For a care recipient classified as…	The combined staff daily amount (or total care minutes allocation) is… (minutes)		And the registered nurse daily amount (or RN minutes allocation) is… (minutes)	
	In force for targets applying up until September 2024	In force for targets applying up until September 2025	In force for targets applying up until September 2024	In force for targets applying up until September 2025
Class 1	317	281	57	53
Class 2	110	122	30	25
Class 3	143	169	32	35
Class 4	115	138	28	29
Class 5	157	185	39	41
Class 6	152	177	34	37
Class 7	186	215	36	45
Class 8	200	239	38	50
Class 9	202	209	46	42
Class 10	282	254	56	50
Class 11	274	244	41	47
Class 12	269	243	42	46
Class 13	317	281	57	53
Class 101 – Respite	120	163	31	33
Class 102 – Respite	165	196	36	42
Class 103 – Respite	273	252	48	49

Appendix 7: Definition of a PCW/AIN prior to 1 January 2025

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

For the purposes of care minutes:

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

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

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

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

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

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

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

Definition of a Personal Care Worker (PCW) /Assistant in Nursing (AIN) prior to 1 November 2025.

The following definition of a PCW applies from 1 January 2025 to:

- reflect changes in the Aged Care Award 2010 and the Nurses Award 2020
- better differentiate PCWs from other workers that cannot be counted towards care minutes, such as lifestyle coordinators.

For the purposes of care minutes, a PCW/AIN is an employee:

- classified under Schedule B.2 in the *Aged Care Award 2010* as an aged care employee - **direct care level 1 to level 6** (or in an equivalent role in an equivalent award or enterprise agreement or individual contract/agreement); and
- whose **primary responsibility** is to directly provide **personal care services** to residents under the supervision of an RN or EN.

For the purposes of the PCW/AIN definition only:

- **Primary responsibility** means the worker ordinarily spends more than half of their time on delivering personal care services.
- **Personal care services** consist of assisting with daily living activities, attending to personal hygiene, physical, administrative and cognitive needs and assisting with clinical care and provision of medical treatments and procedures where qualified to do so.

- **Personal care services** do not include one-on-one social and emotional support activities.

Note: While social and emotional support is not considered personal care services for the purposes of the PCW/AIN definition, it is considered a direct care activity and therefore counts as care minutes where it is delivered by a worker that meets the definition of an RN, EN or PCW/AIN.

Guidance on what is considered a direct care activity is in Section 3 of this guide, and examples of workers and whether they can be included in care minutes is in Appendix 2.

Definition of a Personal Care Worker (PCW) /Assistant in Nursing (AIN) prior to 1 November 2026.

For the purpose of care minutes, a PCW is a person whose **primary responsibility** is to directly provide **personal care services** to residents under the supervision of an RN or EN, and is either:

- an employee covered by the *Aged Care Award 2010* and classified as an **aged care employee - direct care** under Schedule B.2 of the award;
- an aged care worker or an equivalent role covered by another award, enterprise agreement, contract or other agreement to deliver personal care services to residents; or
- a person who is a member of a religious order, such as a nun or religious sister (see also section 3.3.1).

For the purposes of the PCW definition only:

- **Primary responsibility** means the worker ordinarily spends more than half of their time on delivering personal care services.
- **Personal care services** consists of assisting with daily living activities, attending to personal hygiene, physical, administrative and cognitive needs and assisting with clinical care and provision of medical treatments and procedures where qualified to do so.
- **Personal care services** do not include one-on-one social and emotional support activities.

Note: While one-on-one social and emotional support is not considered personal care services for the purposes of the PCW/AIN definition, it is considered a **direct care activity** and therefore counts as care minutes where it is delivered by a worker that meets the definition of an RN, EN or PCW.

Guidance on what is considered a direct care activity is in Section 4 of this guide, and examples of workers and whether they can be included in care minutes is in Appendix 2.

