

s47E(c), s47F

From: s47E(c), s47F
Sent: Friday, 13 June 2025 11:39 AM
To: s47E(c), s47F
Subject: s47C

~~PROTECTED~~

FYI

~~PROTECTED~~

From: s47E(c), s47F @Protected.Health.gov.au>
Sent: Friday, June 13, 2025 10:50 AM
To: s47E(c), s47F @Protected.Health.gov.au>; s47E(d)
 s47E(d) @protected.health.gov.au>
Subject: RE: s47C

~~PROTECTED~~Hi s47E(c),
s47E

s47C

Kind regards

s47E(c), s47F

Assistant Director - Grant Strategy and Coordination Section

Grants Branch | Financial Management Division
 Australian Government Department of Health and Aged Care

T: s47E(c), s47F | M: s47E(c), s47F | E: s47E(c), s47F @health.gov.au | Group Email: s47E(d) @protected.Health.gov.au

This email comes to you from Boorloo in Whadjuk Country
 Location: Level 12, 40 The Esplanade PERTH 6000 WA
 PO Box 9848, Canberra ACT 2601, Australia

s47E(c), s47F

Got a grant? For everything you need to know, check out the [Grant Toolkit](#).

The Department of Health and Aged Care acknowledges First Nations peoples as the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to all Elders both past and present.

~~PROTECTED~~

From: s47E(c), s47F <@Protected.Health.gov.au>
Sent: Friday, June 13, 2025 8:34 AM
To: s47E(d) <@protected.health.gov.au>
Cc: s47E(c), s47F <@Protected.Health.gov.au>
Subject: s47C

~~PROTECTED~~

Thanks s47E(c),
s47F

While I have you, either you or s47E(c), s47F might be able to help me with a quick question.

s47C

Thanks in advance!

s47E(c), s47F

s47E(c), s47F

Assistant Director – Resident Experience and Food Policy Section

Choice and Transparency Branch
 Quality and Assurance Division | Ageing and Aged Care Group
 Australian Government Department of Health and Aged Care

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From: s47E(d) <@protected.health.gov.au>
Sent: Friday, June 13, 2025 10:22 AM
To: s47E(c), s47F <@Protected.Health.gov.au>
Cc: s47E(c), s47F <@Protected.Health.gov.au>; s47E(d) <@protected.health.gov.au>
Subject: s47C

~~PROTECTED~~

Good morning s47E(c), s47F

Hub Quotes are now handled by s47E(c), s47F team within Grant Strategy and Coordination Section. I see that s47E(c), s47F has been ccd into your email and will be able to help you with your enquiry.

Kind regards

s47E(c), s47F

Acting Design Lead – Grant Design Section

Grants Branch | Financial Management Division
 Australian Government Department of Health and Aged Care
 T: s47E(c), s47F (Teams) E: s47E(c), s47F @protected.health.gov.au
 Group Email: s47E(d) @protected.health.gov.au
 Got a grant? For everything you need to know, check out the [Grant Toolkit](#).

Work days: Monday to Friday

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~~PROTECTED~~

From: s47E(c), s47F @Protected.Health.gov.au>
Sent: Friday, June 13, 2025 10:02 AM
To: s47E(d) @protected.health.gov.au>
Cc: s47E(c), s47F @Protected.Health.gov.au>
Subject: s47C
Importance: High

~~PROTECTED~~

Hi Grant Design Team

I am just checking these are the latest s47C
 s47C

Thanks

s47E(c), s47F

~~PROTECTED~~

From: s47E(c), s47F @Protected.Health.gov.au>
Sent: Monday, August 5, 2024 12:22 PM
To: s47E(c), s47F @Protected.Health.gov.au>; s47E(c), s47F
 s47E(c), s47F @Protected.Health.gov.au>
Cc: s47E(d) @protected.health.gov.au>
Subject: s47C
Importance: High

Hello s47E(c),
 s47E

Please find attached the s47C
 s47C Please follow the instructions below:

INSTRUCTIONS:

s47C

s47C

If you have any further questions, please contact the Design team at [s47E\(d\)@protected.health.gov.au](mailto:s47E(d)@protected.health.gov.au)

Kind regards

s47E(c), s47F

Assistant Director - Grant Design Section

Grants Branch | Financial Management Division
Australian Government Department of Health and Aged Care

T: s47E(c), s47F | M: s47E(c), s47F | E: s47E(c), s47F [@health.gov.au](mailto:s47E(c), s47F@health.gov.au) | Group Email: s47E(d) [@Health.gov.au](mailto:s47E(d)@Health.gov.au)

This email comes to you from Boorloo in Whadjuk Country
Location: Level 12, 40 The Esplanade PERTH 6000 WA
PO Box 9848, Canberra ACT 2601, Australia

s47E(c), s47F

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From: s47E(c), s47F [@health.gov.au](mailto:s47E(c), s47F@health.gov.au)>

Sent: Sunday, August 4, 2024 8:36 PM

To: s47E(d) [@health.gov.au](mailto:s47E(d)@health.gov.au)>

Cc: s47E(c), s47F [redacted] <[\[redacted\]@health.gov.au](mailto:[redacted]@health.gov.au)>
Subject: Urgent assistance for NPP RFQ [SEC=OFFICIAL]
Importance: High

HI Grant Design Team,

s47C [redacted]

Kind regards

s47E(c), s47F [redacted]

s47E(c), s47F [redacted]

A/g Director | Resident Experience and Food Policy Section

Quality and Assurance Division | Ageing and Aged Care Group
Choice and Transparency Branch
Australian Government Department of Health and Aged Care
T: +61 2 5132 s47E(c) E: s47E(c), s47F [redacted] <[\[redacted\]@health.gov.au](mailto:[redacted]@health.gov.au)>

s47E(c), s47F [redacted]

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Disability and Ageing

s47E(c), s47F

From: Agedcare budget
Sent: Monday, 23 June 2025 4:16 PM
To: s47E(c), s47F
Cc: s47E(c), s47F ; Agedcare budget
Subject: s47C
Attachments: s47C

~~PROTECTED~~

Hi s47E(c),
s47F

Also for your visibility, please see attached the s47C
s47C

s47C

Thanks very much
s47E(c), s47F

s47E(c), s47F

Aged Care Budget Section
Financial Management and Reporting Branch

Reform Implementation Division | Ageing and Aged Care Group
Australian Government Department of Health, Disability and Ageing

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PRIME MINISTER
The Hon Anthony Albanese MP

20 JUL 2025

Reference: MS25-000386

The Hon Dr Jim Chalmers MP
Treasurer
Parliament House
CANBERRA ACT 2600

Senator the Hon Katy Gallagher
Minister for Finance
Parliament House
CANBERRA ACT 2600

Dear Ministers

I am writing to advise you that I have made the following decisions with financial impacts.

s34(3)

s34(3)

I agree to the Ministers' proposed handling of 2025 election commitments to the extent the proposals align with the announced election commitment and *Labor's costed plan to Build Australia's Future (Labor's Costed Plan)*.

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~~PROTECTED CABINET~~

In response to the Minister for Health and Ageing's letter dated 27 June 2025, I agree:

s47C



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~~PROTECTED CABINET~~

With the exceptions of the decisions made above, I do not agree to any additional funding or ASL to deliver election commitments beyond the costings published in *Labor's Costed Plan*. I ask that Ministers work with their departments and agencies to ensure commitments are successfully delivered by reprioritising existing resources across their portfolios.

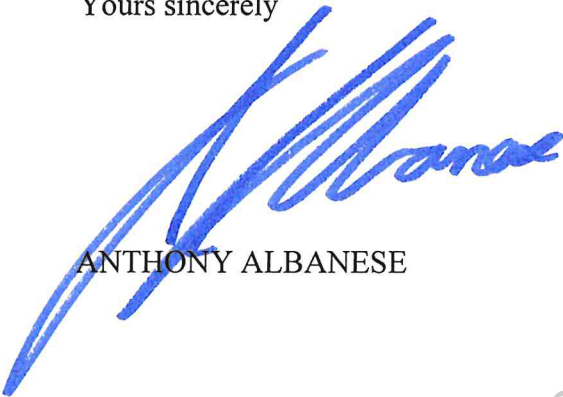
s34(3)

s34(3)

s47C

I ask that Finance communicate these decisions to relevant entities.

Yours sincerely



ANTHONY ALBANESE

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Maggie Beer Foundation – fortnightly meeting**Date:** 9 October 2025**Attendees:** s47F, s47E(c), s47F and s47E(c), s47F**Apologies:** s47E(c), s47F

Item	Agenda topic	Meeting notes
1	Department Update	Year 2 Evaluation - s47F welcomed all to the meeting and advised that the Department of Health, Disability and Ageing (the Department) have provided HealthConsult with feedback on the Year 2 Maggie Beer Foundation Evaluation Report. - s47F reported that the Foundation have provided additional data to HealthConsult which will assist in the finalisation of the report. - s47F reported that the Foundation are planning a media release once the evaluation report is finalised. s47E(c), s47F confirmed that the Department would be interested in reviewing the media release before its published publicly. - s47F, s47G(1)(a) CALD Project - s47F asked about the revision of the CALD Project plan. s47F reported that she is planning to progress the plan tomorrow, incorporating the feedback discussed with s47F and s47E(c), s47F. - s47F stated that the grant variation was being reviewed and will continue to be progressed from the Departments perspective. - s47F reported that in the interest of time the Foundation will send through a higher-level project plan for the Department to review. s47F reported that once the broader plan has been agreed upon, the Foundation will update with greater detail. s47F reported that she was happy with this plan. OLM Reporting - 'other' category - s47E(c), s47F reported that the Department would like a better understanding of the OLM reporting group 'No. of 'other' aged care staff e.g. food staff, nurses etc. for month'. s47F stated that she will review and report back to the Department. s47F reported that as the current hosting platform doesn't allow easy access to this data for the Foundation. s47F reported that the IT improvements project will allow the

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		Foundation to have a better ability to access data such as this moving forward.
3	MBF Update	• S4 reported the Foundation were involved in two recent conferences. • S4 reported the Foundation presented 'In the kitchen, changes are happening' at the Ageing Australia National Conference. This was on the TMP Program and was well received by the audience. The conference also offered a great opportunity for the Foundation to speak with large providers about the State and Territory Hubs as well as with large external catering companies. • S4 reported that some of the Foundation's Chef Trainers will be attending the Australia IDDSI Conference. S4 reported that she is hopeful the Chef Trainers can bring back their learnings to share with the team. Recent media • S4 stated that the Department have recently been providing input to some media requests on the Foundation. S4 reported these articles are yet to be published. Quarterly Financial Report • S4 reported the Foundation has sent the Department the new quarterly financial report. S4 advised to let her know if any further information is needed. Expert Working Group – Refresh of OLMs • S4 reported that the first expert working group for the OLMs refresh has taken place. The working group members are S47F and a chef manager. The group agreed to update the modules <i>Maximising flavour</i> and <i>Delivering high protein all day</i>. The next committee meeting is on 30 October, where they plan to provide feedback, and will select the final three OLMs to refresh.
4	Other comments	Nil
5	Action items from previous meeting	See comments in agenda items table below.

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Action item	Meeting date	Topic	Responsible	Action taken
1	11 September 2025	The department to consider providing the MBF with Star Ratings, including the <i>Service_ID</i> field present.	DHDA	In Progress Update 09/10: DHDA still working on this action item.

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Disability and Ageing

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s47E(c), s47F

From: s47E(c), s47F
Sent: Tuesday, 3 March 2026 9:21 AM
To: s47E(c), s47F
Cc:
Subject: RE: EXECUTED - P8344 - Maggie Beer Foundation Ltd - 4-ILB0IKF - DoV - Royal Commission Empower Consumers Exercise Choice - Consumer Experience Reports [SEC=OFFICIAL]
Attachments: P6634 - Maggie Beer Foundation Ltd - 4-ILB0IKF - revised Standard Grant Agreement.PDF; P8344 - Maggie Beer Foundation Ltd - 4-ILB0IKF - SGA.pdf

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Hi s47E(c), s47F

I have had a look through at this new variation and the current grant agreements (attached) and the main differences I noted were:

- Page 10: Activity end date is incorrect – still says 30 September 2026 – shouldn't it be April 2027? Or did we change this and I'm forgetting something?
- Page 11: Addition of Child Safe Statement of Compliance (I think this a required part of all grant agreements now?)
- Page 13: E.4 Other Reports
 - Only *Final Report* mentioned.
 - This means that the following reporting is missing:
 - Monthly Progress Reports
 - Quarterly financial reports
 - Risk Management Plan (assuming we want the Foundation to do another one of these)
 - Engagement and Communications Plan (assuming we want the Foundation to do another one of these)

I'm frustrated as when I spoke to s47E(c), s47F about reviewing a draft variation – she encouraged us not to look at it. Well that is what I took away from the conversation I had with her. Perhaps I misinterpreted.

Thanks,

s47E(c)

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From: s47E(d) @dss.gov.au>
Sent: Monday, 2 March 2026 3:49 PM
To: s47E(c), s47F @health.gov.au>

Cc: s47E(c), s47F @health.gov, s47E(c), s47F @health.gov.au>
Subject: FW: EXECUTED - P8344 - Maggie Beer Foundation Ltd - 4-ILB0IKF - DoV - Royal Commission Empower Consumers Exercise Choice - Consumer Experience Reports [SEC=OFFICIAL]

OFFICIAL

Good afternoon, s47E(c), s47F

Please find attached the executed grant agreement for the Maggie Beer Foundation Ltd - 4-ILB0IKF - DoV - Royal Commission Empower Consumers Exercise Choice - Consumer Experience Reports activity.

I will arrange for the release of the first payment as previously discussed.

Kind regards

s47E(c),
s47F

If using assistive software, the message ends here. Email signature below.

s47E(c), s47F

Funding Arrangement Manager
National Aged Care Grants
Client Grants Branch
Community Grants Hub
 nipaluna (Hobart), lutruwita (Tasmania)

P: s47E(d) **E:** s47E(d) @dss.gov.au
[National Relay Service](#)

[Communitygrants.gov.au](https://communitygrants.gov.au)

The Department of Social Services acknowledges Aboriginal and Torres Strait Islander peoples throughout Australia and their continuing connection to land, water, culture and community. We pay our respects to the Elders both past and present.



This interpretation of the Community Grants Hub was designed by proud Ngarrindjeri man, Dave Willis.

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From: s47E(d) @communitygrants.gov.au>
Sent: Monday, 2 March 2026 3:04 PM
To: s47F
Cc: s47E(d) @dss.gov.au>

Subject: EXECUTED - P8344 - Maggie Beer Foundation Ltd - 4-ILB0IKF - DoV - Royal Commission Empower Consumers Exercise Choice - Consumer Experience Reports [SEC=OFFICIAL]

Dears47F

Please find attached a copy of the executed Deed of Variation for your records.

The documents attached to this email include:

- Deed of Variation (DoV) **EXECUTED**
- Standard Grant Agreement (SGA)

If you require further information, please contact the Departmental mailbox listed on your agreement.

Kind regards

s47E(c), s47F

Health Grants Establishment and Transitions Team
Hub Operations Branch
Community Grants Hub

Email: s47E(d) @communitygrants.gov.au

Contact Us: [Contact us | Community Grants Hub](#)

Web: communitygrants.gov.au

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Disability and Ageing



Australian Government

Commonwealth Standard Grant Agreement

between
the Commonwealth represented by
Department of Health and Aged Care
and
Maggie Beer Foundation Ltd

Grant Agreement

Once completed, this document, together with each set of Grant Details and the Commonwealth Standard Grant Conditions (Schedule 1), forms an Agreement between the Commonwealth of Australia (the Commonwealth) and the Grantee.

Parties to this Agreement

The Grantee

Full legal name of Grantee	Maggie Beer Foundation Ltd
Legal entity type (e.g. individual, incorporated association, company, partnership etc)	Company
Trading or business name	
Any relevant licence, registration or provider number	
Australian Company Number (ACN) or other entity identifiers	
Australian Business Number (ABN)	15 168 279 865
Registered for Goods and Services Tax (GST)	Y
Date from which GST registration was effective	
Registered office (physical/postal)	SAHMRI, 2 North Terrace, ADELAIDE SA 5000
Relevant business place (if different)	
Telephone	
Fax	
Email	info@maggiebeerfoundation.org.au

The Commonwealth

The Commonwealth of Australia represented by Department of Health and Aged Care
 23 Furzer Street PHILLIP ACT 2606
 ABN 83 605 426 759

Background

The Commonwealth has agreed to enter into this Agreement under which the Commonwealth will provide the Grantee with one or more Grants for the purpose of assisting the Grantee to undertake the associated Activity.

The Grantee agrees to use each Grant and undertake each Activity in accordance with this Agreement and the relevant Grant Details.

Scope of this Agreement

This Agreement comprises:

- (a) this document;
- (b) the Supplementary Terms from the Clause Bank (if any);
- (c) the Standard Grant Conditions (Schedule 1);
- (d) the Grant Details;
- (e) any other document referenced or incorporated in the Grant Details.

Each set of Grant Details, including Supplementary Terms (if any), only applies to the particular Grant and Activity covered by that set of Grant Details and a reference to the 'Agreement' in the Grant Details or the Supplementary Terms is a reference to the Agreement in relation to that particular Grant and Activity. If there is any ambiguity or inconsistency between the documents comprising this Agreement in relation to a Grant, the document appearing higher in the list will have precedence to the extent of the ambiguity or inconsistency.

This Agreement represents the Parties' entire agreement in relation to each Grant provided under it and the relevant Activity and supersedes all prior representations, communications, agreements, statements and understandings, whether oral or in writing.

Certain information contained in or provided under this Agreement may be used for public reporting purposes.

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Disability and Ageing

Grant Details

Organisation ID:	4-AZY6524
Agreement ID:	4-ILB0IKD
Program Schedule ID:	4-ILB0IKF

A. Purpose of the Grant

The purpose of the Grant is to:

Fund the Maggie Beer Foundation to deliver the 'Improving Food in Aged Care through Education and Training' program which is seeking to improve food and nutrition outcomes for older people living in Australia who are receiving aged care, announced as part of the Government's election commitment and budget measure, 'Better Food in Aged Care'. The Maggie Beer Foundation will design, deliver and maximise industry uptake of an education and training program targeting aged care chefs, cooks and staff involved in food and meal preparation and handling.

The program will incorporate multiple modalities with intended outcomes of:

- Improved industry capability including increased knowledge and understanding surrounding the provision of nutritious and appetising food by aged care cooks and chefs, and other staff working in residential and/or home care.
- Provision of support to the sector to meet the new and improved food and nutrition Standard, which will enhance overall food and nutrition delivered in residential aged care.
- Improved quality of life of older Australians residing within residential aged care and an increase in positive responses to the question "do you like the food here"? in Residents' Experience Surveys.
- Reduced unplanned weight loss, falls and major injury and pressure injury quality indicators.

This Grant is being provided under, and these Grant Details form part of, the Agreement between the Commonwealth and the Grantee.

The Grant is being provided as part of the Aged Care Support program

Activity Title: Improving food in aged care through education and training

Activity ID: 4-ILB85JS

B. Activity

Delivery of 6 new online training modules (with content agreed between the department and MBF) and Professional Community

Online Learning Modules

- Development of 6 new online modules. All modules will include curriculum and training outcomes, as agreed by the department.
- New modules made free and publicly accessible within six months of training module funding being delivered.
- Module content will require engagement with expert stakeholders to inform development, including First Nations organisations where appropriate.

Module Refresh

- Work with key stakeholders and subject matter experts to review and update 5 existing Modules to:
 - Meet and align with current best practice guidelines
 - Include gaps and areas of need identified through Trainer Mentor Program, State and Territory Hubs, Professional Community, Menu Appraisal and Food Satisfaction Questionnaires
 - Reflect feedback received from stakeholders, subject matter experts and the sector.
- Updates will be included in videos, recipes, info packs, assessments and certificates. Key updates to video may require professional filming and postproduction.
- Online Learning Modules selected for refresh will be agreed upon with the department before the commencement of the activity with priority given to those supporting the Trainer Mentor Program and/ or those that have received feedback from stakeholders.
- A review and upgrade to website hosting, IT platforms and other supports to ensure a more streamlined user experience and improved reporting mechanisms.
- The Department of Health and Aged Care will review the new and updated Online Learning Module at specific stages (as outlined in the Activity Work Plan) throughout the development process. During these review periods the Department will either provide approval or instruct for changes to be made to any resource. The Foundation may choose to offer several preview periods throughout development and/or opportunities for feedback. If changes are requested, the resources will be subject to a further review period.

Professional Community

- Provision of monthly updates to the department detailing module registration, completion and engagement with the Professional Community throughout the life of the grant.
- Of the aged care professionals who complete training modules, 75% enrol in the Professional Community by the end of 2024. This will be monitored through the monthly reporting.
- Online engagement by moderator for 3 hours, 5 days per week incorporating:
 - Daily mentoring, support and responding to enquiries

- Twice weekly posting of content, such as best practice initiatives, case studies, peer reviewed evidence and/or recipes, to maintain engagement.
- IT Enhancements to platform functionality and usability:
 - Expanding access to cooks and chefs providing meal support to older people in the community
 - Improving engagement options and user experience through use of video, polls, photos
 - Upgrade website hosting to optimise functionality for better user experience, encouraging participation
- Linking currently disparate platforms to give far superior:
 - user experience
 - messaging and communication
 - data capacity/analytics to inform content, format and impact
 - efficiency in monitoring, reviewing and assessing content uploaded into hub and TMP portal.
- Scope, develop and publish up to 10 x 5min tutorials. Content based on key skills, techniques and kitchen management tools that are central to the Trainer Mentor Program and in response to stakeholder feedback. Engagement with stakeholders and experts as needed.

Preparation for State and Territory Training: Food satisfaction survey and menu appraisals

Food satisfaction questionnaires (FSQ)

- Selection, preparation and roll out of an evidence-based food satisfaction survey suitable for obtaining feedback on food in residential aged care as approved by the department.
- Food satisfaction survey to be offered sequentially (by State and Territory) to all 2,700 residential aged care services for completion by residents and/or representatives by December 2023.

Questionnaire results will be used to:

- form a baseline understanding of consumer satisfaction, and
- feed into the development of the State and Territory Training Program by early 2024.

Menu Appraisals

- Selection of an evidence-based menu assessment suitable for residential aged care as approved by the department.
- Menu appraisals undertaken by an Accredited Practising Dietitian (APD) following section 1 of Dietitians Australia's 'Menu and Mealtime Quality Assessment of Residential Aged Care' completed through desktop review.
- Menu appraisals to be offered to all 2,700 residential aged care services from June 2023 with results being used to inform training.
- Individual menu appraisal results to be provided back to both respective cooks/chefs/hospitality managers at each facility and the MBF for training improvements and evaluation.
- Deidentified data to be provided to the Department 6 monthly from date of execution of variation.

State and Territory Training Hub

- State and Territory training development with content, curriculum and training outcomes to be agreed with and approved by the department (incorporating examples in line with the new Aged Care Quality Standard 6 - Food Standard, and how food first approaches can reduce Quality Indicators: unplanned weight loss, falls and major injury and pressure injury).
- Content will be informed by the food satisfaction survey and menu assessment results as they get rolled out sequentially in each State and Territory.
- Topics include (but not limited to) menu development, food preparation techniques and demonstrations, finger foods, challenges and problem solving, texture-modified food, dining experiences, kitchen garden, managing consumer experience, sourcing best produce, safety and quality, and kitchen flow.
- Training development completed by October 2023 and will be offered to all 2,700 residential aged care services for completion by 30 September 2026. Commencing July 2025 until the activity end date, a minimum of 26 hubs will be offered and run virtually with a maximum of 20 participants per session, with additional voluntary face to face training offered and scheduled where there is demand.
- A waiting list capability should also be developed to aid in managing demand (for both online and face to face training) and additional hubs scheduled according to demand.
- At a minimum, the grantee should schedule at least one open and one provider exclusive hub per month for the remainder of the grant activity period.
- Dietitians, oral health practitioners, speech pathologists and other subject matter experts outlined in the Activity Work Plan (i.e. First Nations organisations, Dementia Australia) will be engaged as a part of the development of the training.
- 75%+ of targeted cohorts have been offered the virtual training program for completion by the end of 2024.
- Pre and post training surveys completed by training participants indicating an overall improvement in all training components.
- Post survey evaluation should indicate:
 - virtual training programs are effective in targeting the needs of specific cohorts including where and what local produce can be sourced in specific regions, and
 - training programs were sufficiently tailored to the specific needs of States and Territories.

Example Best Practice Menus and Pilot

Menu and Resource Development

- Develop two example best practice menus, standard recipes and prep lists suitable for use in each of residential and in-home aged care meal service providers (four in total). This will involve:
 - Research and scoping of the education needs of both types of providers.
 - Identification of the key features of a typical meal service provider (including staffing, equipment, recipes and pantry orders) and aged care providers' menu and meal service requirements.
 - Development of example menus that meets the nutritional needs of older people, as set out in reference guidelines relevant for each setting.
 - Example menus and resources should align with requirements of the strengthened Aged Care Quality Standards and Meal Obligations for home care providers and assist aged care providers to meet these standards (upon commencement on 1 July 2025).
 - Development of tools and resources to support implementation e.g. standard recipes.

- Development and publication of pre-recorded education material to train providers on how to use the menus and resources, and how to adapt them to each providers' needs.
- Resources are to be published and made freely available.
- Delivery timelines will be negotiated and agreed between the department and Foundation and be incorporated into the Activity Work Plan.
- The Foundation will engage with appropriate stakeholders and experts to review content and provide feedback at regular intervals.
- Verbal feedback on completion of each stage will be provided by the Foundation to the Department during regular progress meetings and in other usual reporting channels.
- The Department will review the menus, resources and videos at specific stages (as outlined in the Activity Work Plan) throughout the development process. During these preview periods the Department will either provide approval or instruct for changes to be made to any resource. If changes are requested, the resources will be subject to a further review period.

Pilot training program for home care providers

- Develop an on-site training program and deliver to three meal service providers.
- Content will be created to support teams to offer food that is delicious and nutritious, such as education around:
 - Cooking essentials for building flavour
 - Nutritional needs of older people and protein fortification
 - Using and implementing resources e.g. example menu.
- Expected stages for this activity are:
 - Commencement and scoping of activity.
 - Develop training program and materials.
 - Pilot the training program with three meal service providers.
- Delivery timelines will be negotiated and agreed between the department and Foundation and be incorporated into the Activity Work Plan.
- The Foundation will engage with appropriate stakeholders and experts to review content and provide feedback at regular intervals.
- Verbal feedback on completion of each stage will be provided by the Foundation to the Department during regular progress meetings.
- The Department will review the content for resources (as outlined in the Activity Work Plan) throughout the development process. During these preview periods the Department will either provide approval or instruct for changes to be made to any resource. If changes are requested, the resources will be subject to a further review period.

Trainer Mentor Program (TMP)

- Program schedule defined before September 2023 to allow for promotional opportunity and engagement before commencement in 2024.
- 10 mentor chefs on board and trained by February 2024.

- Mentor chefs train cooks and chefs at 120 residential aged care homes (including NATSIFACP and MPS homes) with 75% having entered into the program by November 2024, and
- 90%+ of 120 original cohort of selected residential aged care homes having completed the program by October 2025.
- Pre and post chef participant surveys completed by all chefs in original cohort by 28 February 2026.
- Expand program to a further 15 homes (taking to a total of 135 homes overall) with completion date for final wave (including participant surveys) of 30 September 2026.

Evaluation

- Independent third party engaged prior to commencement of deliverables to determine evaluation methodology.
- Evaluation report delivered to the department by 30 October 2026.
- All data transactions relating to aged care homes (details, surveys, reporting) are required to transact between the Department and the Maggie Beer Foundation using the Department of Health and Aged Care's Data Portal.
- Extend and expand the current evaluation plan to assess:
 - ongoing impact and sustainability of changes made, through surveys and case studies
 - impact of ongoing support provided to TMP homes post completion, and
 - outcome of training on selected clinical, financial or quality outcomes on the preparation and delivery of meals.

Performance Indicators

The Activity will be measured against the following Performance Indicator/s:

Performance Indicator Description	Measure
Delivery of 6 new online training modules and Community of Practice (CoP)	Developed and delivered new modules in accordance with all details outlined in the Grant Opportunity Guidelines, including requirements of CoP implementation and timelines.
State and Territory Training	Delivery of minimum 26 state and territory training hubs (minimum of two per month, one open and one provider specific) from July 25 as per 'Section B. Activity of this agreement. Offering of menu appraisals to residential services of participants.
Example Best Practice Menus for Residential and Home Care & Pilot training for Home Care	Deliver 4 best practice menus for residential and in-home aged care meal service providers (by 30 April 2026) and pilot a training program to 3 home care meal service providers (by 31 July 2026) as outlined in 'Section B. Activity' of this agreement.
Trainer Mentor Program, including food satisfaction survey (FSQ) and menu appraisal delivery	Delivery of the Trainer Mentor Program to 135 residential aged care homes, with outcomes from pre and post program completion surveys as an indicator of achievement of program goals. Delivery of FSQ and menu appraisal for each participating home.
Evaluation	Independent third party engaged to determine evaluation methodology and evaluation report delivered by required timeframe as specified in Grant Opportunity Guidelines.

Location Information

The Activity will be delivered from the following site location/s:

	Location Type	Name	Address
1.	Direct Funded	Maggie Beer Foundation Ltd	SAHMRI 2 North Terrace ADELAIDE SA 5000

Service Area Information

The Activity will service the following service area/s:

	Type	Service Area
1.	Australia (2016)	Australia

C. Duration of the Grant

The Activity starts on 1 May 2023 and ends on 30 September 2026, which is the **Activity Completion Date**.

The Agreement ends on 30 November 2026 or when the Commonwealth accepts all of the reports provided by the Grantee and the Grantee has repaid any Grant amount as required under this Agreement, which is the **Agreement End Date**.

D. Payment of the Grant

The total amount of the Grant is \$6,700,000.00 excluding GST (if applicable).

A break down by Financial Year is below:

Financial Year	Amount (excl. GST if applicable)
2022-2023	s47G(1)(a)
2023-2024	
2024-2025	
2025-2026	

The Grantee must ensure that the Grant is held in an account in the Grantee's name and which the Grantee controls, with an authorised deposit-taking institution authorised under the Banking Act 1959 (Cth) to carry on banking business in Australia.

The Grantee's nominated bank account into which the Grant is to be paid is:

BSB Number	s47G(1)(a)	
Financial Institution		
Account Number		
Account Name		

The Grant will be paid in instalments by the Commonwealth in accordance with the agreed Milestones, and compliance by the Grantee with its obligations under this Agreement.

Milestone	Anticipated date	Amount (excl. GST)	GST (if applicable)	Total (incl. GST if applicable)
Payment 1	s47G(1)(a)			
Payment 1				
Payment 2				
Payment 1				
Payment 2				
Payment 1				
Payment 2				
Total Amount		\$6,700,000.00	\$0.00	\$6,700,000.00

Invoicing

The Grantee agrees to allow the Commonwealth to issue it with a Recipient Created Tax Invoice (RCTI) for any taxable supplies it makes in relation to the Activity.

E. Reporting

The Grantee agrees to create the following reports in the form specified and to provide the reports to the Commonwealth representative in accordance with the following.

Milestone	Information to be included	Due Date
Activity Work Plan	Activity Work Plan and Budget as per the requirements at Item E.2.	31 May 2023
Performance Report	Performance Report including an Income and Expenditure Statement for the period 01/05/2023 to 30/06/2023 as per the requirements at Item E.1.	31 July 2023
Activity Work Plan	Activity Work Plan and Budget as per the requirements at Item E.2.	31 May 2024
Performance Report	Performance Report including an Income and Expenditure Statement for the period 01/07/2023 to 30/06/2024 as per the requirements at Item E.1.	31 July 2024
Activity Work Plan	Activity Work Plan and Budget for the period of 1/07/2025 to 30/09/2026 as per the requirements at Item E.2.	31 May 2025
Performance Report	Performance Report including an Income and Expenditure Statement for the period 01/07/2024 to 30/06/2025 as per the requirements at Item E.1.	31 July 2025

Performance Report	Performance Report including an Income and Expenditure Statement for the period 01/07/2025 to 30/09/2026 as per the requirements at Item E.1.	31 October 2026
Other Report	Other Special Purpose Report as per the requirements at Item E.4.	31 October 2026
Financial Acquittal Report	Financial Declaration and Non-audited Income and Expenditure Statement for the entire period of the Activity as per the requirements at Item E.3.	30 November 2026
Final Report	Final Report for the entire period of the Activity as per the requirements at Item E.4.	30 November 2026

E.1 Performance Reports

Performance Report including Income and Expenditure Statement

The Grantee is required to submit to the Commonwealth, a Performance Report including an Income and Expenditure Statement on a template provided, every 12 months during the term of the Activity in accordance with the due dates specified in Item E.

Each Performance Report for the Activity is to contain information on the performance of the Activity during the reporting period, including:

- the extent to which the objectives of the Activity described in Item B of the Schedule have been met to date;
- a description of the specific Activity Milestones or other outcomes completed during the reporting period; and
- an explanation as to how the Grantee is addressing any issues, problems or delays previously identified with the Activity and an explanation of any further issues, problems or delays encountered in relation to the Activity to date and how the Grantee intends to address them and;
- an income and expenditure statement against the Activity Budget.

E.2 Activity Work Plan

The Grantee is required to submit to the Commonwealth, an Activity Work Plan and Budget on a template provided, every 12 months during the term of the Activity in accordance with the due dates specified at Item E.

The Activity Work Plan must set out the key work activities and deliverables of the Grant, and demonstrate how the Grantee will achieve the Activity objectives specified at Item B. It must include an annual budget and may include other administrative controls intended to help manage Activity risks.

Once approved by the Commonwealth, the Activity Work Plan will form part of the Agreement.

If the Grantee or the Commonwealth identifies a need to revise the approved Activity Work Plan, any proposed changes must be accepted and approved by the Commonwealth.

E.3 Financial Acquittal Reports

Financial Declaration and Non-audited Income and Expenditure Statement

The Grantee is required to submit to the Commonwealth, a Financial Declaration, on a template provided, and a Non-audited Income and Expenditure statement within one month after the Activity Completion Date in accordance with the due dates specified at the Item E.

The Financial Declaration and Non-audited Income and Expenditure Statement must be signed by the Grantee and certify that the Grantee has spent grant funding to perform the Activity as set out in the Agreement. Where applicable, the Grantee must include details of any unspent funds.

The Non-audited Income and Expenditure Statement must:

- be prepared in accordance with the applicable Australian Accounting Standards;
- be based on proper accounts and records for the Grantee;
- verify that grant funding was spent to perform the activity as set out in the Agreement; and
- Include any other matters as specified in the Agreement.

The Financial Declaration and Non-audited Income and Expenditure Statement must be certified by the Board, the Chief Executive Officer or an Authorised Officer of the Grantee.

E.4 Other Reports

The Grantee is required to submit the following additional reports to the Commonwealth:

Special Purpose Report

Monthly progress reports

Must be in line with reporting requirements outlined in 12.2 Reporting of the Grant Opportunity Guidelines. Sample templates will be provided by the Department and will expect the Grantee to report on progress against agreed grant activity milestones and outcomes.

Reports are due within five business days of **the end of each month** and can be submitted prior to due date if relevant activities have been completed.

Quarterly financial reports

A template will be provided by the Department which will expect the Grantee to report on grant expenditure for the past quarter. Expenditure reporting must be presented on both an activity basis, and a workstream basis (as per annual performance report).

Commencement of reporting and initial due date will be negotiated with the Grantee based upon execution of the grant variation. Reports are due within seven business days of the end of the agreed quarter.

Risk Management Plan

The Grantee will submit a revised Risk Management Plan to the Department within the **first 4 weeks of grant execution**, which must comprise risks and appropriate management strategies associated with:

- Lack of training program reach and impact

- Low participant rates
- Costing scales and variations e.g. increase in costs of travel, accommodation over the grant lifetime.

Engagement and Communications Plan

- Develop and deliver an engagement and communications plan that has been agreed with by the Department within **6 weeks of grant execution**.
- This includes at least two promotional activities to be undertaken either with the Government or the Department of Health and Aged Care to promote the program in improving food in aged care.
- Includes travel and expenses to engage in partnered media activities with the Minister for Aged Care.

The Grantee is required to submit to the Commonwealth, the Special Purpose Report in accordance with the due date specified in Item E.

Final Report

The Grantee is required to submit to the Commonwealth, a Final Report on a template provided by the date specified in Item E.

The Final Report for the Activity is to contain information on the performance of the Activity for the entirety of the Activity period, including:

- the extent to which the objectives of the Activity described in Item B of the Schedule have been met;
- a description of the specific Activity Milestones or other outcomes completed during the Activity period; and
- An explanation as to how the Grantee addressed any issues, problems or delays identified with the Activity.

Final Report

The Grantee is required to submit to the Commonwealth, a Final Report on a template provided by the date specified in Item E.

The Final Report for the Activity is to contain information on the performance of the Activity for the entirety of the Activity period, including:

- the extent to which the objectives of the Activity described in Item B of the Schedule have been met;
- a description of the specific Activity Milestones or other outcomes completed during the Activity period; and
- An explanation as to how the Grantee addressed any issues, problems or delays identified with the Activity.

Other Special Purpose Report

The Grantee is required to submit to the Commonwealth, an Other Special Purpose Report in accordance with the due date specified in Item E.

F. Party representatives and address for notices

Grantee's representative and address

Grantee's representative name	s47F
Position	Manager
Business hours telephone	s47F
E-mail	s47F

Commonwealth representative and email address

Business hours telephone	s47E(d)
E-mail	s47E(d) @dss.gov.au

The Parties' representatives will be responsible for liaison and the day-to-day management of the Grant, as well as accepting and issuing any written notices in relation to the Grant.

This document has been released under
The Freedom of Information Act 1982
by The Australian Government Department of Health,
Disability and Ageing

s47E(c), s47F

From: Grant Variations
Sent: Monday, 12 January 2026 10:17 AM
To: s47E(c), s47F
Cc: s47E(c), s47F Grant Variations
Subject: RE: P8344 - Maggie Beer Foundation - Aged Care Quality Improving Food in Aged Care through Education and Training – Documentation required for initiation of grant variation [SEC=OFFICIAL]
Attachments: Variation Template V4.9 February 2025 (7).xlsx

OFFICIAL

Hi s47E(c), Please find attached the data template for P8344 Maggie Beer Foundation Deed of Variation for your review.

Thanks.

Kind regards,

s47E(c), s47F

Variations Team - Hub Operations Section

Grants and Procurement Branch | Financial Management Division | Corporate Operations Group
 Australian Government Department of Health, Disability and Ageing

T: s47E(c), s47F E: s47E(c), s47F @health.gov.au

595 Collins Street, Melbourne

PO Box 9848, Melbourne VIC 3001, Australia

s47E(c), s47F

The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past and present.

OFFICIAL

From: s47E(c), s47F @health.gov.au>
Sent: Friday, 2 January 2026 3:41 PM
To: s47E(d) @health.gov.au>; s47E(c), s47F @health.gov.au>
Cc: s47E(c), s47F @health.gov.au>; s47E(c), s47F @Health.gov.au>
Subject: RE: P8344 - Maggie Beer Foundation - Aged Care Quality Improving Food in Aged Care through Education and Training – Documentation required for initiation of grant variation [SEC=OFFICIAL]

OFFICIAL

Hi again s47E(c)

Please find attached our revised Data Capture Template. We have split out the changes to the existing activity (line 3) and added in the new activity on a separate line (line 4). Hopefully this all makes sense, but can you please confirm with us once you've had a chance to review (especially as we won't be seeing a draft of the deed of variation).

Thanks again,

s47E(c),
s47F

OFFICIAL

From: s47E(c), s47F

Sent: Friday, 2 January 2026 11:03 AM

To: s47E(d) @health.gov.au>; s47E(c), s47F @health.gov.au>

Cc: s47E(c), s47F @health.gov.au>; s47E(c), s47F @health.gov.au>

Subject: RE: P8344 - Maggie Beer Foundation - Aged Care Quality Improving Food in Aged Care through Education and Training – Documentation required for initiation of grant variation [SEC=OFFICIAL]

Hi s47E(c),
s47F

Happy new year, I hope you had a nice break.

Thanks for clarifying the funding is captured correctly in the Data Capture Template.

Re the cost centre – our preference is to create a new activity under the current program schedule. I can confirm that the s47E(d) is also under PRI063 – Aged Care Support so hopefully this shouldn't be a problem. We'll revise the Data Capture Template to show changes to the current activity and add in the new activity and will send through soon.

Thanks also for advising re review of the variation. We are keen to get this executed as soon as possible so won't ask to review.

Many thanks

s47E(c),
s47F

From: s47E(d) @health.gov.au>

Sent: Wednesday, 24 December 2025 9:57 AM

To: s47E(c), s47F @health.gov.au>

Cc: s47E(c), s47F @health.gov.au>; s47E(d) @health.gov.au>;

s47E(c), s47F @health.gov.au>; s47E(c), s47F

s47E(c), s47F @Health.gov.au>

Subject: P8344 - Maggie Beer Foundation - Aged Care Quality Improving Food in Aged Care through Education and Training – Documentation required for initiation of grant variation [SEC=OFFICIAL]

OFFICIAL

Good morning s47E(c)

Thank you for the call this morning to discuss the additional funding to the Maggie Beer Foundation. The pipeline for this grant variation is P8344.

I can confirm that the base funding is correct in the Data Capture Document, which includes \$100,000 for 2025-26 and \$200,000 for 2026-27. Indexation will be applied later, likely as a bulk process.

Regarding the cost centre. There are two options. You can contact your FBP and request they create a general ledger to transfer the new cost centre where the new funding sits to the current cost centre you have in GPS for this activity.

The other option is we create a new activity under the current program schedule for Maggie Beer Foundation for the new funding using the new cost centre. We will just need to confirm the new cost centre is available under PRI063 - Aged Care Support.

As discussed, it's preferable that policy do not request to review the variation prior to offer to the grantee, though we can request this. It does slow down the process, and the FAM can check the document in GPS once it's been offered to the grantee. There is the option for a rework should the grantee or the FAM identifies anything that requires amending.

I hope you have a wonderful Christmas break,



Kind regards,

s47E(c), s47F

Variations Team - Hub Operations Section

Grants Branch | Financial Management Division

Australian Government Department of Health, Disability and Ageing

T: s47E(c), s47F E: s47E(c), s47F @health.gov.au

595 Collins Street, Melbourne

PO Box 9848, Melbourne VIC 3001, Australia

s47E(c), s47F

The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past and present.

OFFICIAL

From: s47E(c), s47F @health.gov.au>
Sent: Thursday, 18 December 2025 12:25 PM
To: s47E(d) @health.gov.au>
Cc: s47E(c), s47F @health.gov.au>; s47E(c), s47F @health.gov.au>;
s47E(c), s47F @health.gov.au>
Subject: P6634 - Maggie Beer Foundation - Aged Care Quality Improving Food in Aged Care through Education and Training – Documentation required for initiation of grant variation [SEC=OFFICIAL]

OFFICIAL

Hi s47E(c),
s47F

I'm pleased to say that our Assistant Secretary has approved the commitment approval for the grant variation to the Improving Food in Aged Care through Education and Training grant with the Maggie Beer Foundation (see attached). We have attached the light touch data capture document and the FBP checklist to initiate the grant variation.

After our conversation about indexation last week, I have removed the indexation from the payments in the data capture template as I understand that this will be paid via a different process that the grants team run. This does mean that there is a discrepancy with the payment in the data templates s47G(1)(a) Please let me know if this is not correct.

Also, I had the following questions which I was hoping you could answer:

1. Can we use a different cost centre for the payments for this grant variation? I have detailed this in the data template in red. You'll note the FBP checklist is based on the new cost centre. This might be problematic for the payment in 2025/26 because we have just added the variation amount to the existing amount. If needed, we can easily change the date of the variation payment.
2. Do we (and the grantee) get an opportunity to review the draft variation agreement before it needs to be signed?

Thank you in advance and please let me know if you require any further information.

Kind regards,

Katherine

s47E(c), s47F

A/g Director | Resident Experience and Food Policy Section

Quality and Assurance Division | Ageing and Aged Care Group
Choice and Transparency Branch
Australian Government Department of Health, Disability and Ageing

T: +61 2 5132 s47E(c) s47F E: s47E(c), s47F @health.gov.au

s47E(c), s47F

s47E(c), s47F

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OFFICIAL

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The Freedom of Information Act 1982
by The Australian Government Department of Health,
Disability and Ageing

s47E(c), s47F

From: s47E(c), s47F
Sent: Friday, 13 March 2026 12:08 PM
To: s47E(c), s47F
Subject: RE: Query re EXECUTED - P8344 - Maggie Beer Foundation Ltd - 4-ILB0IKF - DoV - Royal Commission Empower Consumers Exercise Choice - Consumer Experience Reports [SEC=OFFICIAL]

Thanks s47E(c), s47F

You'll note I didn't ask for any changes when going back to s47E(c), s47F. My concern was that if we make any change there is a risk that more errors could creep in. So unless it was a material error/concern I wasn't going to raise it!

Thank you for checking through it all!

s47E(c), s47F

From: s47E(c), s47F @health.gov.au>
Sent: Thursday, 12 March 2026 2:21 PM
To: s47E(c), s47F @health.gov.au>; s47E(c), s47F @health.gov.au>
Subject: RE: Query re EXECUTED - P8344 - Maggie Beer Foundation Ltd - 4-ILB0IKF - DoV - Royal Commission Empower Consumers Exercise Choice - Consumer Experience Reports [SEC=OFFICIAL]

OFFICIAL

Hi s47E(c), s47F

I've checked Item E - and the wording is the same. These are minor but I noted the following:

- In both Activity 1 and 2 of E.4, grants have bolded the due dates for each of the special purpose reports - however it hasn't been applied consistently. Quarterly financial reports '*within seven business days of the end of the agreed quarter*' should be bolded.
- In both Activity 1 and 2 of E.4 the first line has been indented and probably doesn't need to be? '*The Grantee is required to submit the following additional reports to the Commonwealth.*'
- Activity 1: Engagement and Communications Plan - Grants correctly changed the Department's old name to our current name. However, unless this has been changed throughout the document, would it be strange?

Thanks,

s47E(c), s47F

OFFICIAL

From: s47E(c), s47F <[REDACTED]>@health.gov.au>
Sent: Thursday, 12 March 2026 12:26 PM
To: s47E(c), s47F <[REDACTED]>@health.gov.au>; s47E(c), s47F <[REDACTED]>@health.gov.au>
Subject: FW: Query re EXECUTED - P8344 - Maggie Beer Foundation Ltd - 4-ILB0IKF - DoV - Royal Commission Empower Consumers Exercise Choice - Consumer Experience Reports [SEC=OFFICIAL]

OFFICIAL

Hello

Could I please ask that both of you check the data template – tab ‘Item E Special text’. Red text is the special reporting which has been added back in for both Activities. Final report wording remains the same (no changes).

I’ve been through the milestones and don’t believe anything needs correcting, other than removing the Child Safe Statement (which I note isn’t in the data template so will check that with Joanne)

FYI – the two PDF attachments are the variation 1 and variation 2 (P8344...) SGAs.

Thank you!

s47E(c),
s47F

OFFICIAL

From: s47E(d) <[REDACTED]>@health.gov.au>
Sent: Tuesday, 10 March 2026 5:47 PM
To: s47E(c), s47F <[REDACTED]>@health.gov.au>
Cc: s47E(d) <[REDACTED]>@health.gov.au>
Subject: RE: Query re EXECUTED - P8344 - Maggie Beer Foundation Ltd - 4-ILB0IKF - DoV - Royal Commission Empower Consumers Exercise Choice - Consumer Experience Reports [SEC=OFFICIAL]

OFFICIAL

Good afternoon s47E(c),
s47F

Thank you for your email and I’m sorry to hear that the Special Purpose Report was removed in error from the activities for the Maggie Beer Foundation grant when we completed the variation under pipeline P8344. I have created a new pipeline for this variation to amend the agreement, under P8855.

Please find attached the data template for your review. This is adding the Special Purpose reports back for Activity 1 and adding the wording you provided in your email for Activity 2. Please check the **Item E special text** tab carefully in the data sheet and advise of any issues.

Yes, we can definitely remove the child safe milestone CB9 if the activities under this grant does not involve any contact with children.

Can you also confirm that the milestones are correct in the last variation, or do any of those require amending?

Thanks in advance.

Kind regards,

s47E(c), s47F

Variations Team - Hub Operations Section

Grants and Procurement Branch | Financial Management and Assurance Division
Corporate Operations Group

Australian Government Department of Health, Disability and Ageing

T: s47E(c), s47F E: s47E(c), s47F @health.gov.au

595 Collins Street, Melbourne

PO Box 9848, Melbourne VIC 3001, Australia

s47E(c), s47F

The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past and present.

OFFICIAL

From: s47E(c), s47F @health.gov.au>

Sent: Tuesday, 10 March 2026 11:58 AM

To: s47E(d) @health.gov.au>

Cc: s47E(c), s47F @health.gov.au>, s47E(c), s47F @health.gov.au>

Subject: Query re EXECUTED - P8344 - Maggie Beer Foundation Ltd - 4-ILB0IKF - DoV - Royal Commission Empower Consumers Exercise Choice - Consumer Experience Reports [SEC=OFFICIAL]

OFFICIAL

Hi Variations team,

We received the executed grant variation with the Maggie Beer Foundation last week from CGH.

We have identified a couple of issues within the agreement which will unfortunately need to be amended. In Section E.4 Other Reports, the special purpose reporting (Monthly Progress Reports, Quarterly Financial Reports, Risk Management Plan, Engagement and Communications Plan) has been removed from Activity 1. I acknowledge that in discussions with Joanne, I asked for Activity 1 to replicate Activity 2 but that was specifically regarding the Final Report wording. Unfortunately I didn't realise at the time, but the rest of the Special Purpose Reporting has been removed as a result. I have attached both variation 1 and variation 2 for your reference. Since I can now see what the agreement looks like with the

addition of a second Activity, can we please have the below wordings added to Activity 1 and Activity 2, keeping the existing wordings for Final Report:

Activity 1 (4-ILB85JS)
Special Purpose Report

Monthly progress reports

Must be in line with reporting requirements outlined in 12.2 Reporting of the Grant Opportunity Guidelines.

Sample templates will be provided by the Department and will expect the Grantee to report on progress against agreed grant activity milestones and outcomes.

Reports are due within five business days of the end of each month and can be submitted prior to due date if relevant activities have been completed.

Quarterly financial reports

A template will be provided by the Department which will expect the Grantee to report on grant expenditure

for the past quarter. Expenditure reporting must be presented on both an activity basis, and a workstream

basis (as per annual performance report).

Commencement of reporting and initial due date will be negotiated with the Grantee based upon execution

of the grant variation. Reports are due within seven business days of the end of the agreed quarter.

Risk Management Plan

The Grantee will submit a revised Risk Management Plan to the Department within the first 4 weeks of grant execution, which must comprise risks and appropriate management strategies associated with:

- Lack of training program reach and impact
- Low participant rates
- Costing scales and variations e.g. increase in costs of travel, accommodation over the grant lifetime.

Engagement and Communications Plan

- Develop and deliver an engagement and communications plan that has been agreed with by the Department within 6 weeks of grant execution.

- This includes at least two promotional activities to be undertaken either with the Government or the Department of Health and Aged Care to promote the program in improving food in aged care.

- Includes travel and expenses to engage in partnered media activities with the Minister for Aged Care.

The Grantee is required to submit to the Commonwealth, the Special Purpose Report in accordance with the due date specified in Item E.

Activity 2 (4-LNSOQY6)
Special Purpose Report

Monthly progress reports

Must be in line with reporting requirements outlined in 12.2 Reporting of the Grant Opportunity Guidelines.

Sample templates will be provided by the Department and will expect the Grantee to report on progress against agreed grant activity milestones and outcomes.

Reports are due within five business days of the end of each month and can be submitted prior to due date if relevant activities have been completed.

Quarterly financial reports

A template will be provided by the Department which will expect the Grantee to report on grant expenditure

for the past quarter. Expenditure reporting must be presented on both an activity basis, and a workstream

basis (as per annual performance report).

Commencement of reporting and initial due date will be negotiated with the Grantee based upon execution

of the grant variation. Reports are due within seven business days of the end of the agreed quarter.

We have also noted that a Child Safe Statement of Compliance has been added to the reporting for Activity 1. Is it mandatory to include this if it is not applicable for this grant (as there is no contact with children)?

Please let me know if you need more information as I'm happy to have a discussion, and apologies I have needed to come back to you on this.

Kind regards,

s47E(c), s47F

s47E(c), s47F

Assistant Director | Resident Experience and Food Policy Section

Quality and Assurance Division | Ageing and Aged Care Group

Choice and Transparency Branch

Australian Government Department of Health, Disability and Ageing

T: +61 2 5132 s47E(c) E: s47E(c), s47F @health.gov.au

s47E(c), s47F

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OFFICIAL

OFFICIAL

From: s47E(d) [redacted] <[redacted]@dss.gov.au>
Sent: Monday, 2 March 2026 3:49 PM
To: s47E(c), s47F [redacted] <[redacted]@health.gov.au>
Cc: s47E(c), s47F [redacted] <[redacted]@health.gov.au>; s47E(c), s47F [redacted] <[redacted]@health.gov.au>
Subject: FW: EXECUTED - P8344 - Maggie Beer Foundation Ltd - 4-ILB0IKF - DoV - Royal Commission Empower Consumers Exercise Choice - Consumer Experience Reports [SEC=OFFICIAL]

OFFICIAL

Good afternoon, s47E(c), s47F [redacted]

Please find attached the executed grant agreement for the Maggie Beer Foundation Ltd - 4-ILB0IKF - DoV - Royal Commission Empower Consumers Exercise Choice - Consumer Experience Reports activity.

I will arrange for the release of the first payment as previously discussed.

Kind regards

s47E(c), s47F [redacted]

If using assistive software, the message ends here. Email signature below.

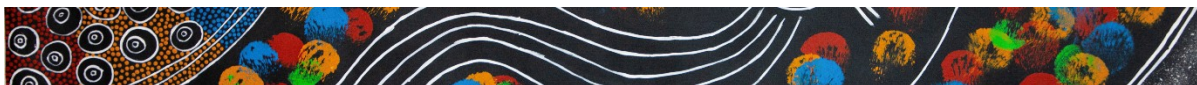
s47E(c), s47F [redacted]

Funding Arrangement Manager
National Aged Care Grants
Client Grants Branch
Community Grants Hub
 nipaluna (Hobart), lutruwita (Tasmania)

P: s47E(d) [redacted] **E:** s47E(d) [redacted] <[redacted]@dss.gov.au>
[National Relay Service](#)

[Communitygrants.gov.au](https://communitygrants.gov.au)

The Department of Social Services acknowledges Aboriginal and Torres Strait Islander peoples throughout Australia and their continuing connection to land, water, culture and community. We pay our respects to the Elders both past and present.



This interpretation of the Community Grants Hub was designed by proud Ngarrindjeri man, Dave Willis.

OFFICIAL

From: s47E(d) [redacted] <[redacted]@communitygrants.gov.au>

Sent: Monday, 2 March 2026 3:04 PM

To: s47F [redacted]

Cc: s47E(d) [redacted] <[redacted]@dss.gov.au>

Subject: EXECUTED - P8344 - Maggie Beer Foundation Ltd - 4-ILB0IKF - DoV - Royal Commission Empower Consumers Exercise Choice - Consumer Experience Reports [SEC=OFFICIAL]

Dear s47F [redacted]

Please find attached a copy of the executed Deed of Variation for your records.

The documents attached to this email include:

- Deed of Variation (DoV) **EXECUTED**
- Standard Grant Agreement (SGA)

If you require further information, please contact the Departmental mailbox listed on your agreement.

Kind regards

s47E(c), s47F [redacted]

Health Grants Establishment and Transitions Team
Hub Operations Branch
Community Grants Hub

Email: s47E(d) [redacted] <[redacted]@communitygrants.gov.au>

Contact Us: [Contact us | Community Grants Hub](#)

Web: communitygrants.gov.au

The Department of Social Services acknowledges Aboriginal and Torres Strait Islander peoples throughout Australia and their continuing connection to land, water, culture and community. We pay our respects to the Elders both past and present.

s47E(c), s47F

From: s47E(c), s47F
Sent: Tuesday, 2 December 2025 11:38 AM
To: Grant Variations
Cc: s47E(c), s47F
Subject: RE: P8344 - Maggie Beer Foundation - Aged Care Quality Improving Food in Aged Care through Education and Training - Request for Further Information - DoV via Grant Toolkit [SEC=OFFICIAL]
Attachments: Maggie Beer Foundation Commitment Approval Administered Funds - COMMENTS.docx

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Hi again s47E(c), s47F

We have reviewed your and s47E(c), s47F comments on the draft commitment approval and I was wondering if I could please get some clarification over the first comment?

Recommendation

As the commitment approver, under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act) that you:

s47C

We just wanted to confirm that this variation does not come under the New Aged Care Act and the FFSP Act is already mentioned on the commitment approval – just a bit further down the document under ‘**Note**’. Is this sufficient? Or you specifically would like us to mention the FFSP Act in the first sentence under ‘**Recommendation**’.

Thanks again for your help,

s47E(c)
s47F

s47E(c), s47F

Resident Experience and Food Policy Section

Choice and Transparency Branch | Quality and Assurance Division
 Ageing and Aged Care Group | Australian Government Department of Health, Disability and Ageing
 GPO Box 9848, Canberra ACT 2601, Australia

s47E(c), s47F

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From: s47E(c), s47F

Sent: Tuesday, 2 December 2025 8:11 AM

To: Grant Variations

Cc: s47E(c), s47F

Subject: RE: P8344 - Maggie Beer Foundation - Aged Care Quality Improving Food in Aged Care through Education and Training - Request for Further Information - DoV via Grant Toolkit [SEC=OFFICIAL]

Thank you so much for getting back to us quickly. We will go through all the comments and get back to you if we have any questions.

Thanks again for your help!

s47E(c)

s47E(c), s47F

Resident Experience and Food Policy Section

Choice and Transparency Branch | Quality and Assurance Division
 Ageing and Aged Care Group | Australian Government Department of Health, Disability and Ageing
 GPO Box 9848, Canberra ACT 2601, Australia

s47E(c), s47F

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From: s47E(d) <[redacted]@health.gov.au>

Sent: Monday, 1 December 2025 11:51 AM

To: s47E(c), s47F [redacted] @health.gov.au>
Cc: s47E(c), s47F [redacted] @health.gov.au>, s47E(c), s47F [redacted]
 s47E(c), s47F [redacted] @Health.gov.au>; s47E(d) [redacted] @health.gov.au>

Subject: RE: P8344 - Maggie Beer Foundation - Aged Care Quality Improving Food in Aged Care through Education and Training - Request for Further Information - DoV via Grant Toolkit [SEC=OFFICIAL]

OFFICIAL

Good morning s47E(c) [redacted]

Please find attached your commitment approval with comments from the Grant Variations team for your review/update.

Any queries please do not hesitate to reach out.

Thanks
 s47E(c) [redacted]



Kind regards,

s47E(c), s47F [redacted]

Variations Team - Hub Operations Section

Grants Branch | Financial Management Division
 Australian Government Department of Health, Disability and Ageing

T: s47E(c), s47F [redacted] **E:** s47E(c), s47F [redacted] @health.gov.au

595 Collins Street, Melbourne

PO Box 9848, Melbourne VIC 3001, Australia

s47E(c), s47F [redacted]

The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past and present.

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From: s47E(c), s47F [redacted] @health.gov.au>
Sent: Friday, 28 November 2025 3:21 PM
To: s47E(d) [redacted] @health.gov.au>
Cc: s47E(c), s47F [redacted] @health.gov.au>

Subject: FW: P8344 - Maggie Beer Foundation - Aged Care Quality Improving Food in Aged Care through Education and Training - Request for Further Information - DoV via Grant Toolkit [SEC=OFFICIAL]

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Good afternoon s47E(c), s47F

As mentioned previously, we have been working on the documentation required to kick start the variation to the Improving Food in Aged Care through Education and Training grant with the Maggie Beer Foundation. I'm pleased to say that we have now drafted the commitment approval minute and would like to seek the variations team review of it before it goes to our Assistant Secretary on Friday 5 December. Would this be possible please?

The draft commitment approval along with the relevant attachments are available here for review  [Commitment Approval](#) (hopefully I shared access with you correctly?).

We expect to be able to send the data capture document and the FBP checklist at the end of next week.

Please let me know if you require any further information.

Kind regards,

s47E(c)

s47E(c), s47F

Resident Experience and Food Policy Section

Choice and Transparency Branch | Quality and Assurance Division

Ageing and Aged Care Group | Australian Government Department of Health, Disability and Ageing

GPO Box 9848, Canberra ACT 2601, Australia

s47E(c), s47F

The Department of Health, Disability and Ageing acknowledges the traditional owners of country throughout Australia and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.

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From: s47E(d) [@health.gov.au](mailto:s47E(d)@health.gov.au)>

Sent: Wednesday, 12 November 2025 12:51 PM

To: s47E(c), s47F [@health.gov.au](mailto:s47E(c), s47F@health.gov.au)>

Cc: s47E(c), s47F [@health.gov.au](mailto:s47E(c), s47F@health.gov.au)>; s47E(d)

s47E(d) [redacted] [@health.gov.au](mailto:[redacted]@health.gov.au)>

Subject: P8344 - Maggie Beer Foundation - Aged Care Quality Improving Food in Aged Care through Education and Training - Request for Further Information - DoV via Grant Toolkit [SEC=OFFICIAL]

OFFICIAL

Good afternoon s47E(c) [redacted]

Thank you for submitting your Deed of Variation request via the Grant Toolkit.

To help us progress this request, please complete the attached Data Capture Document and return it to us at your earliest convenience. This will ensure we have all the necessary information to begin drafting the variation. The Grant Variations Team will register all variations in GPM (your pipeline is P8344) and GEM and manage all communication with HGET on behalf of policy teams.

Please note once you have policy approval you are required to prepare a commitment approval for this variation which our team can review prior to signing by the delegate. You will also require a completed FBP checklist.

If you have any questions while completing the form, please contact us at s47E(d) [redacted] [@health.gov.au](mailto:[redacted]@health.gov.au).

Kind regards,

s47E(c), s47F [redacted]

Variations Team - Hub Operations Section

Grants Branch | Financial Management Division
Australian Government Department of Health, Disability and Ageing
T: s47E(c), s47F [redacted] E: s47E(c), s47F [redacted] [@health.gov.au](mailto:[redacted]@health.gov.au)

595 Collins Street, Melbourne

PO Box 9848, Melbourne VIC 3001, Australia

s47E(c), s47F [redacted]

The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past and present.

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Template: Commitment Approval

Updated: 9 December 2024

TO: s47E(c), s47F, ASSISTANT SECRETARY, CHOICE AND TRANSPARENCY BRANCH, QUALITY AND ASSURANCE DIVISION

SUBJECT: COMMITMENT APPROVAL FOR THE VARIATION TO INCORPORATE CALD ACTIVITIES FOR THE MAGGIE BEER FOUNDATION'S GRANT, THE IMPROVING FOOD IN AGED CARE THROUGH EDUCATION AND TRAINING PROGRAM.

Recommendation

As the commitment approver, under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act) that you:

s47C

s47C

Approve:

- The variation under s23(3) of the PGPA Act to the Improving Food in Aged Care through Education and Training Program, increasing the total value by up to \$305,000 (GST exclusive) over two financial years (2025-26 and 2026-27) from \$6.7 million (GST exclusive) to up to \$7.05 million (GST exclusive).
- The timeframe to be extended from s47C

s47C

And Note:

s47C he proposed activity is a grant, for the purposes of the Commonwealth Grants Rules and Principles 2024 (CGRPs) and in accordance with Department of Finance guidance.

s47C

s47C

he legislative authority for the grant is:

- Section 32B of the *Financial Framework (Supplementary Powers) Act 1997* and the *Financial Framework (Supplementary Powers) Regulation 1997*, Schedule 1AB, under

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Item number 140 titled 'Dementia and Aged Care Services Fund' and 183 titled 'Public Health and Chronic Disease Program'.

s47C

the organisation risk

assessment is at **Attachment A**.

- The letter of offer will be signed by the Community Grants Hub delegate upon completion of negotiations (if required) on the draft grant agreement schedule.

And Sign:

- Commitment approval declaration

Commitment Approval Declaration

I declare that I have made all reasonable enquiries and as a result I am satisfied that:

- I am an authorised delegate for this commitment proposal and the separate approval of each amount listed is within the limits of my delegation as specified in the financial delegations;
- This proposal is consistent with the policies of the Australian Government;
- This proposal is an efficient, effective, economical and ethical use of relevant money;
- Beyond forward estimates approval (where required) has been obtained; and
- There is sufficient funding available to meet the commitment proposal.

s47C

Signature: _____ Date: ____/____/____

s47E(c),

Assistant Secretary

Choice and Transparency Branch, Quality Assurance Division, Ext 4700.

Contacts and timing

Approval timing: We seek your approval by 5 December 2025 with a view to complete the grant variation before s47C

s47C

Division: Quality Assurance Division

Program area contact: s47E(c), s47F

Finance Business Partner: s47E(c), s47F

Source of Funds / Outcome / Appropriation Bill: Administered, Outcome 3 – Ageing and Aged Care, PRI063 – Aged Care Support

Program Group: Ageing and Aged Care

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Description

The Improving Food in Aged Care through Education and Training Program (the program) has been improving sector capability for aged care cooks and chefs through the development and delivery of education and training activities, primarily in residential aged care. The program was announced as part of the Government's election commitment, Better Food for Aged Care Residents, to fund \$5 million (GST exclusive) to the Maggie Beer Foundation (MBF) over three financial years (2022-23 to 2024-25). The original executed grant agreement is available at **Attachment B**.

The 2024-25 MYEFO budget included an additional \$1.7 million (GST exclusive) to vary the grant agreement and extend the grant activities to the 2025-26 financial year by adding an additional 15 places to the most successful activity, the Trainer Mentor program, and incorporating several new activities including an expansion into home care. The current executed grant agreement is available at **Attachment C**.

On 1 May 2025, the Hon Mark Butler MP made an election commitment to provide additional funding of \$0.3 million for the program to extend training to improve the experience of culturally and linguistically diverse (CALD) residents in residential aged care. The extension of the grant will add additional activities which meet the goals and objectives of the grant. These are:

- Development of authentic, aged-care-appropriate recipes representing key cultural groups, with guidance from specialist CALD chefs.
- Creation of a suite of short-form, practical resources (videos, factsheets, guides) addressing cooking skills gaps, evidence-aligned texture modification, and cultural dietary considerations.
- Translation of selected Online Learning Modules and accompanying information packs into priority languages, improving accessibility, comprehension and uptake among CALD staff.
- Delivery of CALD specific in-person training.

Grant Opportunity Guidelines Status

s47C

This is an existing grant activity (including grant programs) and the grant opportunity guidelines have been made publicly available on [GrantConnect](#). The Improving Food in Aged Care through Education and Training Program grant opportunity guidelines are at **Attachment D**. The grant opportunity ID is GO6193.

Grant Funding Process Justification

s47C

This grant was established using a closed non-competitive selection process.

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Recommended Applicant/s

s47C

The recommended applicant is listed in the table below.

Applicant Name	FY 1 2022-23 (GST excl)	FY 2 2023-24 (GST excl)	FY 3 2024-25 (GST excl)	FY 4 2025-26 (GST excl)	FY 5 2026-27 (GST excl)
Maggie Beer Foundation Ltd	\$2.18m	\$ 1.74m	\$1.08m	\$1.80m	\$0.205m
Cumulative total	\$2.18m	\$3.92m	\$5.00m	\$6.80m	\$7.05m

GST is not applicable on this spending proposal.

Assessment Report

s47C

A copy of the grant evaluation report is at **Attachment E**.

Risk Assessment

s47C

An [organisation risk assessment](#) has been undertaken and reviewed by the Community Grants Hub on 7 January 2025 and is at **Attachment A**. The assessment identified that the organisation has low risk rating.

Proposal Timeframe

s47C

The variation will commence upon s47C

s47C

s47C

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Funds Availability

s47C

Funds are available through Outcome 3 Ageing and Aged Care, under program number 3.3 Aged Care Quality and the s47E(d) The relevant Finance Business Partner has confirmed that funds are available from the nominated outcome number in 2025-26 and 2026-27.

Grant-Connected Policy: Australian Industry Participation Plan

s47C

The total value of the original grant does not exceed \$20 million and therefore the department is not required to determine the need for an Australian Industry Plan for those grantees in consultation with the Department of Industry, Science and Resources.

Assessment of Value with Relevant Money

s47C

The application has been assessed in relation to the risk of the program, meeting the objectives of the program and government policy, innovation and potential performance. The proposal achieves value with relevant money on the basis that that the application and activities presented by the MBF deliver the outcomes outlined in the Grant Opportunity Guidelines and the grant evaluation report and Value for Relevant Money report at **Attachment E**.

Grant Agreement

s47C

The Commonwealth standard grant agreement will be used.

Grant Agreement Variation

s47C

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s47C

This variation will:

- Increase the value of the grant agreement by \$305,000 (GST exclusive) from \$6.7 million (GST exclusive) to a new total of up to \$7.05 million (GST exclusive);
- s47C
- Incorporate additional activities which meet the goals and objectives of the grant.

s47C

This variation will be undertaken using the deed of variation for standard grant agreement.

Variation of the grant agreement, rather than seeking a new grant application, is justifiable on the grounds that it will enable the MBF to continue and expand on their existing activities within the current grant agreement.

Indexation

s47C

This commitment proposal includes an estimated amount for indexation payable over the duration of the grant agreement.

The grant agreement will include the following wording:

"Funding is subject to indexation. We will advise you in writing each year of the indexation that will apply to the funding."

This negates the need to vary the grant agreement to reflect the indexation increase.

External Reporting Requirements

s47C

The grant variation execution will be reported on [GrantConnect](#) no later than 21 calendar days after the deed of variation takes effect, which is in line with the mandatory reporting requirements in the Commonwealth Grants Rules and Principles 2024 (CGRPs) section 5.4. The grant will also be included in the department's response to Senate Order 16 (Minchin Motion) and reported online in accordance with the Senate Order 13 (Murray Motion) where appropriate.

Once executed, the activity will be managed on the Grant Payment System (GPS) by the Community Grants Hub.

Grant Agreement Evaluation

s47C

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At the end of the project period a financial acquittal will be completed by the Community Grants Hub and recorded in GPS. In exceptional circumstances where a grant is not managed by the Community Grants Hub the financial acquittal will be completed by the policy area.

A grant agreement evaluation report will be prepared by the policy area once the financial acquittal has been completed.

Documentation

All relevant documentation pertaining to the grant agreement including this commitment approval will be filed (in accordance with Corporate Business Rule 2: Records Management) on TRIM E25-476839.

Beyond Forward Estimates Approval

s47C

As the duration of the expenditure proposal does not extend beyond the forward estimates period, Beyond forward estimates approval has not been obtained.

Contingent Liability Approval

s47C

This commitment proposal does not contain contingent liabilities and therefore does not require s60 of the PGPA Act approval.

Attachments

- Attachment A: Organisation risk assessment
- Attachment B: Original executed grant agreement
- Attachment C: Revised (current) executed grant agreement
- Attachment D: Grant opportunity guidelines
- Attachment E: Evaluation of grant and value for money assessment

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s47E(c), s47F

TRIM ref: E25-476839

This document has been released under
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by The Australian Government Department of Health,
Disability and Ageing

s47E(c), s47F

From: s47E(c), s47F
Sent: Friday, 19 December 2025 2:44 PM
To: s47F
Cc: s47E(c), s47F
Subject: RE: MBF and DHDA - Bimonthly catch up - Meeting agenda and action items - 18 December 2025 [SEC=OFFICIAL]
Attachments: residential-care-service-list.pdf; residential-care-service-list-and-higher-everyday-living-fee-guidance-for-providers.pdf; MBF Meeting Notes - 18 December 2025.docx

Good afternoon s47F

Thanks for sending through this example of how an aged care service has interpreted the HELF. You'll note that option A is the package that I was talking about. Do you know if this home had a hot breakfast more frequently than weekly before 1 November?

As promised in our meeting, below is some information regarding guidance materials on the Quality Standards, residential aged care services list and the HELF:

1. Quality Standards Guidance from the Aged Care Quality and Safety Commission available at [Guidance and resources | Aged Care Quality and Safety Commission](#)
2. Residential Care Service List (attached – see page 23). Also see Division 8 of the Aged Care Rules 2025 available [Aged Care Rules 2025 - Federal Register of Legislation](#)
3. HELF Guidance for Providers (attached - note this is likely be updated in the new year)

Also attached are our meeting notes – please let us know if there is anything which hasn't accurately represented our conversation.

Hoping you both also have a very happy Christmas and a restful break. I'm sure 2026 will be just as busy as 2025!

Kind regards,

s47E(c), s47F

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From: s47F
Sent: Thursday, 18 December 2025 11:41 AM
To: s47E(c), s47F; s47F@health.gov.au
Cc: s47E(c), s47F; s47F@health.gov.au
Subject: Re: MBF and DHDA - Bimonthly catch up - Meeting agenda and action items - 18 December 2025 [SEC=OFFICIAL]

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REMINDER: Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Hi both,

Based on our conversation about HELF in our meeting today - please find further information attached on how homes are choosing to roll this out.

I'd welcome seeing the services guidance for Providers, that way we can be more clear internally what the 'standard' or base requirements are.

Have a wonderful Christmas break. It's been great working with you in 2025 - it's been a very full, productive and rewarding year!!

See you in 2026.

Best wishes,

s47F



s47F

Project Lead
08 8128 4464

M: s47F

www.maggiebeerfoundation.org.au

s47F

SAHMRI, PO Box 11060, Adelaide, SA



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From: s47E(c), s47F <s47F@health.gov.au>

Sent: Thursday, December 18, 2025 09:12

To: s47F

s47F

Cc: s47E(c), s47F @health.gov.au>; s47E(c), s47F @health.gov.au>
Subject: MBF and DHDA - Bimonthly catch up - Meeting agenda and action items - 18 December 2025 [SEC=OFFICIAL]

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Good morning all,

Please see below for an agenda for this morning's meeting at 10:30am.

Item	Agenda topic	Meeting notes
1	Department Update	- Update on the CALD project - Example Best Practice Menu Spend - Historical data revisions
2	Comms Update	
3	MBF Update	
4	Other comments	
5	Action items from previous meeting	See comments in agenda items table below.

Action item	Meeting date	Topic	Responsible	Action taken
1	11 September 2025	The department to consider providing the MBF with Star Ratings, including the <i>Service_ID</i> field present.	DHDA	In Progress Update 09/10: DHDA still working on this action item.
2	27 November 2025	The Foundation will revise the CALD pilot proposal to incorporate in person training and will provide it to the department.	MBF	Complete
3	27 November 2025	Review the menu appraisals Oct reporting as well as the historical reporting figures and respond to the department.	MBF	In Progress

Kind regards,

s47E(c), s47F

s47E(c), s47F

Resident Experience and Food Policy Section

Choice and Transparency Branch | Quality and Assurance Division

Ageing and Aged Care Group | Australian Government Department of Health, Disability and Ageing

GPO Box 9848, Canberra ACT 2601, Australia

s47E(c), s47F

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Residential care service list

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by The Australian Government Department
of Health, Disability and Ageing

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Introduction

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

Residential care service list

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

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

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

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

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

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

Quality Standards and Statement of Rights

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

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

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

Residential care homes also have a positive duty to uphold your rights. These rights are outlined in the Statement of Rights in the Aged Care Act. They include the right for every individual to have:

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

More information is available on the Statement of Rights at agedcarequality.gov.au/older-australians/reform-changes-older-people/statement-rights

Understanding your funding

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

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

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

Higher everyday living fee

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

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

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

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

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

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

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

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

The HELF will replace existing additional and extra service fees.

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

health.gov.au/our-work/residential-aged-care/charging/higher-everyday-living-additional-and-extra-service-fees

This guide

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

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

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

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

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

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

Accommodation

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

Accommodation

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

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

Accommodation administration

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

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

Everyday living

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

Operational administration and emergency assistance

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

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

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

See Standard 2 of the Quality Standards for more information.

Communication services

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

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

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

Utilities

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

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

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

Cleaning services and waste disposal

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

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

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

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

Communal furnishings

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

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

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

Bedroom and bathroom furnishings

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

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

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

Toiletry goods

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

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

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

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

Personal laundry

The residential care home will wash and return your clothes.

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

Meals and refreshments

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

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

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

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

See Standard 6 of the Quality Standards for more information.

More information on meals is also available at

agedcarequality.gov.au/older-australians/health-wellbeing/food-and-nutrition

Non-clinical care

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

Care and services administration

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

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

Personal care assistance

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

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

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

Communication

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

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

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

Emotional support

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

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

See Standard 1 of the Quality Standards for more information.

Mobility and movement needs

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

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

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

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

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

Continence management

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

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

Recreational and social activities

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

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

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

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

See Standard 7 of the Quality Standards for more information.

This document has been released under
The Freedom of Information Act 1982
by The Australian Government Department of Health,
Disability and Ageing

Clinical care

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

Care and services plan oversight

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

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

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

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

Allied health, rehabilitation and therapeutic exercise therapy programs

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

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

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

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

Medication management

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

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

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

See Standard 5 of the Quality Standards for more information.

Nursing

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

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

Dementia and cognition management

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

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

General access to medical and allied health services

Your residential care home will help you arrange appointments with health practitioners as needed. This generally includes appointments

with people such as doctors and specialists. but can include allied health appointments you wish to book in addition to your therapy program.

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

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

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

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

Help and more information

Concerns about care and services

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

To help with these discussions, you can contact:

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

Appendix A – List of Services

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

Residential accommodation

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

Everyday living

Service	Description
Operational administration and emergency assistance	Administration relating to: - the delivery of the other services listed and described in this table; and - service agreements. Emergency assistance, including the following: - at all times, having at least one suitable employee of the registered provider onsite and able to take action in an emergency; - if an individual is in need of urgent medical attention—providing emergency assistance in accordance with the registered provider's protocol for providing such assistance; - activation of emergency plans in the case of fire, floods or other emergency; - contingency planning for emergencies; - staff training for emergencies.
Communication services	Access for individuals to an external telecommunications mechanism in the residential care home (and in individual's rooms if requested), such as telephone, internet or Wi-Fi services, but not including any usage charges or device costs.

Service	Description
Utilities	Utility running costs for the residential care home (such as electricity, water and gas). Heating and cooling for bedrooms and common areas to a comfortable temperature. Testing and tagging of all electrical equipment provided by the registered provider; but not including electrical equipment brought into the residential care home by individuals.
Cleaning services and waste disposal	Cleanliness and tidiness of the entire residential care home, including the individual's personal area unless the individual chooses to and is able to maintain their personal area themselves. Safe disposal of organic and inorganic waste material.
Communal furnishings	Fit-for-purpose communal lounge and dining furniture, including the following: • televisions; • if the residential care home has a communal outdoor space—outdoor furniture.
Bedroom and bathroom furnishings	The following (other than bedroom and bathroom furnishings that are customised or that the individual chooses to provide): • a bed and a mattress that meet the individual's care, safety and comfort needs, including, if required, a bed that is adjustable to cater for the individual's needs and accommodates the individual's height and weight; • equipment or technologies used to ensure the safety of the individual in bed and to avoid injury to the individual and to aged care workers; • pillows (including, if required, pressure cushions, tri pillows and wedge pillows);

Service	Description
	• a bedside table, bedside locker or bedside chest of drawers, wardrobe space, draw screens (for shared rooms), a visitor chair (if required) and an over bed table (if required); • a fixture or item of furniture where the individual can safely lock and store valuables, if this is not provided by the furniture items mentioned in previous bullet point; • a chair, with arms, that meets the individual's care, safety and comfort needs, including, if required, a chair with particular features, such as an air, water or gel chair; • a shower chair (if required), containers for personal laundry, and waste collection containers or bins for bedrooms and bathrooms; • bed linen, blankets or doonas, air or ripple mattresses (if required), absorbent or waterproof covers, sheeting and bed pads (if required), bath towels, hand towels and face washers; and laundering of all these products.
Toiletry goods	The supply of the following goods (or substitutes if needed to meet the individual's medical needs, including specialist products for conditions such as dermatitis) but not including alternative items requested on the basis of the individual's personal preferences: • facial cleanser (or alternatives such as facial wipes), shower gel or soap, shower caps, shampoo and conditioner; • toothpaste, toothbrushes and mouthwash; • hairbrush or comb, shaving cream and disposable razors; • tissues and toilet paper; • moisturiser and deodorant; • cleaning products for dentures, hearing aids, glasses and artificial limbs (and their storage containers).

Service	Description
Personal laundry	Laundering (other than by a special cleaning process such as dry cleaning or hand washing) items that can be machine washed, using laundry detergents that meet the individual's medical needs, such as skin sensitivities. If requested, ironing of machine washed clothes (other than underwear and socks). A labelling system for the individual's clothing, but not including alternate labelling systems requested on the basis of the individual's personal preferences. Return of personal laundry to the individual's clothing storage space.
Meals and refreshments	At least 3 meals served each day (including the option of dessert with either lunch or dinner) plus morning tea, afternoon tea and supper, of adequate variety, quality and quantity to meet the individual's nutritional and hydration needs. Special diets where required to meet the individual's medical, cultural or religious needs, including but not limited to enteral feeding, nutritional supplements, texture modified meals and thickened fluids, diets to address food allergies and intolerances, and vegetarian, vegan, kosher and halal diets (but not for meeting the individual's social preferences on food source such as nongenetically modified and organic). Reasonable flexibility in mealtimes, if requested, so the individual can exercise choice. A variety of non-alcoholic beverages available at all times (such as water, milk, fruit juice, tea and coffee). Eating and drinking utensils and eating aids if needed. Snack foods of adequate variety, including fruit and options suitable for texture modified diets, available at all times in the residential care home.

Non-clinical care

Service	Description
Care and services administration	Administration related to: - the delivery of the other services listed and described in the other items of this table; and - the delivery of the services in the service type residential clinical care.
Personal care assistance	Personal assistance, including individual attention, individual supervision and physical assistance, with the following: - bathing, showering, personal hygiene and grooming (other than hairdressing); - dressing, undressing and using dressing aids; - eating and drinking, and using utensils and eating aids (including actual feeding if necessary); - cleaning of personal items (and their storage containers) needed for daily living, including dentures, hearing aids, glasses, mobility aids and artificial limbs.
Communication	Assistance with daily communication, including the following: - assistance to address difficulties arising from impaired hearing, sight or speech, cognitive impairment, or lack of common language (for example, visual aids such as cue cards, paper-based photo or alphabet spelling communication boards or books, photo-based easy language written information, and menu and activity choice boards or learning of key phrases); - fitting sensory communication aids and checking hearing aid batteries.
Emotional support	If the individual is experiencing social isolation, loneliness or emotional distress—ongoing emotional support to, and supervision of, the individual (including pastoral support).

If the individual is new to the residential care home—assisting the individual to adjust to their new living environment.

Provision of culturally safe supports that have been determined in consultation with the individual and their supporters (if required).

Mobility and movement needs

The following (other than the provision of motorised wheelchairs, electric mobility scooters, customised aids, or mobility aids requested on the basis of the individual's personal preferences):

- assisting the individual with moving, walking and wheelchair use;
- assisting the individual with using devices and appliances designed to aid mobility;
- the fitting of artificial limbs and other personal mobility aids;
- supply and maintenance of crutches, quadruped walkers, walking frames, wheeled walkers, standing walkers, walking sticks, wheelchairs, and tilt in space chairs;
- aids and equipment used by aged care workers to move the individual, including for individuals with bariatric needs.

Taking into account:

- the individual's care, safety and comfort needs; and
- the individual's ability to use aids, appliances, devices and equipment; and
- the safety of other individuals and of aged care workers and visitors to the residential care home.

Continence management

Assisting the individual to:

- maintain continence or manage incontinence; and
- use aids and appliances designed to assist continence management.

The supply of aids and appliances designed to assist continence management to meet the individual's needs, including the following:

- commode chairs, over toilet chairs, bedpans, uridomes, and catheter and urinary drainage appliances;
- as many continence aids (such as disposable urinal covers, pants, pads, chair pads and enemas) as are needed to meet the individual's needs.

Recreational and social activities

Tailored recreational programs and leisure activities (including communal recreational equipment and products) aimed at preventing loneliness and boredom, creating an enjoyable and interesting environment, and maintaining and improving the social interaction of the individual. These programs and activities must include the option of:

- at least one recreational or social activity each day that is not screen based, television based or meal based; and
 - regular outings into the community (but not including the cost of entry tickets, transport or purchased food and beverages associated with the outings).
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Clinical care

Service	Description
Care and services plan oversight	Ensuring that: - the individual's care and services plan is carried out; and - progress against the care and services plan goals is monitored. Note: For requirements for care and services plans, see paragraph 148(e) of the Act and Subdivisions A and D of Division 3 of Part 4 of Chapter 4 of this instrument. For Aged Care Quality Standards for care and services plans, see subsections ^1520(1) to (3) of this instrument.
Allied health, rehabilitation and therapeutic exercise programs	Allied health, rehabilitation and therapeutic exercise therapy programs that are: - designed by: - appropriate registered health practitioners; or - appropriate allied health professionals; or - appropriate registered health practitioners and appropriate allied health professionals; and - designed in consultation with the individual and their supporters (if required); and - delivered in individual or group settings; and - delivered by, or under the supervision, direction or appropriate delegation of: - registered health practitioners; or - allied health professionals; or - registered health practitioners and allied health professionals; and - aimed at maintaining and restoring the individual's physical, functional and communication abilities to perform daily tasks for themselves, including through:

- maintenance therapy that is designed to provide ongoing therapy services to prevent reasonably avoidable physical and functional decline and maintain and improve levels of independence in everyday living; and
- if required, more focused restorative care therapy on a time-limited basis that is designed to allow the individual to reach a level of independence at which maintenance therapy will meet their needs.

But not including the following:

- intensive, long-term rehabilitation services required following (for example) serious illness or injury, surgery or trauma;
- allied health services and appointments made for or by the individual or their supporters, that are in addition to those required to meet the individual's care needs under programs covered by eligible items above.

Medication management

Implementation of a safe and efficient system to manage prescribing, procuring, dispensing, supplying, packaging, storing and administering of both prescription and over-the-counter medicines.

Administration and monitoring of the effects of medication (via all routes (including injections)), including supervision and physical assistance with taking both prescription and over-the-counter medication, under the delegation and clinical supervision of a registered nurse or other appropriate registered health practitioner.

Reviewing the appropriateness of medications as needed under the delegation and clinical supervision of a registered nurse, or other appropriate registered health practitioner.

But not including the cost of prescription and over-the-counter medications.

Nursing

Services provided by or under the supervision of a registered nurse, including but not limited to the following:

- initial comprehensive clinical assessment for input to the care and services plan for the individual, carried out:
 - in line with the individual's needs, goals and preferences; and
 - by a registered nurse; and

- if required, in consultation with other appropriate registered health practitioners, appropriate allied health professionals, or appropriate registered health practitioners and appropriate allied health professionals;
- ongoing regular comprehensive clinical assessment of the individual, including identifying and responding appropriately to change or deterioration in function, behaviour, condition or risk, carried out:
 - in line with the individual's needs, goals and preferences; and
 - by a registered nurse, or an enrolled nurse under appropriate delegation by a registered nurse; and
 - if required, in consultation with other appropriate registered health practitioners, appropriate allied health professionals, or appropriate registered health practitioners and appropriate allied health professionals;
- all other nursing services, carried out:
 - by a registered nurse, or an enrolled nurse under appropriate delegation by a registered nurse; and
 - if required, in consultation with other appropriate registered health practitioners, appropriate allied health professionals, or appropriate registered health practitioners and appropriate allied health professionals.

Note 1: Examples of services include (but are not limited to) the following:

- ongoing monitoring and evaluation of the individual, and identification where care may need to be escalated or altered due to the changing health or needs of the individual;
- maintaining accurate, comprehensive, and up-to-date clinical documentation of the individual's care;
- assistance with, or provision of support for, personal hygiene, including oral health management and considerations for bariatric care needs;
- chronic disease management, including blood glucose monitoring;
- if the individual is living with cognitive decline—support and supervision of the individual;
- if the individual is living with mental health decline—support and supervision of the individual;
- establishment and supervision of a pain management plan, including the management and monitoring of chronic pain;
- medication management (as listed and described in item 3 of this table);

- insertion, maintenance, monitoring and removal of devices, including intravenous lines, nasogastric tubes, catheters and negative pressure devices;
- if the individual has identified feeding and swallowing needs—support for the individual;
- skin assessment and the prevention and management of pressure injury wounds;
- establishment and supervision of a continence management plan;
- stoma care;
- wound management, including of complex and chronic wounds;
- provision of bandages, dressings, swabs, saline, drips, catheters, tubes and other medical items required as a part of nursing services;
- assistance with, and ongoing supervision of, breathing, including oxygen therapy, suctioning of airways and tracheostomy care;
- required support and observations for peritoneal dialysis treatment;
- assisting or supporting an individual to use appropriate healthcare technology in support of their care, including telehealth;
- risk management relating to infection prevention and control;
- advance care planning, palliative care and end-of-life care.

Note 2: For requirements for care and services plans, see paragraph 148(e) of the Act and Subdivisions A and D of Division 3 of Part 4 of Chapter 4 of this instrument. For Aged Care Quality Standards for care and services plans, see subsections 1520(1) to (3) of this instrument.

Dementia and cognition management

If the individual has dementia or other cognitive impairments:

- development of an individual therapy and support program designed and carried out to:
 - prevent or manage a particular condition or behaviour; and
 - enhance the individual's quality of life; and
 - enhance care for the individual; and
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- ongoing support (including specific encouragement) to motivate or enable the individual to take part in general activities of the residential care home (if appropriate).

General access to medical and allied health services	Making arrangements for registered health practitioners to visit the individual for any necessary registered health practitioner appointments (but not the cost of the appointments or any gap payments charged for the appointments). Making arrangements for the individual to attend any necessary registered health practitioner appointments (but not the cost of the appointments or any gap payments charged for the appointments, or transport or escort costs). If required, making arrangements for allied health professionals to visit the individual, or for the individual to visit an allied health professional, for any services or appointments mentioned in paragraph (f) of item 2 of this table (but not the cost of the appointments or any gap payments charged for the appointments, or transport or escort costs). If required, provision of audiovisual equipment for use with telehealth appointments. Arranging for an ambulance in emergency situations.
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