Proposed Residential Care Service List

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Recipient

Department of Health and Aged Care

Lodged via online form

Dietitians Australia contact

Vanessa Schuldt, Senior Policy Officer

pao@dietitiansaustralia.org.au

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About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 9,000 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for the profession, people and communities it serves.

The Accredited Practising Dietitian (APD) program provides an assurance of safety and quality and is the foundation of self-regulation of the dietetic profession in Australia. Accredited Practising Dietitians play an important role in aged care, such as in the assessment and dietary management of clients with chronic diseases and malnutrition, in the planning and coordination of food service within residential aged care homes and home delivered meal programs, and in the training of aged care sector staff.

Dietitians Australia welcomes the opportunity to provide the Department of Health and Aged Care feedback on the proposed residential care service list. This submission was prepared in consultation with members of Dietitians Australia following the Conflict of Interest Management Policy and processes approved by the Board of Dietitians Australia. Contributors include members of Dietitians Australia's 'Aged Care Reforms Reference Group' with wide ranging expertise in aged care, including residential aged care.

Recommendations

Pages	Recommendation
17 **37 & 38**	**Meals and Refreshments** Dietitians Australia considers the proposed new text can be strengthened to provide greater clarity to residential care homes about their 'meal and refreshment' obligations to all residents and residential respite clients. Our recommended edits for the proposed new text follows, as marked in red below. ***Meals and refreshments*** Provide the following: (a) at least 3 main meals ~~per day~~ (breakfast, lunch, dinner - including the option of dessert with lunch and dinner) plus 3 mid-meals (morning tea, afternoon tea and supper) per day, ensuring the 'Food and Nutrition Standards' (Standard 6) for nutritional quality and quantity are achieved to meet the unique nutrition and hydration needs of older people; (b) a variety of main meal and mid-meal offerings (that is, not the same offerings every day); (c) 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 drinks, diets for food allergies and

	intolerances, ~~gluten free, lactose free,~~ vegetarian, vegan, kosher and halal diets (but not for meeting the individual's social preferences on food source such as non-genetically modified and organic foods); (d) a range of non-alcoholic beverages (such as water, milk – plain and flavoured, fruit juice, tea and coffee) - available and offered at each main meal and mid-meal; (e) snack foods (including fruit, biscuits, savoury snacks and options suitable for texture modified diets) and non-alcoholic beverages - available and easily accessible to older people at all times; ~~in the residential care home~~; (f) flexibility in mealtimes, if requested by the individual; and (g) eating and drinking utensils and aids, if needed.
24-25 **40** **43**	**Allied Health and Therapy Programs** The proposed new text for the 'Allied Health and Therapy Programs' service list is both confusing and disappointing, for the way it is written it removes the obligation for providers to cover the cost of the allied health services. This goes against: • the Government's commitment to pay 100% of residents' clinical care costs; • the Government's acceptance of Royal Commission Recommendation 69, which proposes that allied health care for people receiving aged care be generally provided by aged care providers; and • current residential aged care funding arrangements - AN-ACC includes funding for aged care providers to provide allied health services to residents. Providers must make a range of allied health services available to residents under Schedule 1 of the Quality of Care Principles 2014. This includes access to allied health services as part of an individual therapy program aimed at maintaining or restoring a resident's ability to perform daily tasks. If it is the intention that providers are required to cover the cost of allied health services and therapy programs to prevent, restore and maintain physical, functional and cognitive decline, but not the cost of allied health appointments made by care recipients themselves, their relatives or other persons representing the interests of care recipients, then the proposed new text needs editing to clearly state that. In cases where allied health services and therapy programs are clinically warranted and included in a care plan (e.g. clinical care for unplanned weight loss or malnutrition requiring the expertise of an Accredited Practising Dietitian), Dietitians Australia considers it the obligation of providers to cover the cost of the allied health service, as this is a form of clinical care. ***Residents should not be required to pay for allied health services out of their own pocket or through private health insurance, as the Albanese government made a commitment to cover 100% of resident's clinical care costs.*** **Proposed new text** Dietitians Australia considers the proposed new text needs significant improvement to better clarity the 'allied health services and programs' obligations for residential care providers. Our recommended edits for the proposed new text follows, as marked in red below.

	~~**Rehabilitation, allied health, speech and fitness therapy programs**~~ (propose replacing this heading with the one below): **Allied Health services and programs to prevent, restore and maintain physical, functional and cognitive decline** ~~Individual rehabilitation, allied health, speech and fitness therapy programs~~ Provide allied health services and programs that are: (a) clinically warranted and included in care plans; (b) designed by allied health professionals in consultation with the individual and family (as required); ~~and~~ (c) delivered in individual or group settings; ~~and~~ (d) delivered by, or under the supervision, direction or appropriate delegation of, allied health professionals; ~~and~~ (e) aimed at preventing physical and functional decline, and restoring and maintaining the individual's fitness, physical ability and health to perform daily tasks for themselves, including through: i. ~~if needed, more focused~~ restorative care therapy on a temporary basis - designed to allow the individual to reach a level of independence at which maintenance therapy will meet their needs; but not including intensive, long-term rehabilitation services required following (for example) serious illness or injury, surgery or trauma. ii. maintenance therapy - designed to provide ongoing therapy services to maintain and improve levels of independence in everyday living. ~~and~~ **Dementia and cognition management** If the individual has dementia or other cognitive impairments: (a) development of an individual therapy and support program designed and carried out to: i. prevent or manage a particular condition or behaviour; and ii. enhance the individual's quality of life; and iii. enhance care for the individual; and (b) ongoing support (including specific encouragement) to motivate or enable the individual to take part in general activities of the residential care home, where appropriate.

	~~**General access to allied health services**~~ (propose replacing this heading with the one below): **Assistance in obtaining access to allied health services outside of care plans** In cases where allied health appointments are made by care recipients themselves, their relatives or other persons representing the interests of care recipients (i.e. outside of allied health requirements included in residential aged care plans): (a) make arrangements for allied health professionals to visit the individual for any self-initiated allied health appointments (but not the cost of the appointments or any gap payments charged for the appointments, or transport including escort costs); and (b) provide ~~of~~ audio-visual equipment for use with telehealth appointments.
24	**A note about allied health services & programs preventing physical decline** In the notes on page 24 re: Allied Health and Therapy Programs, it states *'Residential care homes are required to provide all residents with a tailored allied health therapy or rehabilitation program. The Schedule requires homes to ensure residents have an appropriate therapy program developed and implemented for them. The program must be designed to maintain or restore physical functioning where possible so they can undertake daily activities as independently as possible'.* In addition to the role that allied health services play in helping older people to 'maintain or restore' physical function, it is equally important to acknowledge the role that allied health programs play in 'preventing' physical and functional decline. For example, **medical nutrition therapy from an Accredited Practising Dietitian (APD)** plays a vital role in in maintaining muscle mass and preventing common nutrition-related issues (e.g. malnutrition, weight loss, frailty, dehydration etc) among older people, as well as maintaining and restoring nutritional wellbeing.