

Aged Care Service Lists

**Response to the Consultation Draft Rules
October 2024**

Recipient

Department of Health and Aged Care

Lodged via [online form](#)

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About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 8,500 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 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 draft rules for aged care service lists. 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 and in-home aged care.

Recommendations

Page	Recommendation
7	<p><u>PART 4, DIVISION 2 - HOME SUPPORT SERVICE TYPES</u></p> <p>Allied Health – role in prevention</p> <p>In addition to the role that allied health services play in helping older people to 'regain' or 'maintain' physical, functional or cognitive abilities to remain safe and independent at home, it is equally important to acknowledge the role that allied health services play in 'preventing' physical, functional and cognitive decline. As such, section 31(2a) requires editing to acknowledge the preventive role that allied health professionals play.</p> <p>Allied Health – supporting carers of the individual</p> <p>The parameters for a service state that 'the service aims to give the individual the skills and knowledge to manage their own condition and promote independent recovery where appropriate'. What isn't covered here is the role allied health professionals play in also supporting the carers/proxy of the individual, by way of skills and knowledge, to help manage the individual's condition and promote independent recovery. As such, it is recommended to edit section 31(3b) to reflect that 'the service aims to give the individual (and their carers/proxy where applicable) the skills and knowledge to manage their own condition and promote independent recovery where appropriate'.</p>

7-8	<p><u>PART 4, DIVISION 2 - HOME SUPPORT SERVICE TYPES</u></p> <p>Dietetic services – provided by Accredited Practising Dietitians</p> <p>Column 1 in the table for ‘Services in the service type allied health and therapy’ includes ‘Diet or Nutrition’. To be consistent with terminology used for other allied health services (e.g. speech pathology, podiatry, physiotherapy etc) it is essential to change ‘Diet or Nutrition’ to ‘Dietetics’. This change is also required to prevent any confusion with ‘Nutrition’ in section 42 – which refers to nutrition products.</p> <p>This change is further warranted as ‘Diet or Nutrition’ can potentially be delivered by anyone with real or perceived diet and nutrition knowledge, yet ‘Dietetics’ can only be delivered by dietitians who have graduated with an accredited dietetics degree from an Australian university, or studied overseas and undergone strict examination processes. As a profession, ‘nutritionists’ are not regulated in Australia under NASRHP or certified under a single regulatory body. Anyone can call themselves a nutritionist regardless of their qualifications.</p> <p>Column 2 in the same table for ‘Diet or Nutrition’ states ‘Assistance with diet or nutrition that meets the service requirements specified in subsection (2)’. It is essential to change this to better clarify who is qualified to provide this service. We recommend changing to ‘Dietetic care, delivered by an Accredited Practising Dietitian, that meets the service requirements specified in subsection (2)’.</p> <p>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. APDs are the only dietetic professionals recognised by Australian Government organisations. APDs with a provider number can offer rebates under Medicare and the Department of Veterans' Affairs (DVA). APDs are the only dietetics professionals recognised by state governments and many private health insurers.</p>
14	<p><u>PART 4, DIVISION 2 - HOME SUPPORT SERVICE TYPES</u></p> <p>Meals</p> <p>In ‘Column 2 – Description’ for Meals, it needs to be clarified if the following pre-prepared meal types are included/permitted:</p> <ul style="list-style-type: none"> • Special therapeutic meals (e.g. high energy, high protein meals). • Texture modified meals • Desserts with lunch and dinner <p>Dietitians Australia considers it vital to include all three pre-prepared meal types mentioned above, to accommodate people with special therapeutic needs, heightened energy needs and swallowing difficulties.</p>

15-16

PART 4, DIVISION 2 - HOME SUPPORT SERVICE TYPES

Nutrition

Section 42 refers to 'Nutrition', yet a better description is **'Nutrition Products & Aids', or 'Medical Nutrition Products and Aids'**. This name change will help to clarify that it refers to medical nutrition products such as enteral nutrition products, including enteral tube feeds, and oral nutritional supplements, plus aides used in the delivery of nutrition products, such as enteral feeding equipment.

In the draft rules for 'Nutrition' it states: *'A service listed and described in an item of the following table: (a) is in the service type nutrition; and (b) has the subsidy basis cost'*.

There is no mention of a 'Base efficient price (\$ per hour)' for the prescription of medical nutrition products (oral, enteral and parenteral nutrition), which must be prescribed by an Accredited Practising Dietitian or a medical practitioner. Such services will incur a fee, so it is therefore recommended to clarify the statement *'prescribed by a dietitian or health professional'* by changing it to **prescribed by an Accredited Practising Dietitian (as per the Base Efficient Price in the 'Allied Health' service type) or a medical practitioner.**

Regarding the table on page 16 for 'Nutrition':

- 'Column 1 - Services' merely includes 'Nutrition Supports' - whereas it would be better to clarify the service by stating **'Nutrition Products & Aids'**. Nutrition supports is open to misinterpretation.
- 'Column 2 – Description' can be better clarified by changing to:

Supply of:

- (a) medical nutrition products (oral, enteral and parenteral)**
- (b) nutrition aids (e.g. enteral feeding equipment)**

that are:

- **required for conditions related to age-related functional decline or impairment; and**
- **prescribed by an Accredited Practising Dietitian (as per the Base Efficient Price in the 'Allied Health' service type) or a medical practitioner.**

Please note that 'parenteral' nutrition products have been added alongside 'enteral and oral' nutrition products, as some older people receive parenteral nutrition when discharged from hospital to home. Parenteral nutrition (PN) refers to intravenous (IV) feeding, or feeding into the bloodstream.

<p>23</p>	<p>PART 4, DIVISION 3 – OTHER SPECIFIED MATTERS FOR HOME SUPPORT SERVICE TYPES</p> <p>Nutrition</p> <p>In the table for ‘Other specified matters’ on page 23, item 8 ‘Nutrition’ should be changed to ‘Nutrition Products & Aids’ to align with the feedback provided above.</p> <p>We note that ‘Nutrition’ is not covered under the Commonwealth Home Support Program (CHSP). This is a major oversight, given medical nutrition products (oral, enteral and parenteral nutrition) are a valuable tool for Accredited Practising Dietitians and medical practitioners to use in some clinical situations to address malnutrition, frailty, unplanned weight loss and other nutrition-related issues for older people living at home. Providing older people with access to medical nutrition products, under the direction of an APD or medical practitioner is an important part of reablement-centred care. A reablement-centred approach allows clients to address a specific barrier to independence, adapt to functional loss/es, regain confidence, and increase their capability to resume activities.</p> <p>Dietitians Australia considers it crucial that that the Aged Care Rules guarantee the rights of all older people in all specialised aged care programs (including the CHSP), to receive a standard nutrition care that supports their health, wellbeing, reablement and quality of life. As such, medical nutrition products (oral, enteral and parenteral nutrition) must be accessible to older people in the CHSP (alongside MPSP, NATSIFACP and TCP), if clinically indicated by an Accredited Practising Dietitian or medical practitioner.</p>
<p>36</p>	<p>PART 4, DIVISION 8 – RESIDENTIAL CLINICAL CARE</p> <p>General access to allied health services</p> <p>In the details for ‘General access to allied health services’, it indicates that providers are only required to provide residents with ‘access’ to allied health services, whereby their only obligation is to facilitate allied health appointments, without any obligation to cover the cost or any gap payments for appointments.</p> <p>The draft Ruling whereby providers do not have to pay for <i>‘the cost of the appointments or any gap payments charged for the appointments’</i> goes against the current arrangements in residential aged care. As stated on the Department of Health and Aged Care website, <i>‘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’.</i></p> <p>Residents should not be required to pay for allied health services from their own pocket or through private health insurance. AN-ACC funding is intended to cover allied health services required by residents. As such, Dietitians Australia considers it vital to</p> <ul style="list-style-type: none"> • change the title to ‘Access and funding for allied health services’

	<ul style="list-style-type: none">• edit the description to acknowledge that AN-ACC includes funding for aged care providers to provide allied health services to residents.
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