

## Aged Care Act Draft Rules Release 4b – Section 148-20: Requirements for Meals

9 May 2025

### Support for Requirements

supports the general intent of the obligations for meal providers outlined in section 148-20 of release 4b of the Rules under the new Aged Care Act. The draft requirements are consistent with input from the sector during the initial consultation with key stakeholders. As meal delivery will be classified as a Category 1 service and will no longer be subject to direct audit under the new Quality Standards, there have been valid concerns about the suitability of meal suppliers and accountability to provide quality, nutritious meals. These new obligations for meal providers should promote fairness and consistency in the provision of nutritious, compliant meals to older Australians. believes it is a positive step that ought to lift the bar in-home care and ensure organisations that sub-contract services do not abrogate their responsibility for quality and safety of older Australians. This is significant given the shift to a rights-based Aged Care Act.

### Requirement One Feedback

#### Section 148-20

*(2) The provider must ensure any meals or refreshments delivered to an individual through the funded aged care services mentioned in subsection (1) are nutritious and appetising, having regard to the individual's abilities and preferences.*

There is confidence among providers across Australia they will, and in most cases, already meet this requirement to provide meals and refreshments that are nutritious and appetizing, having regard to the individual's abilities and preferences. The increase in accountability of meal providers and third-party suppliers to meet this requirement is a positive step forward, particularly for individuals eligible to receive meal services, allowing them to stay living at home for as long as possible.

To further raise the standard of care, food safety could be incorporated into this requirement. While it is understood there are other ways food safety is assessed, such as

through the FSANZ Code, food safety programs and food business licensing, there are some exceptions for 'delivered meal organisations' and their suppliers which have the potential to create increased risk for vulnerable older Australians. Noting we do not intend to impose unreasonable obligations on [REDACTED] or other services who are not required to have a food safety program in place under state-based food legislation, we recommend subsection (2) be revised to refer to the safety of meals, as below:

*The provider must ensure any meals or refreshments delivered to an individual through the funded aged care services mentioned in subsection (1) are safe, nutritious and appetising, having regard to the individual's abilities and preferences.*

This inclusion of the word 'safe' also incorporates aspects such as correct texture and the avoidance of allergens, which are vital for the consumption of meals and therefore, the nutritional value of the meal for the recipient.

## **Requirement Two Feedback**

### *Section 148-20*

*(3) The provider must ensure that any meals and refreshments available to be delivered to an individual through the funded aged care services mentioned in subsection (1) have been assessed by an accredited practicing dietitian in accordance with subsection (4).*

*(4) The provider must, at least annually, have an accredited practising dietitian assess the meals and refreshments delivered by the provider through the funded aged care services mentioned in subsection (1) to ensure that any meals and refreshments:*

- (a) are appetising; and*
- (b) are appropriate for the needs of individuals accessing funded aged care services, including individuals with specialised dietary needs; and*
- (c) reflect contemporary and evidence-based practice.*

[REDACTED] understands and supports the intent of this requirement, there are concerns regarding the cost of implementation and the resulting impact of these costs, particularly for small providers in rural and remote areas. To require an accredited practicing dietitian (APD) conduct an assessment at least annually, though likely more frequently due to menu variances throughout a year, will create a large additional expense for providers. In some instances, providers have estimated they will need to find an extra 3-5 cents/meal in larger providers where the cost is spread across a greater number of units. For smaller providers, this additional cost is further exacerbated and could increase meal costs by approximately 50 cents/meal.

We also call for clarity of the wording of subsection (4), as it may create unintended cost and duplication across the service system. It is unclear whether:

- Each meal in a menu must be assessed on an annual basis, regardless of whether the recipe and presentation has changed or not; and/or
- Each meal must meet the requirements with respect to (4)(b) and (4)(c) in and of itself.

An additional concern regarding cost comes from providers sourcing meals and refreshments from more than one third-party supplier, or who cook on-site as well as buying in some

meals from a third-party supplier, particularly to meet the demand for specialized dietary needs. These providers may be required to have multiple APD reviews, creating additional expenses. Cost comes also from added administrative burden to meet these requirements, including coordination of APD reviews and gathering information and evidence to support these reviews.

Current CHSP grant funding and SaH provider meal service pricing do not account for these APD reviews for every provider registered in this category. It is asked that additional funding be supplied to providers to meet this requirement through the adjustment of the unit cost so that providers do not have to absorb these costs or increase the cost of services to older people as a result of meeting this requirement.

Although the Rules are designed to raise care standards, they place significant pressure on not for profits (NFPs) in areas such as compliance, staffing, and financial management. To safeguard the diversity and accessibility of aged care services, policymakers should consider targeted support mechanisms to help NFPs meet these new requirements without compromising their viability or service quality.

Other aspects of this requirement that raised concern, included the lack of clarity for assessed criteria. With no clear criteria for what is considered 'appetising' and no agreement on what contemporary evidence-based practice is, the APD assessment is perceived to be subjective. Understanding this allows APDs to use their clinical judgement, providers would like to have a greater understanding of what criteria will be used to give them a target to work towards in preparation for APD reviews.

Additionally, where meals are supplied in thin markets, particularly in rural and remote areas, there are limitations to being able to provide meal choice. For example, many [REDACTED] services are supplied meals from the local hospital and a wide range of choice of meals is not always possible. In some instances, clients are provided with the 'meal of the day', and specialised dietary needs are catered for on an individual basis. There is concern these providers may have difficulty meeting requirements for choice with little or no other options for meal supply to the area. [REDACTED] is a vital service in these areas no one would wish to see lost due to regulatory burden. Further explanations on what 'choice' means and what level of choice will be acceptable would be well-received.

A key concern is the demand this requirement will place on APD resources across Australia and whether there is capacity in the profession to meet the demand. The question must be posed as to whether there are enough APDs to meet the needs of providers to fulfill their obligations. If the demand cannot be met, this causes risk for service providers that is out of their control. [REDACTED] would like to see assurance that meal provider's registration status will not be affected in the circumstance that the demand for APD assessments is higher than the availability. It is suggested consideration be given to accepting supervised assessments performed by dietetics students also through partnerships with universities.

## **Requirement Three Feedback**

### *Section 148-20*

*(5) The provider must implement a quality assurance framework to continuously improve the meals and refreshments delivered to individuals through the funded aged care services mentioned in subsection (1) by taking into account:*

*(a) the satisfaction of individuals with the meals and refreshments they are provided; and*

*(b) the assessments undertaken by the accredited practising dietitian in accordance with subsection (4).*

This requirement is generally well supported in [REDACTED] across the country, as there is agreement a quality assurance framework, or at least aspects of such, are currently in place under existing regulatory expectations. Continuous improvement, in line with the satisfaction of individuals receiving meals, is essential as a meal provider in order to continue to deliver a quality service that enables older Australians to live independently at home.

Although this standard will not require large changes for many providers, for some [REDACTED] services feedback is collected on a more informal basis than what is required of this obligation. Meal providers who buy meals from third-party suppliers have raised concerns with potentially difficulty in providing evidence client feedback is reviewed by third-party suppliers and used to improve meal offerings. Consequently, to ensure this obligation is met, [REDACTED] services will need to assign internal responsibility for the oversight of meal quality compliance, resulting in increased administrative burden related to formal collection, review and implementation of client feedback, as well as management of APD documentation.

To mitigate risk, contracts will also need to be put in place with third-party meal suppliers, including clauses requiring APD reviews of all meals, as well as quality assurance activities and assurance that menu items meet the nutritional and dietary needs of older Australians.

Cost is again a limiting factor in regard to making the necessary changes to meet this requirement to its full extent.

## **Other Recommendations**

[REDACTED] recommends the National Meal Guidelines, which were designed for the purpose of standardising the quality and safety for provision of in-home meals, are revised to align with the evolving standards and expectations and uniformly applied to ensure consistency in assessment against subsection (4)(b) and (4)(c). This would provide a single criterion against which meals could be assessed, minimising subjectivity and ambiguity.

Considering cost is a key concern for meal providers in meeting these requirements, particularly for APD assessments, it is suggested funding be allocated to state-based organisations to employ APDs who can support providers in fulfilling their meal obligations. This approach could also help reduce the administrative burden and coordination required from individual [REDACTED] services, while easing the overall demand on APD resources.

