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August 2026

Additional/Extra Services to HELF Transition Guide

What stays included, what can attract a fee, how to talk to residents with confidence. A practical action plan for transitioning Additional Services and Extra Service Status residents before 31 October 2026.

THE EXPERTS IN
HELF

Pride Aged Living – Strengthening Aged Care Provider Viability

Specialists in Organisational Governance, Strategy, HELF, Accommodation Pricing, Workforce Design, AN-ACC & Care Minutes

The deadline is when the work must be finished

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31 October 2026

Existing Additional/Extra Services' arrangements cease from 1 November 2026.

01 Residents who want eligible enhanced services to continue will require a compliant HELF agreement.

02 Residents need time to understand the change, consider their choices and ask questions.

03 The applicable 28-day cooling-off period must be built into transition planning.

If affected residents have not yet been identified and contacted, the transition program is already urgent.

This is not an agreement-conversion exercise

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Service decisions 01	Resident decisions 02	Operational decisions 03
Define the funded baseline	Explain what continues	Reconcile AS inclusions with HELF compliant services offered in the home
Set prices and delivery standards	Explain what is changing	Prepare agreements, collateral and billing requirements
Identify existing no-fee inclusions – these cannot be part of their program	Offer individual service choices – support informed agreement or refusal	Train staff – monitor implementation and complaints

The transition succeeds only when service design, resident choice and operational delivery align.

Reviewing the Service List is only the starting point

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A Service List review tells you what must be provided as part of funded aged care. It does not, by itself, decide what a provider should charge for after years of different agreements, representations and operating practices.

Required baseline

- Service List obligations
- Quality Standards
- Assessed needs
- Funded care and services

Existing no-fee services

- Routine inclusions
- Historical practice
- Resident expectations
- Prior representations

Potential HELF services

- Higher standard
- Supplementary service
- Clear resident benefit
- Voluntary purchase

A service may be legally capable of attracting a HELF and still require careful transition consideration.

Use 3 service categories to draw the right boundary

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CATEGORY	KEY QUESTION	REQUIRED RESPONSE
01 **Funded baseline**	Is it required by the Service List, Quality Standards or assessed needs?	Continue to provide in accordance with funding and compliance expectations.
02 **Existing no-fee inclusion**	Has it been routinely provided or represented as included at no additional cost?	Continue to provide the inclusion and exclude from transition HELF offering.
03 **Genuine HELF enhancement**	Is it clearly additional to, or delivered at a higher standard than, the baseline?	Define the benefit, price, standard and evidence.

Do not begin with: ‘What can we charge for?’ Begin with: ‘What do residents receive now, and why?’

Apply the five-question HELF test to every proposed service

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01	Is any component required under the Residential Care Service List?
02	Is it required to meet assessed needs or the Quality Standards?
03	Is it already represented or routinely provided as part of the standard offering?
04	Can the enhanced benefit be clearly distinguished and offered discreetly?
05	Would a resident reasonably understand the value for which they are being asked to pay?

If Questions 1 or 2 are ‘yes’, the required component cannot depend on HELF.

A compliant service is not necessarily a compelling service

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Compliance test

CAN WE OFFER IT?

1. Is the service eligible?
2. Is the agreement compliant?
3. Is the charge transparent?
4. Can delivery be evidenced?

+

Resident value test

WILL THEY WANT IT?

1. Does the resident want it?
2. Is the difference visible?
3. Does it improve daily life?
4. Is the price worthwhile?

Residents purchase outcomes, convenience, choice and quality of life rather than a list of inclusions.

Food and dining expose the boundary most clearly

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The standard service must independently provide quality, variety and meaningful choice.

Service List baseline

- At least three meals
- Dessert with lunch or dinner
- Morning tea, afternoon tea and supper
- Snacks and beverages
- Special diets and flexibility

Standard 6 expectations

- Nutritional needs
- Appetising and flavoursome
- Variation and choice
- Resident preferences
- Enjoyable dining experience

Counting menu options does not establish quality if the choices are not relevant or enjoyable to residents.

Dining enhancements must be genuinely additional

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Standard offering must include	Possible HELF enhancement
Nutritious, appetising meals of adequate variety and quality	Enhanced cooked breakfast or premium breakfast selection
Meaningful variation and choice informed by resident preference	Additional premium main using higher-cost ingredients
Dessert with either lunch or dinner	Dessert at both lunch and dinner
Tea, coffee, water, juice and milk available at all times	Alcoholic beverages or defined premium beverage selection
Suitable alternatives where the planned meal is not wanted	Special dining events or enhanced hospitality experience

A premium option cannot compensate for a baseline menu that fails to meet the required standard.

Resident consultation is part of the food service, not an optional extra

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1

Actively involve residents in menu design and review.

2

Use food forums, tasting sessions and regular feedback on meal quality.

3

Monitor complaints, preferences, uneaten meals, taste, temperature and presentation.

4

Use feedback to change menus and improve the dining experience.

5

Ensure alternatives reflect resident preferences rather than merely adding nominal options.

Choice is meaningful only when the available options appeal to the resident.

Every affected resident needs an individual transition pathway

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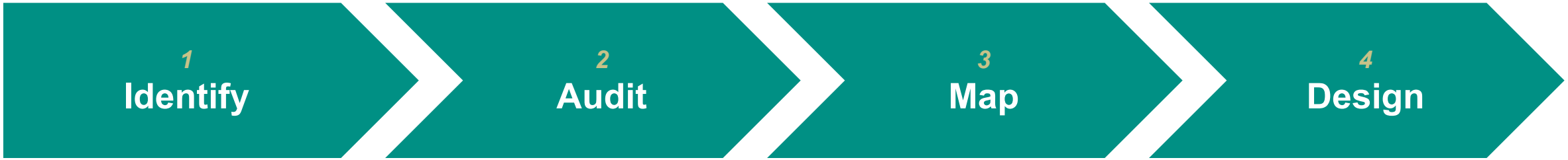
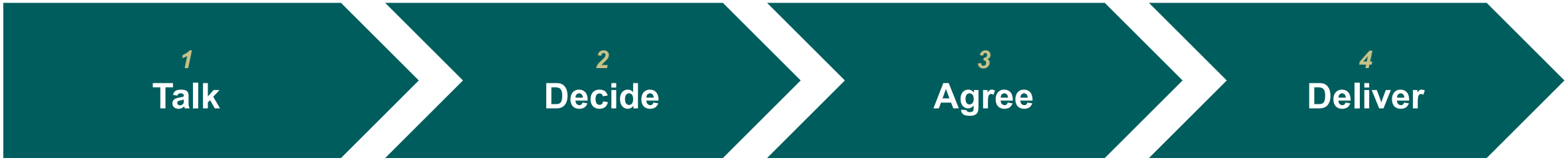
Service and operational work



Resident engagement and implementation



The resident's decision – not the provider's preferred package – is the outcome of the process.

Correspondence alone is not a conversation

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1

Meet residents and their supporters in person wherever possible.

2

Explain the change in plain language before providing documents.

3

Offer to walk through the Resident Service Schedule together.

4

Provide written material as confirmation, not as first contact.

5

Allow time for questions, reflection and follow-up.

6

Record the conversation, not only the signature.

Sending an agreement does not, by itself, support an informed decision.

A five-step structure keeps resident conversations clear

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	STEP	PURPOSE	SUGGESTED APPROACH
1	**Explain the reform**	Provide context	*"The government has changed how aged care services are funded and charged."*
2	**Confirm care continues**	Reduce anxiety	*"Your care and support will continue exactly as required."*
3	**Introduce the schedule**	Create clarity	*"This document lists what is included and what is optional."*
4	**Explain choice**	Reinforce control	*"You can choose what suits you. Nothing is automatic."*
5	**Confirm next steps**	Provide certainty	*"Take your time, and we will follow up with you."*

Prepare staff for the questions residents will actually ask

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Care staff

- Will care change?
- What is included?
- What is optional?
- How do I answer questions?

Hospitality staff

- What is standard?
- What is enhanced?
- How is quality maintained?
- How is delivery recorded?

Administration

- What must be documented?
- How are changes recorded?
- What evidence is required?
- Who confirms delivery?

Inconsistent answers create mistrust and complaints – even when the underlying program is compliant.

Representatives should support – not replace – the resident's choice

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- Include the resident's supporters early in the conversation.
- Provide the same written material given to the resident.
- Explain the role of the resident's own preferences.
- Confirm who holds decision-making authority.
- Allow additional time where family discussion is required.
- Record who was involved in each discussion.

Resident purchasing power does not disappear when a person enters residential aged care.

The resident's decision must become an operational instruction

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1	Confirm what remains part of the standard service.
2	Confirm what is now an optional HELF service.
3	Provide clear delivery instructions for each service.
4	Specify how delivery is recorded.
5	Explain what to do if a resident declines a service.
6	Escalate uncertainty rather than assume.

The service delivered, the resident's agreement and the amount charged must always align.

Create one authoritative Resident Service Schedule

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RECORD	WHAT IT MUST CONFIRM	OPERATIONAL USE
Standard inclusions	What continues at no additional cost	*Prevents incorrect charging*
HELF services selected	What the resident has agreed to receive	*Drives rostering and delivery*
Pricing	The amount payable and frequency	*Supports accurate invoicing*
Delivery expectations	Standard, frequency and method	*Guides day-to-day service*
Decline or change	What the resident has declined or altered	*Prevents unwanted charges*

Give each team the information it needs to act

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TEAM	NEEDS TO KNOW	BECAUSE
Care staff	What remains standard	*To reassure residents*
Hospitality	What is enhanced	*To deliver correctly*
Rostering	Who receives what	*To allocate staff*
Finance	What is chargeable	*To bill accurately*
Management	What has changed	*To govern the transition*

Manage each resident decision pathway deliberately

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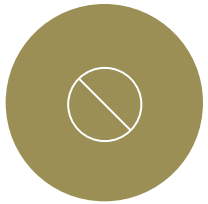
Accepts the offer

Record the decision

Update the schedule

Deliver as agreed



Declines the offer

Record the decision

No charge applies

Standard service continues

Wants to change later

Reopen the conversation

Update documentation

Confirm the new arrangement

‘No’ is a valid resident outcome, not a failed transition.

Delivery must match the promise

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- Ensure rosters reflect the services agreed.
- Confirm staff know what is included for each resident.
- Record delivery consistently.
- Address service failures promptly.
- Review whether the enhancement is being experienced.
- Adjust where the service is not delivering value.

If the agreed standard cannot be delivered, escalate immediately – do not continue charging unchanged.

Reconcile agreement, delivery and billing

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01	02	03	04	05
Confirm every resident has a Resident Service Schedule.	Confirm every HELF service has been individually agreed.	Confirm no historical no-fee inclusion has been converted to a charge.	Confirm delivery matches what was agreed.	Confirm records support every charge.

Revenue integrity means capturing valid charges and preventing charges unsupported by agreement or delivery.

Resident choice remains active after commencement

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- Residents may add, change or cease HELF services.
- Residents may decline services at any time.
- Providers must not treat the transition as final.
- Ongoing consultation remains a compliance obligation.
- Preferences change as circumstances change.
- Documentation must remain current.

The initial agreement records a choice – it does not replace ongoing communication with the resident.

The transition is complete only when…

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01 Residents can explain

- What is included
- What is optional
- What they chose

02 Staff can explain

- What is standard
- What is enhanced
- How to record it

03 Records demonstrate

- Consultation occurred
- Agreement was informed
- Delivery matched the promise

Complete means the resident receives what they chose, keeps what they are entitled to – and is charged only for what was agreed.

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STRENGTHENING AGED CARE PROVIDER VIABILITY

We take pride in your success

Scan to explore our HELF service line

Pride Aged Living provides specialist consulting across Organisational Governance, Strategy, HELF, Accommodation Pricing, Workforce Design, AN-ACC & Care Minutes.

HELF transition and ongoing support

We restructure your Extra Services and Additional Services programs to ensure HELF compliance, aligning operational processes and governance frameworks with current standards.

HELF implementation and ongoing support

We design and implement HELF programs tailored to your services, including market analysis, pricing, contracts, marketing, billing, training and admin.

HELF audit

Our HELF Audit supports external compliance and program reviews, mapping your current offering against relevant business rules and identifying any gaps.

HELF training

We train leadership, enquiry, admission and frontline staff, including care, nursing, lifestyle and hospitality teams so they can explain what has changed, hold the resident conversation and deliver services.

Reference sources

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DEPARTMENT OF HEALTH, DISABILITY AND AGEING

Residential Care Service List and Higher Everyday Living Fee – Guidance for Providers, March 2026

https://www.health.gov.au/sites/default/files/2026-03/residential-care-service-list-and-higher-everyday-living-fee-guidance-for-providers_0.pdf

AGED CARE QUALITY AND SAFETY COMMISSION

Strengthened Quality Standards – Food and nutrition

https://www.agedcarequality.gov.au/strengthened-quality-standards/food-and-nutrition

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