Higher Everyday Living Services (HELF)

CIC Change Management Guide

For Australian residential aged care providers

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Purpose: Use this document as a guide to plan, implement and assure a compliant HELF operating model. Assign an owner and due date to each item, record evidence,

and report unresolved risks through governance. Validate final arrangements against the current Aged Care Act 2024, Aged Care Rules 2025 and regulator guidance.

Ultimate goal: To provide optional services to Aged Care residents in a fair and equitable way, without compromising compliance, yet ensuring genuine choice.

Core implementation principles

- Treat HELF as optional and preserve each resident's genuine choice.
- Do not use HELF as a condition of entry, a means of securing a room, or agree or charge it before the resident enters care.
- Do not charge for services required by the Residential Care Service List, the Aged Care Quality Standards or the Statement of Rights.
- Offer only additional services, or a demonstrably higher standard of service, and do not withdraw a standard service to repackage it as HELF.
- Ensure each resident is not charged for a service they cannot (capacity) or will not (choice) use.
- Use a separate HELF agreement after the service and accommodation agreement is signed; provide clear information on each service, standard (additional or enhanced), frequency, price and charging method.
- Apply the 28-day cooling-off protection for standing agreements and support later variation or cancellation with reasonable notice.
- Retain accessible evidence of
    - consent
    - delivery
    - charging
    - review
    - variation
    - cancellation

Phase 1 — Mobilise and govern

- Appoint an executive sponsor and accountable HELF implementation lead.
- Establish a multidisciplinary working group covering operations, care, hospitality, lifestyle, finance, legal/compliance, IT, procurement, workforce, communications and resident experience.
- Approve scope, objectives, budget, timeline, decision rights and escalation pathways.
- Governing principle goal should be – to provide optional services to Aged care residents without compromising compliance, and in line with their financial capabilities
- Identify impacted homes, residents, representatives, workers, suppliers, systems, forms, policies and existing additional or extra service arrangements.
- Create a legal and regulatory obligations register and nominate owners for keeping it current.
- Complete an implementation risk assessment, including consumer harm, consent, billing, service-delivery, workforce, supplier and reputation risks.
- Establish baseline measures for complaints, service uptake, refunds, billing errors and resident satisfaction.

Phase 2 — Design the service offer and pricing

- Map every proposed HELF service against the Residential Care Service List and document why it is additional or of a higher standard.
- Define the service specification, eligibility, inclusions, exclusions, quality standard, frequency, location, availability and responsible delivery team.
- Confirm the service is safe, suitable, accessible and capable of being delivered consistently.
- Test the offer with residents and representatives, including people with cognitive, sensory, language, literacy or cultural needs.
- Develop standalone and bundled options; disclose individual service prices before offering a bundle and preserve meaningful choice.
- Ensure bundle design does not require payment for unusable or unwanted services and establish an exception process.
- Calculate transparent prices, document assumptions, confirm tax treatment and define the permitted annual CPI indexation process.
- Establish financial hardship, waiver, refund and service-credit rules without reducing required standard care.
- Complete legal, clinical, operational, finance and consumer-experience sign-off for each service or bundle.

Phase 3 — Agreements and consumer safeguards

- Create a separate written standing HELF agreement template for planned ongoing, fixed-term or one-off services.
- Define the restricted circumstances and records required for an ad hoc agreement made immediately before or when a single unplanned service is delivered.
- Include each service, standard, frequency, price, charging method, commencement, duration, review, variation, cancellation, cooling-off and refund terms.
- Make information available before agreement in accessible formats and explain standard services versus HELF services.
- Confirm informed, voluntary agreement by the resident or authorised decision maker and respect supporter arrangements.
- Establish controls preventing HELF agreement or charging before entry and preventing coercive sales practices.
- Issue the resident a copy of the agreement and a clear contact for questions, feedback or complaints.
- Schedule at least annual review and prompt review/discussion/notification when needs, preferences, capacity, service availability or pricing changes.
- Build processes for cooling-off, reasonable notice cancellation, provider initiated change, service non-delivery, unavoidable costs, refunds and written acknowledgement.

Phase 4 — Systems, finance and operational controls

- Configure resident-management and billing systems so charges require a valid agreement, start date and selected service.
- Separate HELF charges on invoices and map each charge to the agreement and delivered service.
- Prevent duplicate, pre-entry, post-cancellation and undelivered-service charges.
- Record service delivery, non-delivery, substitutions, resident declines and corrective adjustments.
- Configure cooling-off dates, review reminders, indexation notices, cancellations and refunds.
- Reconcile agreements, delivery records and invoices regularly; investigate exceptions before billing.

- Define records retention, privacy, access permissions and audit-trail requirements.
- Update supplier contracts, service-level requirements and invoicing controls where third parties deliver services.
- Complete end-to-end testing across enrolment, consent, delivery, billing, variation, cancellation and refund scenarios.

Phase 5 — Workforce readiness and communications

- Identify role-specific impacts for admissions, care, lifestyle, hospitality, finance, complaints, reception and leadership teams.
- Update policies, procedures, scripts, position guidance and escalation pathways.
- Train workers on resident rights, optionality, informed consent, service boundaries, agreement types, bundling, pricing, cooling-off, cancellation, complaints and recordkeeping.
- Use scenario-based training for residents who lack capacity, use supporters, decline a service, cannot use a bundled item, enter financial hardship or receive a missed service.
- Assess competency before go-live and provide refresher training and local coaching.
- Prepare plain-language resident and representative materials, FAQs, service menus, pricing schedules and complaint information in accessible formats.
- Brief resident advisory bodies and incorporate feedback into the final design.
- Ensure communications clearly distinguish required standard services from optional HELF services.

Phase 6 — Transition and go-live

- Inventory existing additional and extra service arrangements and determine the lawful transition pathway for each resident.
- Contact affected residents and representatives early; explain choices and provide adequate time and support to decide.
- Confirm that residents who do not take up HELF continue to receive all required standard services.
- Pilot the operating model in a representative home or cohort and resolve defects before broader rollout.
- Complete a formal go-live readiness review covering approvals, agreements, workforce, systems, suppliers, communications, data and contingencies.
- Establish a go-live support team, issue log, rapid refund process and clear escalation contacts.
- Monitor the first billing cycles and directly verify a sample of resident experiences and service-delivery records.

Phase 7 — Monitor, assure and improve

- Track uptake, opt outs, cooling-off cancellations, service delivery, missed services, refunds, complaints, financial hardship and billing exceptions.
- Audit a sample of agreements against consent, delivery and billing records, including bundles and ad hoc purchases.
- Seek resident and representative feedback and check for pressure, confusion, inequitable access or unintended reduction in standard services.
- Report compliance, consumer outcomes, financial performance and emerging risks to the governing body.
- Investigate incidents and complaints promptly, remediate affected residents and complete root cause actions.
- Review each service and agreement at least annually and whenever regulatory guidance changes.
- Maintain an evidence pack containing approvals, mappings, consultation records, training results, agreements, notices, delivery records, reconciliations, audits and corrective actions.

Change Checklist (Short Form)

See CIC Change Management – HELF Checklist at the end of this document

A brief template providing a starting point to ensure the key compliance and consumer safeguards are captured.

Implementation tracker

A simple implementation tracker is pictured below. For those organisations who do not have a Project Management team or related software, this could provide a starting point for your HELF Change Program.

Action / deliverable	Accountable owner	Due date	Status	Evidence / decision	Risk / dependency
Governance and obligations register approved			Not started		
Service and pricing catalogue approved			Not started		
Agreements and consumer materials approved			Not started		
Systems and billing controls tested			Not started		
Workforce trained and competent			Not started		
Resident transition completed			Not started		
Go-live readiness approved			Not started		
Post-implementation assurance completed			Not started		

Status key: Not started | In progress | At risk | Complete | On hold

Final Note

Although any Change Management approach moves an organisation from current state to transition state to future state, it is critical to ensure understanding of the change required for HELF is not merely an adaptive change. It is transformational change which requires new behaviours or adjustments to behaviours of people within the organisation, as well as processes and systems.

Organisational structure, culture and leadership — together with their supporting processes, initiatives and policies — are therefore critical to the success of a HELF transformation.

Both approaches are essential for growth, but they serve different purposes. Adaptive incremental change for improving and transformative change for redefining.

Both approaches require strong leadership, clear vision, and effective people management.

Reference points

- Department of Health, Disability and Ageing, Residential Care Service List and Higher Everyday Living Fee – Guidance for Providers, v3.1, September 2026.
- Aged Care Rules 2025, Compilation No. 12, F2026C01005, Volumes 1 and 2 (compilation date 1 October 2026; registered 12 October 2026).
- Aged Care Amendment (September Indexation and Other Measures) Rules 2026, F2026L01252, for amendments not yet in force (Federal Register of Legislation).
- Aged Care Quality and Safety Commission, Regulatory Bulletin RB 2026–3: Higher Everyday Living Fee.

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CIC Change Management HELF Checklist

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This document provides a brief template to be used as a starting point to ensure the key compliance and consumer safeguards are captured.

Phase	Checklist items
Phase 1 — Mobilise and govern	☐ Appoint an executive sponsor, implementation lead and multidisciplinary working group. ☐ Approve scope, budget, timeline, decision rights and escalation pathways. ☐ Set the governing principle: optional, compliant and financially suitable services. ☐ Identify impacted people, sites, suppliers, systems, policies and current arrangements. ☐ Establish regulatory ownership, risk controls and baseline measures.
Phase 2 — Design the service offering and pricing	☐ Confirm each HELF service is additional or higher standard, safe and deliverable. ☐ Define eligibility, inclusions, exclusions, quality, frequency, access and ownership.

Phase	Checklist items
	☐ Test services with residents, including people with accessibility or cultural needs. ☐ Offer genuine standalone and bundle choices with transparent individual prices. ☐ Approve pricing, hardship, refund and indexation rules through required sign-offs.
Phase 3 — Agreements and consumer safeguards	☐ Use compliant standing and ad hoc HELF agreements. ☐ State services, prices, duration, reviews, changes, cancellation, cooling-off and refunds. ☐ Provide accessible information and explain standard versus optional services. ☐ Obtain voluntary informed agreement from the resident or authorised decision maker. ☐ Prevent pre-entry charging and coercion; create required information guides, contracts and review reminders.
Phase 4 — Systems, finance and operational controls	☐ Require a valid agreement before billing and itemise HELF charges. ☐ Prevent duplicate, early, cancelled or undelivered-service charges. ☐ Define, decide, develop and deploy system requirements to: record delivery, declines, substitutions, adjustments, cancellations and refunds, ensuring the provision of accessible evidence. ☐ Reconcile agreements, delivery and invoices; retain secure audit records. ☐ Update supplier controls and test all end-to-end scenarios.
Phase 5 — Workforce readiness and communications	☐ Identify role impacts and update policies, procedures, scripts and escalation paths.

Phase	Checklist items
	☐ Train workers on rights, consent, service boundaries, pricing, complaints and records. ☐ Use practical scenarios and confirm competency before go-live. ☐ Provide accessible resident information, service menus, pricing and FAQs. ☐ Consult resident advisers and distinguish standard from optional services.
Phase 6 — Transition and go-live	☐ Map existing arrangements and the lawful transition pathway for each resident. ☐ Explain choices early and support residents and representatives to decide. ☐ Protect standard services for residents who do not choose HELF. ☐ Pilot the model and complete a formal go-live readiness review. ☐ Provide go-live support and monitor early billing and resident experience.
Phase 7 — Monitor, assure and improve	☐ Track uptake, service delivery, cancellations, refunds, complaints and billing issues. ☐ Audit agreements against consent, delivery and billing records. ☐ Seek feedback and check for pressure, confusion or inequitable access. ☐ Report outcomes and risks; investigate incidents and remediate residents. ☐ Review services annually and maintain a complete evidence pack.

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