



Questions and Answers

Greater transparency about aged care providers and services – reporting requirements webinar – 30 June 2023

Thank you to everyone who attended and submitted their questions in the webinar.

This document provides answers to the questions.

Version 1.1

Contents

Questions and Answers	1
Provider Operations Reporting	3
General questions.....	3
Provider Operations Collection Form	5
Key personnel.....	7
Governing body membership	8
Governing body statement.....	11
Diversity	13
Diversity and inclusion - Provider.....	13
Diversity and inclusion - Service	14
Home Care provider operations reporting.....	15
Commonwealth Home Support Program (CHSP)	16
Transition care	17
Short-term restorative care	18
Quarterly Financial Report and transparency.....	18
General questions.....	18
Dollars Going to Care.....	20
Government Provider Management System	23
Aged Care Reforms	23

Provider Operations Reporting

General questions

What are the provider operations reporting requirements?

Residential care, home care and transition care providers now need to report additional information on their operations to the department annually. The reporting period begins on 1 July each year and ends on 30 June the next year.

The first reporting period will be 1 July 2022 to 30 June 2023.

Residential care and home care providers must report the following:

- a statement signed by the governing body stating whether the provider did or did not comply with its duties under the aged care legislation and:
 - each duty the provider failed to comply with
 - whether the non-compliance affected one or more services
 - the reasons why the provider failed to comply
 - actions taken to rectify the non-compliance
 - resolution of the non-compliance.
- the most common kinds of feedback and complaints received by each service
- key improvements made to the service quality
- diversity information including whether the providers' governing body includes representatives from First Nations, disability, gender diverse and cultural and linguistically diverse communities (or any other diversity demographic)
- initiatives to support a diverse and inclusive environment for care recipients and staff at each service.
- the membership of governing body including:
 - whether the provider has a majority of independent non-executive members and a person with experience in providing clinical care on their governing body or
 - has exemption from this responsibility.

Residential care and home care providers need to submit the additional information online through a Provider Operations Collection Form (Collection Form) available through the Government Provider Management System (GPMS).

Providers of transition care must give:

- the most common kinds of feedback and complaints received by each service
- main improvements made to the service quality.

Transition Care Providers will give this information through the existing Transition Care Annual Accountability Report.

The information must be submitted to the Department by 31 October each year.

Are state government run approved providers (e.g. state hospital service) required to submit the Provider Operations Collection Form or are we exempt from reporting?

All residential care, home care and transition care providers are required to report additional information about their operations to the Department of Health and Aged Care on an annual basis, this includes state government run approved providers.

Is the Provider Operations report required for each outlet of a Home Care Provider or just one report for all outlets?

The Provider Operations Collection Form is to be completed by all residential care, home care and transition care providers.

The report will include information about the provider, as well as each of its services.

What are the consequences if we do not submit provider operations reporting by 31 October?

Providers need to meet their legislated reporting obligations including providing annual information collected through the Provider Operations Collection Form. If data is not submitted, reduced information will be available for publication on My Aged Care. This will limit the information about the provider that is readily accessible to the community, and therefore will not provide care recipients with a complete understanding of the provider.

Failure to submit a completed Provider Operations Collection Form may breach provider responsibilities under the *Aged Care Act 1997*, and lead to compliance action as listed under the *Aged Care Quality and Safety Commission Act 2018*.

Provider Operations Collection Form

When should I start work on completing the Provider Operations Collection Form?

We recommend you start entering your information into the Collection Form as soon as it becomes available on the Government Provider Management System (GPMS) in early July, to ensure information is submitted by 31 October.

How long does the Provider Operations Collection Form take to complete?

The time to complete the Collection Form will depend on your internal records and the size of your organisation. The Collection Form due by 31 October 2023 will be the first time you need to prepare and submit the Form. We encourage you to prepare it early, so that any issues that may arise can be resolved before 31 October 2023.

Can more than one person update the GPMS Provider Operations Collection Form?

Yes - speak to the Organisation Administrator within your workplace, who is able to set up access to the Provider Operations tile for your organisation. This will allow for more than one person to complete the Provider Operations Collection Form in your organisation.

If an organisation delivers residential, home care and transition care, is all this information submitted in a single Provider Operations Collection Form or do we do have to complete a separate form for each service?

Residential care and home care providers need to submit the required information online through a Provider Operations Collection Form (Collection Form). The Collection Form is available through GPMS. One Collection Form is to be completed for each provider - if a single organisation delivers residential and home care, one Collection Form will be completed. Further resources, including a user guide, is available on the [Stronger provider governance in aged care webpage](#) for residential and home care providers.

Information from transition care providers will be collected through the Transition Care Annual Accountability Report. Further advice will be issued to providers of transition care about how to complete the Transition Care Annual Accountability Report.

Can you confirm that 'each service' will appear automatically within the Provider Operations Collection Form? And what is considered 'each service' (to enable data collection) accordingly? Is it NAPS ID?

A list of services will be automatically available within the Provider Operations Collection Form. Each service has a NAPS ID.

Providers should check that all services listed in the Collection Form were operating during the reporting period (e.g. 1 July 2022 to 30 June 2023).

Should your organisation's full list of services (for the last financial year reporting period) not be listed in the Collection Form, please contact the GPMS helpline for support: 1800 836 799.

Are all the questions in the Provider Operations Collection Form for individual aged care services rather than for the organisation as a whole?

The Collection Form includes questions about the aged care provider as a whole, as well as questions about individual aged care services. Examples of the provider level information include questions about the provider's key personnel and governing body membership. Examples of questions about individual services include the most common kinds of feedback, complaints and improvements for a service.

Is there a download of the questions so that (multiple) managers can prepare answers before submitted?

There is currently no ability to download a copy of the Collection Form. We are seeking to add this feature in the future.

Can we save a copy of the completed Provider Operations Collection Form?

You should save information entered into your Collection Form as you progress. The Form will prompt you to do this. After you submit your Collection Form you will have access to a read-only view of your Collection Form.

Can we print a copy of the Provider Operations Collection Form?

At present you would need to use your computer's print screen function to print off screen shots of individual Collection Form pages.

If we are unsure about how to answer a question in the Provider Operations Collection Form, is there a support email available if we cannot find the answer in the User Guide?

If you have concerns regarding IT or technical errors you can contact the My Aged Care Service Industry, Provider and Assessor Helpline on 1800 836 799. The helpline is open Monday to Friday between 8am-8pm and Saturday between 10am-2pm.

You can also contact the Department's Provider Governance Section for more information about provider operations reporting.

- For Residential Care and Home Care provider operations enquiries, please email Provider Operations Data: ProviderOperationsD@health.gov.au
- For Transition Care enquiries, please email: tcp@health.gov.au

How will the Department know what the response is for a residential or home care service if information is combined?

There is one Provider Operations Collection Form for each provider. The form includes questions about each of the provider's residential or home care services. Information for a specific residential or home care service operated by the provider is entered into the Provider Operations Collection Form under the specific name of the relevant service.

Where can I find more information on Provider Operations new reporting requirements?

For further information and resources on Provider Operations Reporting, including user guides and a FAQ document, please visit the [Strengthening provider governance in aged care](#) webpage on the Department's website.

Will the GPMS video be available for us to watch separately from this webinar?

Yes - the [demonstration video](#) shown during the webinar on how to navigate the Provider Operations Collection Form (on GPMS) is now available on the Department's website.

Key personnel

Why does the Provider Operations Collection Form ask for Key Personnel information, when this is already submitted and updated by providers (separately) to the Department?

While providers report details of all their key personnel to the Commission, this can include a large number of individuals. Our intention is not to publish details of all key personnel of the provider on My Aged Care.

As part of the Collection Form, providers are asked to provide the name and role of an individual who holds an executive position with the provider and is willing to have their name and role published on the My Aged Care website.

This person should be available to be contacted by care recipients and their representatives, should they wish to escalate an issue concerning your organisation.

This question has been included in the Collection Form to allow providers to specifically nominate one to three persons from within their organisation who are the most appropriate person(s) for publication on My Aged Care.

Why do you only ask for three Key Personnel details?

Providers are asked in the Provider Operations Collection Form to give the name of at least one person who holds an executive position with the provider. This person must consent to their name and role being published on the My Aged Care website before their details are entered into the Provider Operations Collection Form. This person also needs to be available to be contacted by care recipients and their representatives, should they wish to escalate an issue concerning your organisation.

If you choose, you can provide the names of up to three executives in the Provider Operations Collection Form.

While the Royal Commission recommended that the details of all key personnel be published on My Aged Care, feedback from the sector indicated a preference for My Aged Care to only include details of the name and role of one person from within the provider (such as the chief executive) to whom issues could be escalated, if required.

What if Key Personnel, who are high quality, proven leaders in our sector, do not consent to publishing of their details for personal reasons (e.g. issues around privacy/ safety etc.)?

As part of the Provider Operations Collection Form, providers are requested to provide the name and role of an individual who holds an executive position with the provider, and who is willing to have their name and role published on the My Aged Care website.

This person should be available to be contacted by care recipients and their representatives, should they wish to escalate an issue concerning your organisation.

If, for any reason, a person does not consent to having their name and role provided to the Department and published on My Aged Care, their details are not to be included in the Collection Form.

Before you enter the name and role of any executive into the Collection Form, you must acknowledge you have their consent. You cannot enter any details about the executive in the Collection Form if you do not provide this acknowledgement.

How will the Department review the information from providers in relation to Key Personnel?

Providers are asked to give the name of at least one person who holds an executive position within their organisation in the Provider Operations Collection Form.

While the Department may periodically undertake quality assurance checks in relation to this data item, providers are best placed to determine the most appropriate person to include for publication on My Aged Care.

The Collection Form does not allow information on the key personnel to be entered into the Collection Form if their consent has not been obtained.

Governing body membership

Is the Governing Body, the Board or the Executive Team?

The Aged Care Act (Schedule 1) of the Aged Care Act 2017 defines governing body of an approved provider to mean:

- if the provider is a body corporate incorporated, or taken to be incorporated, under the Corporations Act 2001 - the board of directors of the provider; or
- otherwise - the group of persons responsible for the executive decisions of the provider.

What happens if our organisation cannot meet the governing body membership requirements?

Under section 63-1E of the Aged Care Act 1997, providers may apply to the Commission for a determination that either one or both membership responsibilities do not apply in respect of their governing body.

Providers that are exempt from this provision do not need to apply. This includes:

- providers that are a State, Territory or local government authority
- approved providers that both have fewer than five members in their governing body and provide care to fewer than 40 consumers
- Aboriginal Community Controlled Organisations.

The Commission will consider various factors when assessing applications.

Refer to [Strengthening provider governance](#) on the Commission's website for more information about these governing body membership requirements.

Existing providers are required to have new governing body membership arrangements in place from 1 December 2023. Provider Operations reporting on the provider's governing body membership is due on 31 October 2023. Will we report on existing 2022-23 governance arrangements for providers?

Yes - you are to report by 31 October 2023 on the governance arrangements that existed within your service as at 30 June 2023. The initial collection of the data about governing body membership arrangements is to help track providers' preparedness to meet the new legislative requirements, that commence from 1 December 2023 for providers that existed prior to 1 December 2022. This information will not be published on My Aged Care for 2022-23.

In relation to membership of the Governing Body (including requirements regarding independent non-executive members) - when will the process be released to request exemption from this specific requirement?

The Commission is intending to have the necessary application form available on their website in August 2023.

Providers are encouraged to subscribe to the Commission's [Aged Care Quality Bulletin](#), where advice on the new application form will be provided.

For local government providers who are exempt from the governing body composition requirements - if this information is collected and published - will this be clear to older people seeing this published data that some providers are exempt from this requirement?

The Department is developing requirements to enable accurate publication of information. This information will not be published on My Aged Care in 2024.

Would it be accurate to say that this exercise is to gather and publish provider information about providers' governing bodies?

At this time, information in relation to provider's governing body membership requirements is to be reported to the Department by providers by 31 October 2023. This information will not be published on My Aged Care at present.

The information is initially being gathered to track providers' preparedness to meet the new legislative requirements, that will commence from 1 December 2023 for providers that existed prior to 1 December 2022.

Will the Aged Care Quality and Safety Commission (ACQSC) enforce Governing Body composition and structure?

Providers have a responsibility to meet their obligations under the *Aged Care Act 1997*, including the new requirements in relation to the membership of their governing body. The Aged Care Quality and Safety Commission may take enforcement action under the *Aged Care Quality and Safety Commission Act 2018* if a provider fails to meet its obligations. This includes the requirements relating to the membership of its governing body. The Provider Operations Collection Form includes information about how providers are meeting their governing body membership requirements, and this information will be shared with the Aged Care Quality and Safety Commission.

Where providers have failed to meet their obligations and have not sought or been granted a Determination that Certain Governing Body Responsibilities Do Not Apply, the Commission will assess the circumstances and determine if compliance action is warranted.

To support approved providers to meet the Governing Body requirements, the Commission has released a range of resources on their website:

- [Strengthening provider governance website](#) sets out the provider governance reform including membership of governing bodies and advisory bodies and implementation timelines.
- [Provider responsibilities relating to governance – Guidance for approved providers](#) is a resource guide to approved provider responsibilities for governance requirements and includes examples against requirements.

- [Governing for Reform in Aged Care Program](#) which is designed to support leaders and governing body members to navigate, strengthen their capabilities and enact critical reform.
- [Clinical governance in aged care](#) which provides fact sheets around embedding clinical governance principals in aged care delivery.

Will the Department "reject" Governing Body Members if the Department considers them unsuitable?

It is the providers' responsibility to ensure that their governing body members have the appropriate skills, experience, and expertise to fulfil their duties, including the right mix of executive and non-executive members and clinical care experience as required by aged care legislation. This is to ensure that the governing board has a shared focus on meeting their legislative responsibilities to improve the health, safety and wellbeing of aged care recipients.

Providers are responsible for notifying the Aged Care Quality and Safety Commission of changes to their suitability to provide aged care services, including changes impacting the suitability of their key personnel. If the Aged Care Quality and Safety Commission becomes aware that a governing body member is not suitable, enforcement action may be taken under the *Aged Care Act 1997* to ensure the approved provider makes the necessary changes to meet their obligations.

If an approved provider has a genuine reason for not being able to recruit governing body members as legislated, they can apply for a temporary determination that the governing body membership responsibilities do not apply and demonstrate what they are putting in place to mitigate any risk.

Governing body statement

If the governing body does not believe it has complied with its responsibilities and requirements under aged care legislation, can they enter information on how it hasn't complied and what it is doing about it?

Yes - if a provider selects that they have not complied with their responsibilities or requirements under aged care legislation during the reporting period, they will be prompted in the Collection Form to give the following information:

- each duty the provider failed to comply with
- whether the non-compliance affected one or more services
- the reasons why the provider failed to comply
- actions taken to rectify the non-compliance
- resolution of the non-compliance.

Who should complete the governing body statement? Looks like an administrative task.

The governing body statement is a statement by the governing body that must be signed by one of the members of the governing body on behalf of all members of the governing body.

An Organisation Administrator at each provider will be given access to the Government Provider Management Service (GPMS) and provide access to others inside each provider organisation – this may include governing body members.

Each organisation will need to determine the arrangements that will work best for:

- obtaining the information that the governing body wishes to include in its statement
- seeking agreement of all members of the governing body to the statement
- entering this information into GPMS (e.g. a GPMS user could enter this information on behalf of the governing body)
- arranging for a member of the governing body to sign the Governing Body Statement on behalf of all members of the governing body
- scanning and uploading the signed statement into GPMS.

How does the governing body make their 'signed' declaration?

The governing body member makes their signed statement via:

- providing information that the governing body wishes to include in its statement to a person who has been granted access to the Collection Form by the Organisation Administrator, so that it can be entered into the Form
- a person who has been granted access to the Collection Form, downloading and printing the Statement
- a member of the governing body signing the Statement on behalf of all members of the governing body
- a person with access to the Collection Form scanning and uploading the signed Statement into the Provider Operations Collection Form in GPMS.

Can the completed governing body statement be printed out before being submitted?

Yes - you can print a copy of the governing body statement for signature. You are encouraged to save a copy of the signed statement to your files in case you encounter a difficulty in submitting your Collection Form.

Diversity

Are people from a culturally and linguistically diverse (CALD) background consulted in the development of these reforms?

Yes - the Department has consulted with a sector reference group and consumer reference group established by the Department. These groups include representation of people from culturally and linguistically diverse backgrounds, as well as representation from regional and remote communities. The Department also conducted user testing with people from culturally and linguistically diverse backgrounds, including Older Australians and family members of Older Australians.

Diversity and inclusion - Provider

How can a provider report on the diversity of governing body members without asking board members to identify themselves publicly?

As part of the Collection Form, residential care and home care providers can provide information in relation to diversity, including whether the governing body of the provider includes:

- individual(s) who are Aboriginal and/or Torres Strait Islander
- individual(s) with disability
- individual(s) from diverse gender backgrounds
- individual(s) from culturally or linguistically diverse communities
- individual(s) from any other diverse demographic the provider may wish to report on.

Each governing body member must provide their consent for the provider to include their individual diversity information in the response to the Department and for its publication on My Aged Care. Individual members of the governing body are not obliged to disclose information about their diversity. Whilst all members must be asked, they do not have to provide consent.

What is the expectation for Aboriginal Community Controlled Organisations in relation to the questions about diversity and inclusion in the Collection Form?

Providers that are an approved Aboriginal Community Controlled Organisation (ACCO) are not required to meet the governing body membership requirements, but they are required to complete all sections of the Collection Form, including the Governing Body Membership and the Diversity sections.

Is gender diversity defined?

The gender diversity category seeks to understand whether a diversity of genders, including women and trans and/or gender diverse people, are represented by the governing body/board.

Why is information about the diversity of an approved provider's governing body being collected?

The collection of each of the diversity categories (Aboriginal and Torres Strait Islander, disability, gender diversity, and culturally and linguistically diverse) of the aged care provider's governing body supports the objects of the [Aged Care Act 1997](#), in particular (as extracted from the *Aged Care Act*):

- to facilitate access to aged care services by those who need them, regardless of race, culture, language, gender, economic circumstance or geographic location
- to encourage diverse, flexible and responsive aged care services that are appropriate to meet the needs of the recipients of those services and the carers of those recipients.

How does diversity assist an approved provider?

Providers are encouraged to use the provision of the information on diversity in the Provider Operations Collection Form as an opportunity to consider their internal diversity arrangements.

The diversity of the provider's governing body can help support a diverse and inclusive environment within the organisation. Diversity within the governing body can reflect the diversity of our society and support in more effective decision making.

The collection of the data on diversity for publication on My Aged Care will enable the public to see the diversity of your aged care governing bodies and your service's initiatives. This may help demonstrate to the community your support for diversity and may help care recipients decide if you are a good fit for them.

Does diversity mean our governing board must take on people on the basis of their race, and/or gender, and if so what proof should we ask for when engaging with such diverse people?

It is at the provider's discretion to determine the information/ evidence that they obtain about a governing body member when engaging them.

Diversity and inclusion - Service

What information is being collected about diversity and inclusion at an aged care service?

The Collection Form asks providers to submit information about policies, procedures and social activities they may have to support culture, diversity, and inclusion at their aged care service. Providers can report if these initiatives have been implemented or are being developed.

Is there a clear definition as to what 'cultural safety' means? Are providers familiar with this? How will it be monitored?

Cultural safety is about creating an environment that is safe and inclusive for Aboriginal and Torres Strait Islander people and does not deny their identity and experience. Cultural safety is about how care is provided rather than what care is provided. Policies and procedures for cultural safety are those that facilitate care, and an environment, where a client's cultural safety is fostered.

The Aged Care Quality Standards require care and services to be culturally safe. The Aged Care Quality and Safety Commission considers compliance with this requirement when it is assessing providers' performance against the Aged Care Quality Standards.

Home Care provider operations reporting

Can you provide more information on Home Care service providers reporting requirements? Mainly on the Three Principal guide on how the information will be published.

The collection and publication of additional information about provider operations on My Aged Care is intended to improve transparency and accountability of providers, and assist people to make informed decisions when finding an aged care provider that is right for them.

As part of the provider operations reporting requirement, home care and residential care providers must give:

- a statement signed by the governing body stating whether the provider did or did not comply with its duties under the aged care legislation and:
 - each duty the provider failed to comply with
 - whether the non-compliance affected one or more services
 - the reasons why the provider failed to comply
 - actions taken to rectify the non-compliance
 - resolution of the non-compliance.
- the most common kinds of feedback and complaints received by each service
- key improvements made to the service quality
- diversity information including:
 - whether the providers' governing body includes representatives from First Nations, disability, gender diverse and cultural and linguistically diverse communities (or any other diversity demographic)
 - initiatives to support a diverse and inclusive environment for care recipients and staff at each service.
- the membership of governing body including:

- whether the provider has a **majority of independent non-executive members** and a person with experience in providing **clinical care** on their governing body or
- has exemption from this responsibility.

How do (home care) providers access GPMS/ the Collection Form?

Home Care providers and Residential Care providers will access the Collection Form through **GPMS** (not the My Aged Care portal).

An Organisation Administrator at each provider will initially be given access to GPMS. If you are not an Organisation Administrator and require access, please contact one of your organisation's administrators who can provide you with access.

A GPMS User Guide and supporting information on [accessing GPMS](#) is available on the Department's website. The Department's website also has a collection of [GPMS resources](#), including quick reference guides, videos and other resources about GPMS. You may find the videos on logging into GPMS and adding users and editing access roles in GPMS helpful.

Once you have been access to GPMS and are ready to complete the Provider Operations Collection Form, please refer to the [Provider Operations Reporting Collection Form User Guide](#) and [Provider Operations Reporting FAQs](#). These will be extremely valuable resources to you while completing the Collection Form for your organisation.

Some of our Home Care Service IDs have less than 10 care recipients, while others have several hundreds. Reporting for Service IDs with very low numbers of care recipients won't be statistically meaningful. Will there be a threshold?

The new information collected in the Provider Operations Collection Form is qualitative data (i.e. descriptive rather than numerical values). A threshold will not be applied to the publication of this qualitative data.

For quantitative data that is to be published on My Aged Care as part of the provider operations reporting (which will be extracted from information currently reported by providers), business rules will be applied to suppress small numerical values, when publication of such information could lead to the identification of an individual.

Commonwealth Home Support Program (CHSP)

Please confirm that the Collection Form is not required for Commonwealth Home Support Programme (CHSP) providers?

The provider operations reporting requirement does not apply to CHSP providers.

Is this webinar for CHSP providers or just HCP and residential care providers?

The webinar aims to support residential care, home care and transition care providers to submit additional information about their operations.

Is it safe to say that although this webinar is not specifically for CHSP providers now, does it point to their future obligations when the reforms are completely rolled out?

Provider obligations under the new Aged Care Act, including reporting requirements, are currently being developed and have not been settled. It should not be assumed that these new arrangements will include a broader application of the Provider Operations reporting requirements.

Transition care

How will the TACP (transition care providers) forms differ?

Information from transition care providers will be collected through a revised **Transition Care Annual Accountability Report** template provided to the transition care providers (i.e. state and territory health departments) each year.

Will residential TACP services need to complete the Collection Form or only the reporting through the TACP Annual Accountability Reports?

Transition Care providers **do not** need to complete the Collection Form on GPMS. Rather, information from Transition Care Providers will be collected through the Transition Care Annual Accountability Report.

New requirements for Transition Care providers include the reporting of positive feedback, complaints and improvements for each service. Further information will be provided to transition care providers about the changes to the Transition Care Annual Accountability Report.

How do transition care providers submit their report by 31 October 2023?

Transition care providers will submit their information through the existing Transition Care Annual Accountability Report. The team managing this report may be contacted at:

tcp@health.gov.au.

Can someone please clarify what this all means for Transitional Aged Care Program (TACP) services? There has been a lot of talk of HCP and RACF but what are we TACP meant to be doing?

As above, Transition Care providers will submit their information through the existing Transition Care Annual Accountability Report. The team managing this report may be contacted at: tcp@health.gov.au.

Short-term restorative care

Can you confirm that STRC does not fall within 'flexible transition care' (believe not, but would appreciate confirmation?)

The reporting requirements for providers of short-term restorative care have not changed as a result of provider the operations changes. Short-term restorative care providers **will not** be required to complete the Provider Operations Collection Form.

For more information and resources on **Provider Operations Reporting**, including a **detailed FAQs document** to support new reporting requirements and GPMS Provider Operations Collection Form, please visit the [Resources](#) section at the bottom of the **Strengthening provider governance in aged care** [webpage](#).

Quarterly Financial Report and transparency

General questions

Why is the Aged Care Financial Report annual report needed if Quarterly Financial Reports (QFR) are submitted quarterly and are YTD cumulative? Why can't the financial data from QFR be used for ACFR without asking providers to report the same data again?

The ACFR requires much more comprehensive financial information than what is reported in the QFR.

Some of the information collected in the Quarterly Financial Statements section of the QFR, resembles the Consolidated Segment Report in the ACFR. However, the information in the QFR is collected at the approved provider level, whereas the same form is required at the ultimate parent level in the Consolidated Segment Report (in the ACFR). For providers that do not have

a parent entity, and would have the same information in this section, this information needs to match the audited General Purpose Financial Statements (GPFS) in the ACFR. In most cases, as the GPFS includes numerous end-of-year adjustments/journals and is only signed off once the deadline for the Quarter 4 submission has passed, the department expects the Quarter 4 YTD numbers to be slightly different to the ACFR.

Which providers need to complete the QFR?

Residential care providers, home care providers, Multi-Purpose Services and National Aboriginal and Torres Strait Islander Flexible Aged Care providers are required to complete QFR. For more information, please refer to the QFR guide published on Forms Administration's website - <https://health.formsadministration.com.au/dss.nsf/home.xsp>

Do Commonwealth Home Support Programme providers have to complete the QFR?

No. Commonwealth Home Support Programme (CHSP) providers are not required to complete the QFR. If a residential aged care provider or a home care provider is also providing CHSP services, the finances for the CHSP should be included in the "Community" segment of the Quarterly Financial Statements section.

Will the QFR apply to NATSIFAC funded residential care providers?

NATSIFAC providers are required to complete the food and nutrition section of the QFR.

For administration costs, does this include corporate overhead allocations? Or only direct care related administration costs?

Administration overhead and corporate recharge is not collected in the QFR. The values reported in the Direct Care Labour cost should not include administration overhead.

In the ACFR, providers are required to report all administration expenses separately and then provide the percentage that should be used to allocate this administration cost out to care, hotel and accommodation (based on their individual circumstances).

Please note that the care management, WorkCover premiums and quality and compliance costs relating to direct care, are already included under direct care costs and do not form part of the total administration costs and allocation percentage mentioned above.

Will the ACFR content and data fields required be reduced for 2023-24 due to QFR reporting already including some of this data?

As the ACFR has different requirements to the QFR there is no current plans for consolidation. However, the department will review both reports to see if there are possibilities for further synergy/consolidation in the future.

Will the ACFR be submitted through the GPMS this year?

No. The ACFR form will not be migrated onto GPMS in 2023 but it will be migrated onto GPMS in the future. Stay informed by [subscribing](#) to the *Your Aged Care Update* newsletter.

Will we use GPMS to submit the QFR at some point?

It is the intention that the QFR will be submitted via GPMS in the future. Stay informed by [subscribing](#) to the *Your Aged Care Update* newsletter.

The very large spreadsheet on GPMS with all required information, is that submitted quarterly?

The department understands this question may be referring to the bulk data upload templates for the QFR. The upload files need to be completed each quarter, as the services attached to each approved provider could change from quarter to quarter (i.e., sale, transfer etc).

The current portal has a separate upload page for each section of the QFR, for each provider. This means that are four excel files to be uploaded into the portal (services/planning regions are listed as columns within the excel sheet).

There is no difference in the number of files which need to be uploaded for a small or large provider.

Dollars Going to Care

Aged care providers already need to report on a range of matters. Will the Dollars Going to Care measure increase the reporting burden for aged care providers?

No. Dollars Going to Care does not impose any new reporting requirements on providers as it relies on information that is already collected under existing reporting obligations - the ACFR and QFR.

What information will be published on My Aged Care as part of the Dollars Going to Care reporting?

The list of information to be published is yet to be finalised but it will include, at a minimum, information on income and expenditure on care, including labour costs, catering, maintenance, cleaning and laundry, and administration, as well as profits or losses for the service.

Regarding the financial information on residential aged care services published on My Aged Care, where are maintenance, cleaning costs, and administration costs being collected from? I don't believe they appear on a QFR.

Those categories of information will be drawn from the ACFR.

Whilst there is intense pressure to lower provider costs and publicly demonstrate this, how is increased compliance achieved within a model where providers are painted as greedy when we are required to increase prices to safely support aged care clients?

Transparency and how information, such as in Dollars Going to Care and Star Ratings, can be used by older Australians to inform decisions about a provider of choice is important.

The information to be provided through Dollars Going to Care is intended to prompt older Australians and their families to ask more questions and better understand the financial position of providers.

This highlights the importance of the feedback we have received from both providers and older Australians about providing context around the financial information. For example, we know that having higher costs may not necessarily equate to higher quality. Higher care costs may be due to a certain facility having residents with higher needs. It will be important to ensure there is contextual information to support the appropriate interpretation of the information by older Australians and their families. The department is working with older Australians and the sector in the lead up to the launch to make sure the contextual information presented is appropriate and meaningful.

For QFR - why are labour costs required quarterly? Can we simply not report these in ACFR? Accruals, reversals and cost corrections from previous quarters can impact future quarter reporting.

The department is still considering what quarterly information will be published on My Aged Care and it is possible it will include labour costs that are reported in the QFR.

In addition, labour and care expenses that are reported quarterly are used for several other purposes e.g., they flow through into Star Ratings reporting and inform care minutes measurement. This enables the department to ensure that providers are delivering their mandated care minutes under AN-ACC and to monitor the 24/7 nursing requirements.

The information reported quarterly through the QFR also helps the department get a more up-to-date understanding of how the sector is performing so it can look at, for example, how profitability is tracking over time more frequently than in annual reporting. It allows the department to track at both the sector and provider level.

In terms of reporting prior period adjustments for the care labour cost and hours, providers are advised not to adjust the current quarter's financials to fix prior quarter's numbers. The Care Labour costs and hours reflect those worked in the relevant quarter and do not need to be reconciled in the provider's YTD figures.

Only the Quarterly Financial Statements section of the QFR are to be reported on a YTD basis.

What is leading the department to believe that the majority of older Australians will have the capacity to access the information in this manner?

The department has been engaging with the Council of Elders and the Consumer Reference Group over the last year to explore what will be published and how it will be presented.

Some feedback emphasised the importance of providing context around the information/data to help older Australians and their families better understand it. The department will also look at non-digital communications to help people access the information. The department will be considering these issues further over the course of the second half of this year.

In regard to the contextual information for Dollars Going to Care, will this mean providers having to provide additional information/reporting/further new questions as part of ACFR/QFR?

No, the department is not expecting to add any new questions to the ACFR or QFR to provide this context.

For the information due to be published in January 2024, what period will this be for? And will the cost information be required to be provided quarterly?

The information published under Dollars Going to Care will include data (including expenses) reported in a provider's 2022-23 ACFR and July to September 2023 QFR.

With the financial information being published from January 2024, what information will be taken from the ACFR and what information will be taken from the Q1 2023-24 QFR?

ACFR information will include income and expenditure on care and nursing, food, maintenance, cleaning and administration, as well as provider profit or loss for the service.

Additional information collected through the QFR will also be published but exact details are still being finalised.

Is the publication of financial information for residential care only or all home care services?

The majority of published financial information will reflect residential aged care services, however some information on home care providers will also be published.

Government Provider Management System

There seems to be a lot of processes and systems and reporting being introduced and layered on top of an already vast amount of compliance work. Is anything being removed as part of a 'streamlined' process / system?

Technology presents tremendous opportunity to improve the way we report and use information to deliver high quality aged care. However, digital reform is a significant undertaking that requires iterative enhancement over time. In initial stages users may need to use old and new systems concurrently.

While these first releases of GPMS include applications for reporting of Star Ratings, Quality Indicators, Approved Provider Operations and 24/7 nursing, we are working on future updates that will improve and expand this functionality. Over time, GPMS will deliver a single portal and streamlined experience for aged care providers to exchange information with government.

The My Aged Care Helpline isn't being provided with training around technical issues for the GPMS. They haven't been able to provide support so far, only refer on.

The My Aged Care Helpline are well trained and positioned to help as your first point of call for GPMS issues. Individual user access matters are recorded through this pathway and escalated to the Department for resolution. Additional troubleshooting information for GPMS is available here: [Government Provider Management System resources | Australian Government Department of Health and Aged Care](#).

Aged Care Reforms

Your strategic overview assumes that retention and recruitment in the sector will meet targets. How will the department measure if that goal is achieved?

The department utilises multiple mechanisms to monitor growth in the nursing workforce which includes recruitment and retention. For example:

- Aged care provider Quarterly Financial Reports (QFRs), which give a breakdown of the hours worked by direct care staff (including agency workers) by occupation – registered nurses, enrolled nurses and personal care workers/assistants in nursing. The inaugural Quarterly Financial Snapshot (QFS) was published in February 2023 for the period 1 July 2022 to 30 September 2022.
- Mandatory quarterly reporting through expansion of the National Aged Care Mandatory Quality Indicator Program (QI Program), which includes an indicator for workforce turnover.
- Under this indicator, aged care residential care providers are required to supply the Department with numbers of nursing staff by category (service managers, registered

nurses/nurse practitioners, enrolled nurses and personal care workers/assistants in nursing) who are employed at the start of a quarter and those who stopped working during the quarter. The Department also obtains this data for those who worked any hours during the previous quarter. Reporting will begin with the period 1 April 2023 to 30 June 2023.

- The Aged Care Provider Workforce Survey 2022-23 (May to July 2023), which will capture all direct care staff (nursing and allied health) by headcount and hours worked, along with other workforce information.
- The National Health Workforce Dataset, which monitors the size of the professional nursing workforce based on nurse registrations.

Thea indicated the aim is for equity for Aged Care providers but now a two-tiered system for the first time ever in regard to some agencies will get additional funding to offset wages. Local government, state government [providers] and entities on an enterprise bargaining agreement are denied this increase because we are paying above the minimum.

The Australian Government is investing \$11.3 billion, to deliver on its commitment to fund the outcome of the Fair Work Commission Aged Care Work Value Case. On 21 February 2023, the Fair Work Commission made a decision in the Case for an increase to award wages for many aged care workers of 15 per cent, which took effect from 30 June 2023.

Funding to support this wage increase is being administered across aged care programs as per existing funding mechanisms and grant opportunities. All aged care providers will receive funding to support the 15 per cent award wage increase for eligible workers. For further information on how the Government is funding the wage increase, please visit the [Department of Health and Aged Care's](#) website.