

# Government Provider Management System User Guide: Provider Operations Reporting

July 2024

Version 2.0

This Government Provider Management System (GPMS) User Guide aims to support residential aged care and home care providers in completing and submitting their annual provider operations reporting requirements via the GPMS portal.

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# **1. Introduction**

Since July 2023, the Department of Health and Aged Care (the Department) has been been collecting information annually from approved providers about their operations, to enable publication of additional information about provider operations (and provider finances) on the My Aged Care website.

For residential care and home care providers, the additional operations information being collected is:

- A statement signed by the governing body that the provider complied with its duties under the aged care legislation, and if not, why and what is being done to fix this.
- **Diversity** information about:
  - Whether the providers' governing body includes representatives from Aboriginal and/or Torres Strait Islander, disability, gender diverse and cultural and linguistically diverse communities.
  - Initiatives to support a diverse and inclusive environment for care recipients and staff at each service.
- The kind of **feedback and complaints** received by each service, and key **improvements** made at the service in response.
- Information regarding the **provider's executive** and **membership of the governing body** about:
  - whether the provider has a majority of independent members and a person with clinical experience on their governing body
  - o has an exemption from this responsibility
  - any individual who holds an executive position in the organisation (such as the CEO) (optional).

Residential care and home care providers need to submit the required information online through a Provider Operations Collection Form (Collection Form) through the GPMS.

#### Important information:

- Submission deadline: The Collection Form must be submitted by 31 October each year.
- Reporting period: The reporting period for the submitted information is the financial year period 1 July 30 June.
- You will not be able to submit the Collection Form unless all mandatory sections of the form are completed.
- If you need to access the Guides and FAQs, at any stage while completing the Collection Form, be sure to first save your data (as these resources will take you outside the Collection Form).

## 1.1 Purpose

This user guide will help explain how to complete the Collection Form which includes:

- accessing the online Collection Form in GPMS
- entering the data into the Form
- submitting the Form.

# **1.2 Before proceeding**

Please be advised of the following:

The Department of Health and Aged Care will retain records of your access to GPMS and when prompted, you must accept the GPMS Terms of Use to be able to access the system.

Government Provider Management System Terms of Use	
Click here to view terms of use	
* Do you agree to terms of use? Yes No	
Ne	xt

## 1.3 Log in to the GPMS portal

To log into the GPMS portal please visit Log In Using | Service Provider Portal.

If you require assistance logging into the GPMS portal, please refer to the <u>Government Provider Management System – Troubleshooting Guide: Login support.</u>

# 2. Further information and support

To view additional Provider Operations Reporting resources (including Frequently Asked Questions and a Quick Reference Guide), please go to the Resources section of the webpage: <u>Provider Operations Collection Form | Australian Government</u> <u>Department of Health and Aged Care.</u>

For more information on GPMS please refer to the <u>Government Provider</u> <u>Management System</u> webpage.

Email the Department if you have provider operations reporting/ Collection Form completion enquiries (prior to submission) at <u>ProviderGovernance@Health.gov.au</u>

If you require further assistance to login to GPMS please contact the My Aged Care service provider and assessor helpline on **1800 836 799**, Monday to Friday (8am to 8pm) and Saturday (10am to 2pm) local time across Australia.

For translating and interpreting services, call **131 450** and ask for My Aged Care service provider and assessor helpline on **1800 836 799**.

To use the National Relay Service, visit <u>About the National Relay Service (NRS)</u> <u>Access Hub</u> or call **1800 555 660**.

To access sign language interpreting and captioning services through Deaf Connect, call <u>1300 773 803</u> or email <u>interpreting@deafconnect.org.au</u>.

# 3. Access to the Provider Operations Collection Form

If you are a GPMS Organisation Administrator, you will need to make sure you correctly set up access and roles for people in your organisation who need to access the Collection Form.

For more information on how to set up access and roles within GPMS please refer to the <u>Government Provider Management System – User guide</u>.

As Organisation Administrator:

- you should regularly review the users within your organisation that have access to provider operations reporting. If people leave or change positions, you may need to revoke or revise their GPMS user assess.
- you will only have access to provider operations reporting, if you are an assigned provider operations user.

If you are a general user in a residential care and/or home care provider, please contact your Organisation Administrator if you have not yet been given access to the Collection Form.

Once logged in, if you leave the system idle for some time the system will automatically log you out of GPMS for security reasons - see below notice. Simply

log back in again with your GPMS Organisation Administrator credentials. Contact the My Aged Care service provider and assessor helpline on **1800 836 799** if you require further assistance.

Australian Government	Government Provider Management System
We're havin	g trouble signing you in
Please call the contact ce	entre, on 1800 836 799 for help. To assist u
with resolving the issu prov	ue please note the below timestamp and ide to our support staff
Timestamp: 23/4/2	2024, 3:35 am GMT
ErrorCode:	

# 4. GPMS home page

When you log in to GPMS, you will be taken to the GPMS Home Page.

You will only be able to see the tiles that you, as a user, have been given access to.

Select the **Provider Operations Reporting** tile to access the Collection Form.

Hi Mr			
÷			C
Provider operations reporting	Looking for som	nething else?	
<ul> <li>Manage, view and complete provider operations reports</li> </ul>	Sign in to My Aged Car	re service provider portal	
View due dates and supporting materials to help you with your	Referrals	• Staff	
reporting	Clients	<ul> <li>Incidents</li> </ul>	
View wey Finance and Operations Dublighting Draview			

If you do not yet have access to GPMS, or cannot see the Provider Operations Reporting tile, visit the <u>Accessing the Government Provider Management System</u> webpage.

# 5. Provider Operations Reporting submission page

When you select the **Provider Operations Reporting** tile in GPMS, you will be taken to the home page of Provider Operations Reporting.

This page is called the **Submission** page (as it has your active and historical submissions).

Autodiss Constructed			Home	Switch Provider	acg-sit-5
Provider Opera	ations Reportin	g			
				Publication P	review →
What's new Report due dates Guid	es and FAQ's				
🔊 29 Feb 2024	New provider information publi Information about the finances and today, Thursday 29 February 2024. This provides greater transparency Informed decisions about their age Providers can compare their perfor finance and operations information	shed on My Aged Care website operations of residential aged care and home c on aged care providers' operations and what the d care. mance against the sector and identify opportunit	are providers was published on the My A y are spending money on. It also helps o lies for improvement. For more informat	Aged Care website ('Find a Provider' too older people and their carers to make tion see Publishing of aged care provid	i)
Active Submissions	Period ending	Status ↓	Due date		
00046968	30 Jun 2024	New	31 Oct 2024	Start Download	
Historical Submissions Case number	Period ending	Status ↓	Due date		
00003775	30 Jun 2023	Published	31 Oct 2023	View Download	

On the top half of the **Submission** page, there are three tabs:

- What's new
- Report due dates
- Guides and FAQs

On the lower half of each of these three tabs, there are two sections.

- Active Submissions
- Historical Submissions

Each of these sections of the **Submission** page is described below.

# 5.1 What's new

Australian Government	Government Provider Management System		Home	Switch Provider	Manage Users	Help	Ļ	<b>User1671495607</b>
Prov	/ider Opera	ations Reportin	g					
What's new	W Report due dates Guid	es and FAQ's						
۵	3 July 2023	Provider Operations Collection	Form is Now Open					
		The Provider Operations Collection	Form is now available	to help you submit annual in	formation to the Department	of Health and Ag	ed Care.	
		You will need to submit the comple	eted form by 31 Octobe	r 2023. For information abou	t completing this form, please	go to the Guide	s & FAQs tab.	
Active S	Submissions	Period ending	Status ⊥	D	ue date			
ouse name	00004850	20. Jun 2022	Overdue	2	1 Oct 2022		Posumo	
	00004850	50 Juli 2025	Overdue	3	1 001 2023		Resume	
HISTORICA No historical	al Submissions							

Selecting the What's new tab will highlight key information and events.

For example, **What's new** messages will let you know the date the Collection Form is open from, when it closes, when information is available for preview, and when the data has been released to be published.

Residential care and home care Organisation Administrators will also be advised via email once the information they have submitted during the reporting/ collection period is available for preview, prior to being published on the My Aged Care website.

This information will also be communicated through the Department's Aged Care newsletter.

New updates will be outlined in the light blue section, indicated with a bell icon and the date it takes effect. It is recommended that users check this section at least each quarter, as new updates will be published throughout the year.

Antonius Germann		Home	Switch Provider	Manage Users	Help	🐥 🙆 User1671495607
Provider Opera	ations Reportin	g				
What's new Report due dates Gui	des and FAQ's					
💉 3 July 2023	Provider Operations Collection The Provider Operations Collection You will need to submit the comple	Form is Now Oper Form is now availab eted form by 31 Octol	n vie to help you submit annual in ber 2023. For information abou	formation to the Departmen it completing this form, plea	t of Health and Aged Car se go to the Guides & FA(	e. Qstab.
Active Submissions Case number	Period ending	Status ↓	D	ue date		
00004850	30 Jun 2023	Overdue	3	1 Oct 2023	Re	sume
Historical Submissions No historical submissions						

# 5.2 Report due dates

Government Provider Management System		Home	Switch Provider	Manage Users	Help	ļ.	<b>(2)</b> User1671495607.
Provider Oper	ations Reportir	ıg					
What's new <u>Report due dates</u> Gu	ides and FAQ's						
Provider Operations Data	Collection	Your completed Pr	ovider Operations Collection	Form needs to be submitted b	y 31 October 2023.		
		The reporting period	od for the form is 1 July 2022	to 30 June 2023.			
Active Submissions							
Case number	Period ending	Status ↓	D	ue date			
00004850	0 30 Jun 2023	Overdue	3	1 Oct 2023	Res	ume	
Historical Submissions No historical submissions							

This **Report due dates** tab lists key dates when the Collection Form must be submitted.

The reporting period is the period of 12 months starting on 1 July and ending on 30 June each year.

The Collection Form should be open for data collection from 1 July each year and

must be submitted by 31 October each year (for the previous year's reporting information).

# 5.3 Guides and FAQs

Government Provider Management System		Home	Switch Provider	🌲 🕑 acg-sit-5
Provider Operations	Reporting			
What's new Report due dates <u>Guides and FAQ's</u>			Pu	blication Preview $\rightarrow$
Provider Operations	Provider Operations Collection Form     Access the department's webpage on Provider Operations Collection     providers in completing and submitting their Provider Operations Colle         GPMA- user guide         OF Provider Operations Reporting Collection Form – trequently         OF Provider Operations Reporting Collection Form – user guide         OF provider Operations Reporting Collection Form – user guide         OF revider Operations Reporting Collection Form – screenshol         o Residential, home care and transition care provider transpare         o Greater transparency about aged care providers and service:         reocrding 30 June 2023         o Provider Operations Reporting Collection Form – training via	I Form, which includ iction Form on GPM asked questions Is ency - fact sheet s: upcoming reportin leo/s	les training <b>resources</b> to support IS: ng requirements – <b>webinar</b>	

The **Guides and FAQs** tab contains links to various resources to help you complete the Collection Form.

Resources include:

- Provider Operations Reporting GPMS User Guide (this document)
- Provider Operations Reporting Quick Reference Guide
- Provider Operations Reporting Frequently Asked Questions (FAQs)
- Provider Operations Reporting Privacy Statement
- GPMS User Guide

The resources in this section will be updated.

### 5.4 Active and Historical Submissions

On the bottom half of each of the three tabs on the Submission page (What's new, Report due dates, Guides and FAQs), you will see Active and Historical Submissions.

Active Submissions Case number	Period ending	Status 4	Due date	
00004850	30 Jun 2023	Overdue	31 Oct 2023	Resume
Historical Submissions No historical submissions				

Each submission will have:

- **Case number:** The unique number for your provider's Collection Form for the reporting period.
- **Period ending:** The date of the end of the reporting period and is the date that the Collection Form is due for submission to the Department.
- Status: Each submission will have one of the following statuses:
  - **New:** Displayed when the provider has not yet selected the submission to start entering data in the Collection Form.
  - **Draft:** Displayed when you have entered data in the Collection Form but not yet submitted the form.
  - **Overdue:** Displayed if the Collection Form has not been submitted to the Department by the due date of 31 October.

On 31 October each year, all Collection Forms that have not been submitted will display the status **Overdue**.

- **Submitted:** Displayed when the Collection Form has been submitted to the Department.
- **Published:** Displayed when the data provided in the Collection Form for a reporting period has been published on the My Aged Care website.
- Reissued: Displayed if the Collection Form has been reissued by the Department following submission, i.e. a submitted or published Collection Form has been opened temporarily on special request for the provider to update data.

- **Due date:** The date the submission is due to the Department.
- Actions:
  - Start: Displayed when the Collection Form status is New.

Selecting this action will allow you to begin to complete the Collection Form.

 Resume: Displayed when the Collection Form status is in Draft or Reissued.

Selecting this action will allow you to continue to complete the Collection Form.

 View: Displayed when the status has been Submitted. Following submission, you will be able to read the information you submitted, but not be able to edit the Collection Form.

## 5.4.1 Active Submissions

Case number	Period ending	Status ↓	Due date	
00046968	30 Jun 2024	New	31 Oct 2024	Start Download
listorical Submissions				
Case number	Period ending	Status ↓	Due date	

This area displays all current submissions. Each Active Submission will have a:

- Case number
- Period ending
- Status
- Due date
- Actions (e.g. Start/ Resume/ View and Download)

For New submissions, select **Start** – this will take you to start the Collection Form for your organisation for the reporting period.

ase number	Period ending	Status ↓	Due date	
00046968	30 Jun 2024	New	31 Oct 2024	Start Download
istorical Submissions				
ase number	Period ending	Status ↓	Due date	
00003775	30 Jun 2023	Published	31 Oct 2023	View Download

If an Active submission is in Draft, you will be able to continue completing the Collection Form by selecting **Resume**.

Active Submissions				
Case number	Period ending	Status ↓	Due date	
00046968	30 Jun 2024	Draft	31 Oct 2024	Resume Download
Historical Submissions				
Case number	Period ending	Status ↓	Due date	
00003775	30 Jun 2023	Published	31 Oct 2023	View Download

## 5.4.2 Historical Submissions

Under **Historical Submissions**, you will see the Collection Form/s your organisation submitted for previous reporting period/s.

Case number	Period ending	Status ↓	Due date	
00046968	30 Jun 2024	New	31 Oct 2024	Start Download
Historical Submissions				
Case number	Period ending	Status ↓	Due date	
	00 km 0000	D. Histori		Manu

# 5.4.3 Download

You can download a PDF copy of a specific period's Collection Form at any stage in the annual reporting cycle. The Collection Form can be downloaded in **Draft**, **Overdue** or **Submitted** status under **Active Submissions**, or in **Published** status under **Historical Submissions**.

From there you can save the downloaded Collection Form to your preferred folder or print a copy for your records.

Active Submissions					
Case number	Period ending	Status ↓	Due date		
00046968	30 Jun 2024	New	31 Oct 2024	Start	Download
Historical Submissions					
Case number	Period ending	Status ↓	Due date		
00003775	30 Jun 2023	Published	31 Oct 2023	View	Download

# 6. Provider Operations Collection Form

The following section explains how to enter data into the Collection Form.

## 6.1 Privacy Statement

Whenever you enter the Collection Form, you will be taken to a **Privacy Statement**.

Please read this statement carefully. If you accept the statement, select **Agree** to continue.



This **Privacy Statement** will appear each time you enter the **Active Submissions** section, and you will need to select **Agree** to progress with the Collection Form.

If you select **Do not agree**, you will not be able to continue with the Collection Form.

# 6.2 Before you start

After agreeing to the **Privacy Statement**, the **Before you start** page will display.



This page is the first page of the Collection Form.

It provides you with introductory information to help you complete the Collection Form.

This page also includes a link to the **Guides and FAQs** tab (which contain weblinks outside of the Collection Form to GPMS user guides, FAQs and other resources).

• Be sure to save your progress in the Collection Form when accessing these resources, as the links take you outside the Collection Form.

#### 6.2.1 Collection Form banner



The banner that appears at the top of every page on the Collection Form indicates:

- the name of the aged care provider/ your organisation (top left)
- that you are in the **Provider operations** tile (GPMS application)
- the financial year reporting period
- the status of your Collection Report (e.g. Draft/ Submitted/ Reissued).

At the top right of the banner you can return to the Submissions page (Active and Historical Submissions information).



#### 6.2.2 Side-bar navigation

On the left hand side is the navigation bar for the Collection Form. The navigation bar provides links to each part of the Collection Form.

0	Before you start
•	Key personnel
•	Governing body membership
•	Governing body statement
•	Diversity and inclusion - Provider
•	Diversity and inclusion - Service
•	Feedback, complaints and improvements
6	Declaration and submission

The navigation bar indicates your progress through the sections of the Collection Form, from **Before you start** through to **Declaration and submission**.

You can move between sections in the navigation bar in any order, but you will not be able to submit your form (last step in **Declaration and submission**) until all sections are completed (indicated by green tick).

Status of pages in the navigation bar:

lcon	Meaning
0	Section you are currently in
•	Section remains incomplete and needs completion
0	Section is complete
×	Section has errors and needs completion
Ê	Declaration and submission locked and greyed out until all sections are completed and have a green tick

#### 6.2.3 Saving your data in the Collection Form

The **Next** and **Back** buttons and clicking on the **side-bar navigation** - will save the information entered providing there are no errors on the page.

These are located at the bottom right-hand corner of each page.



If there are no validation errors, the content entered will be saved when you click **Back**, **Next** or the **navigation bar**.

If there are validation errors a pop-up message will remind you to complete your data (with no errors) before you leave a page in the Collection Form.

	Issues related to naving a culture of inclusion and respect for care recipients	
n - F	Are you sure?	e re
n - {	Errors exist on the page. If you choose to proceed any entered, removed or changed data will not be saved.	l ca
; an	Сапсеі ОК	usi
	Issues related to having a workforce that is sufficient, and is skilled and qualified to provide sate, respectful an	nd qu

**Please note:** 

• <u>Not all sections</u> in the Collection Form have a Save button. If there is no save button click on Back, Next or the navigation bar to save.

On the sections with a **Save** at the bottom right (above **Back** and **Next**) you should save your work regularly and when moving away from the page.

Cancel Save
+ Add Non-compliance
< Back Next >

If you do not click **Save**, then you will lose the data entered when you move to other sections or pages.

A pop-up message will be displayed:

	Issues related to having a culture of inclusion and respect for care recipients	
n -	Are you sure?	e re
n -	Errors exist on the page. If you choose to proceed any entered, removed or changed data will not be saved.	l ca
; ar	Сапсеі ОК	usi
	Issues related to having a workforce that is sufficient, and is skilled and qualified to provide sate, respectful an	d qu

Selecting **Return to submissions** (top right of banner on each page) will <u>not save</u> <u>your work</u> and a pop up message will be displayed to warn you that your changes have not been saved.



Select **OK** to return to submissions or **Cancel** to continue completing the Collection Form.

F	Warning
If you choose to continue you will be navigated to the	e Provider Operations Submissions page and any changes will not be saved.
5	Cancel
ind improvements The following a	approved providers are not required to meet the governing body membership requirement

#### 6.2.4 Information about completing the Collection Form



If you need to access the **Guides and FAQs** while completing the Collection Form, be sure to first save your data (as accessing the **Guides and FAQs** will take you outside the Collection Form).

Alternatively, you can visit the Department's website to access <u>provider information</u> <u>and resources</u> to support you in completing the Collection Form.

#### 6.2.5 Reissuing the Collection Form

There are certain circumstances where a Collection Form may be reissued, such as:

- You have submitted the Collection Form and realised that you have provided a response that was not correct.
- You have submitted incorrect information for one or more sections of the Collection Form.
- You have missed the deadline to report data and the form is locked and no longer able to be modified or submitted.
- A reissued form has reached the defined due date and is now overdue, it is locked, and you are no longer able to modify the Collection Form.

In the rare event that you need to request that your Collection Form be reissued after submitting, email the Department at ProviderOperationsData@Health.gov.au.

When a Collection Form is reissued, you will receive a notification in the GPMS portal, and your submission will have the status of **Reissued** in the Active and Historical Submissions section of the Provider Operations Reporting submission page.

# 6.3 Key Personnel

This section is about providing the name and role of at least one (and up to three) key personnel at a senior executive level, who is responsible for executive decisions.



To begin completing the key personnel data fields:

1. In response to the Privacy Consent question, select a Yes or No response.



Only select **Yes** if you have the consent of all the named person/s. If you selected **Yes** to the Privacy Consent question, you will be able to enter the name and role of the executive.

You must select **No** if you have not yet obtained the person's consent or they have not provided you with consent

You will be able to continue with the rest of the Collection Form in the meantime. (You can move between sections in the Collection Form).

Should you need to come back later and add consent details and agreement, select **Yes**, and enter the name and role of the nominated person.

- You will be able to submit the Collection Form even if you select No (to the Privacy consent question) and do not enter the name of a key personnel.
- If you submit the Collection Form with No selected (to the Privacy consent), no senior executive's name will be displayed on the My Aged Care website for your provider.

Key personnel				
You must have consen Their name and role wi	it of the person to report their name and role. Provi ill be published on the My Aged Care website	de atlea	ast one key personnel within your organisation.	
*1.	Executive name		Role	
		$\otimes$	Select an Option 💌	8
			Chief Executive Officer	
2.	Executive name		Deputy Chief Executive Officer	
		0	Board Member	8
			Chief Financial Officer	
3.	Executive name	8	Chief Operating Officer	8
		Ŭ	President	Ŭ
			Secretary	
			Treasurer	
			Other	
			Uniti	
			L	_

- **2.** Complete up to three executives' names and roles. You do not need to enter all three names and roles.
  - **Executive name**: Enter first and last name of executive . Please do not use nicknames, previous names or initials. Complete the name in the free text space provided in the form.
  - **Role**: Select from the options provided.to enter the person's role in the organisation (for example: CEO or similar. They should be a senior executive of the organisation). You can select **Other** is none of the options shown are suitable. Selecting **Other** will enable you to enter a free text response.

3. Select **Next** to continue (noting you may also select **Back** to go back to update or edit the previous section).

Both **Next** and **Back** icons (and accessing the left **Navigation Bar**) will **save the information** that you have entered, provided there are no errors on the page.

Key personnel				
You must have consent Their name and role wil	t of the person to report their name and role. Provi II be published on the My Aged Care website	de atlea	ast one key personnel within your organisation.	
	Executive name		Role	
* 1.		$\otimes$	Select an Option 💌	⊗
	Executive name		Role	
Ζ.		$\otimes$	Select an Option 💌	$\otimes$
	Executive name		Role	
3.		$\otimes$	Select an Option 💌	⊗
			< Back Next	>

#### 6.4 Governing Body Membership

This section is about the two governing body membership requirements (majority of independent non-executive members and at least one member with experience in providing clinical care).

It seeks information about whether your organisation meets these requirements, as well as some addition information, which may mean your your organisation is exempt from meeting the requirements.

All providers (except state, territory or local government authority providers) are required to complete all questions in this section of the Collection Form, even if the governing body requirements do not apply to them. (State, territory or local government authority providers will be directed to the next part of the Collection Form.)

Answer all questions in this section **honestly and accurately** and as it applies to your organisation at 30 June at the end of the reporting report (not at a possible future point in time).

We need to know where your organisation is currently at with this requirement.

#### 6.4.1 Governing body membership data fields

1. To complete the this section of the Collection Form, select **Yes** or **No** to each question.

If you select **Yes** to the first question "Is your organisation a state and territory, a state or territory authority, or a local government authority?", you will be directed to the next section. Select **Next** to continue to the next page.

		Governing body membership
0	Before you start	
×	Key personnel	About this section Certain providers must meet the requirement that their governing body must have a majority of independent non-executive members and at least one member with experience in providing clinical care.
0	Governing body membership	The following approved providers are not required to meet the governing body membership requirements:
×	Governing body statement	<ul> <li>state or territory approved providers (including a state or territory authority), or a local government authority</li> <li>providers with a governing body with fewer than 5 members and who provide care to fewer than 40 care recipients</li> <li>providers that are an approved Aboriginal Community Controlled Organisation (ACCO)</li> </ul>
	Diversity and inclusion - Provider	If you are required to meet the governing body membership requirements but are unable to do so, you can apply to the Aged Care Quality and Safety Commission for a determination that one or both of the requirements do not apply.
•	Diversity and inclusion - Service	All fields marked with an asterix (*) are required.
×	Feedback, complaints and improvements	* Is your organisation a state and territory, a state or territory authority, or a local government authority? No
	Declaration and submission	< Back Next >

If you select **No** to the first question "Is your organisation a state and territory, a state or territory authority, or a local government authority?", you will be directed to further questions in this section. Answer **Yes** or **No** as appropriate.

* Is your organisation a state and territory, a state or territory authority, or a local government authority?	Yes No
* Does your governing body have a majority of independent non-executive members?	Yes No
* Does your governing body include a person with clinical experience?	Yes No
* Does your organisation have fewer than 5 governing body members and less than 40 care recipients?	Yes No
* Is your organisation an Aboriginal Community Controlled Organisation?	Yes No
* Has a determination been made by Aged Care Quality and Safety Commission that the responsibility to have majority of independent non-executive members does not apply to your organisation?	Yes No
* Has a determination been made by Aged Care Quality and Safety Commission that the responsibility to have a person with clinical experience on your governing body does not apply to your organisation?	Yes No
	< Back Next >

2. Select Next to continue to the next page. This will save your data.

Select **Back** to go back to update or edit the previous page.

Select the **navigation bar** to go to any page of the Collection Form.

Both **Next** and **Back** icons (and accessing the left **navigation bar**) will save the information that you have entered provided there are no errors on the page.

#### 6.5 Governing Body Statement

This section is about the completion of a signed Governing Body Statement which allows providers' governing bodies to demonstrate their understanding of, and accountability for, issues affecting the quality of care of aged care recipients.

The Governing Body Statement requires the governing body to provide details of any responsibility under the *Aged Care Act 1997* or requirement under the *Aged Care Quality and Safety Commission Act 2018* that the governing body believes was not complied with during the financial year reporting period (e.g. 1 July to 30 June). This is beyond non-compliance identified by the Aged Care Quality and Safety Commission. This information is collected at the provider level.

Please read the instructions carefully, in particular: 6.5.1 Completing the Governing Body Statement.

	About this section
	About the Governing Body Statement
	Section 53G of the Accountability Principles 2014, requires providers that deliver home care services or residential care services
Before you start	to submit a statement about the provider's compliance with its aged care responsibilities and requirements.
	The Governing Body Statement (the Statement) is intended to support the governing body to examine the provider's
	compliance with its responsibilities and requirements.
Key personnel	
	A provider's demonstrated and transparent commitment to identifying and addressing compliance matters can give considence to care recipients about the provider's commitment to quality and safety.
Governing body membership	
	Information from the Statement will be published. The publication of this information aims to increase provider transparency
	and accountability and help drive continuous improvement across the sector.
Governing body statement	How to complete the Statement
Diversity and inclusion - Provid	The Statement is for the period 1 July 2023 to 30 June 2024.
	This Statement is to report compliance matters identified by the provider that include and go beyond those identified by the
	Aged Care Quality and Safety Commission.
<ul> <li>Diversity and inclusion - Servic</li> </ul>	With the exception of the governing body member's details, no personal information is to be included in the Statement.
Easthack complaints and imp	The Statement MUST be accompanied by a Declaration signed by a member of the provider's governing body on behalf of all
<ul> <li>Feedback, complaints and imp</li> </ul>	provements members of the governing body. This can be done by either:
	<ul> <li>downloading the Declaration for the governing body member to sign. The signed Declaration is to be uploaded to the</li> </ul>
Oeclaration and submission	Provider Operations Collection Form for submission through GPMS.
	<ul> <li>requesting an electronic signature from the governing body member through DocuSign. DocuSign will automatically</li> </ul>
	uproad the signed Declaration to the Provider Operations Collection Form.
	Please see the guidance material for further details about using these options.

All parts in this initial section of the Statement need to be completed by all residential care and home care providers.

Statement	All fields marked with an asterix (*) are required.
* Name of governing body member making the Statement	* Role / Position / Designation of member
* Does the governing body believe the approved provider <b>has complied / has faile</b> with all of its responsibilities under the <i>Aged Care Act 1997</i> and the requirements <i>Aged Care Quality and Safety Commission Act 2018</i> ?	d to comply under the Has complied Has failed to comply
* Do you want to send the Governing body statement to be signed electronically?	Yes No
	< Back Next >

#### 6.5.1 Completing the Governing Body Statement

To complete the Governing Body Statement:

- 1. Provide the full name of governing body member making the statement.
- 2. Enter the role, position, or designation of the governing body member who is making the statement and will sign the declaration. (Please check that this member will be available to sign the statement).
- 3. Select Has complied or Has failed to comply.

Statement	All fields marked with an asterix (*) are required.
* Name of governing body member making the Statement	* Role / Position / Designation of member
* Does the governing body believe the approved provider has complied / has faile with all of its responsibilities under the Aged Care Act 1997 and the requirements Aged Care Quality and Safety Commission Act 2018?	ed to comply under the Has complied Has failed to comply

- This Statement captures non-compliances beyond those identified by the Aged Care Quality and Safety Commission.
- It covers any non compliance with the provider's responsibilities under the *Aged Care Act 1997* and requirements under the *Aged Care Quality and Safety Commission Act 2018* during the reporting period (i.e. 1 July 30 June).

If you select **Has complied**, a pop up message will ask if you want the Governing Body Statement to be signed electronically? Respond **Yes** or **No**:

* Do you want to send the Governing body statement to be signed electronically?	Ves No
	< Back Next >

- If Yes, follow the electronic e-Signature process (see 6.5.2 below).
- If No, follow instructions for downloading the Declaration to allow the governing body member to sign a hard copy of the Declaration. The signed Statement will then need to be scanned and uploaded to the Collection Form (see 6.5.3 below).

If you select **Has failed to comply**, go to the Non-Compliance section within this User Guide (section 6.5.4).

4. Select Next to continue.

#### 6.5.2 Signing the Governing Body Statement

The Governing Body Statement MUST be accompanied by a Declaration signed by a member of the provider's Governing Body on behalf of all members of the Governing Body.

The Statement MUST be accompanied by a Declaration signed by a member of the provider's governing body on behalf of all members of the governing body. This can be done by either:

- downloading the Declaration for the governing body member to sign. The signed Declaration is to be uploaded to the Provider Operations Collection Form for submission through GPMS.
- requesting an electronic signature from the governing body member through DocuSign. DocuSign will automatically
  upload the signed Declaration to the Provider Operations Collection Form.

The Declaration can be signed either by – Electronic signature through DocuSign or by signing a hard copy of the Declaration.

#### 6.5.3 Electronic e-Signature (DocuSign)

This option allows providers to request an electronic signature from a Governing Body Member through DocuSign. **Send Document for e-Signature**.

1. Ensure you have selected the **Yes** option for the Governing Body Statement to be signed electronically.

* Do you want to send the Governing body statement to be signed electronically?	Yes No
	< Back Next >

**2.** In the pop up window enter the email address of the Governing Body Member who will be electronically signing the Statement.

Send Document for e-Signature	
A member of the governing body is required to electronically sign the statement on behalf of all member. Before you select Send for e-Signature, please ensure the person nominated is available to sign the doct	s of the governing body. Iment.
* Email address of the governing body member electronically signing the Governing Body Statement	]
username@example.com	Send for e-Signature
A response is required	

#### Please note:

- Please check the Governing Body Member selected to electronically sign the Declaration is available before assigning the document to the member.
- Having to cancel an e-Signature request through the My Aged Care service provider and assessor helpline will involve a delay in completing your Collection Form.
- 3. Then press Send for e-Signature.

Send Document for e-Signature	
A member of the governing body is required to electronically sign the statement on behalf of all members Before you select Send for e-Signature, please ensure the person nominated is available to sign the docu	s of the governing body. ment.
* Email address of the governing body member electronically signing the Governing Body Statement username@example.com	Send for e-Signature

A green banner will then display at the top of the screen confirming the request and been successfully sent.



- **4.** Keep a look out for new notifications in GPMS (red light on the bell icon, at the top right of the page, next to your user name):
  - You will be notified of a Fail/ Rejected/ Expired e-Signature request.
  - You will be notified of the e-Signature success.

Once the statement has been electronically signed by the Governing Body Member, the file will be available for preview in the Signed statement section below:

Signed stat	emen	t(s)					
Once the statement h	as been el	ectronically sig	ned by the gover	ning body member, th	e file will l	be available for p	review.
File Managemer (0)	nt			Q Search		Upload	Or đ drop files
						Sho	w archived files
Title	~	Owner	~	Created Date ↓	~	Status	~
						< Back	Next >

#### Cancelling a request for e-Signature

If you need to cancel the e-Signature request for any reason (e.g. change to manual download option or change the email address to request another e-Signature) **you will first need to cancel the e-Signature request.** 

If you need to cancel the e-Signature request please contact the My Aged Care service provider and assessor helpline on 1800 836 799.

Once the e-Signature process has been cancelled, you can refollow the steps above to send another document for electronic e-Signature (e.g. with a new or correct email address) OR select the download process to sign the Governing Body Statement (download, print, scan and upload).

#### 6.5.4 Hard copy signature

This is the other option for signing the Governing Body Statement.

1. Once all compliance information has been entered into the Collection Form, select **Download** Statement for signing.

Downio	ad stat	ement f	for sign	ing					
Download and	d print the sta dy. Statement	atement. A me	mber of the g	governing body	is required to sign	the statement	on behalf of all	members of th	ie
Download	Statement	J							
Upload	signed	statem	ent						
Once the stat	ement has be	een signed by t	the governing	a body member	either drag and dr	op the file into	the box (as ind	icated) or click	the
Once the stat Upload Files'	ement has be button, locat	een signed by t te the file from	the governing the stored lo	g body member, ocation and sele	, either drag and dro ect the file and click	op the file into cupload.	the box (as ind	icated) or click	the
Once the stat Upload Files'	ement has be button, locat Manageme	een signed by t te the file from ent (0)	the governing the stored lo	g body member, ocation and sele Q Searc	either drag and dr ect the file and click h	op the file into cupload.	the box (as indi Upload Files	icated) or click Or drop files	the 0
Dince the stat Upload Files' File Title	ement has be button, locat Manageme	een signed by t te the file from ent (0) Owner	the governing the stored lo	g body member, ocation and sele Q Searc Created Date	either drag and dra cot the file and click h Size	op the file into cupload.	the box (as indi Upload Files Status	icated) or click Or drop files	the
Dince the stat Upload Files' E File Title	ement has be button, locat Managemo	een signed by t e the file from ent (0) Owner	the governing the stored lo	g body member, ocation and sele Q Searc Created Date	either drag and dra ect the file and click h V Size	op the file into cupload.	the box (as indi Upload Files Status	Or drop files	the
Dince the stat Upload Files' E File Title	ement has be button, locat Managemo	een signed by t e the file from ent (0) Owner	the governing the stored lo	g body member, ocation and sele Q Searc Created Date	either drag and dra ect the file and click h V Size	op the file into cupload.	the box (as indi Upload Files Status	Or drop files	the

- 2. Once the printed Statement has been signed by the Governing Body Member, scan the document and save it to a folder on your computer where you can locate it.
- **3.** Ensure you name and date the document so you can easily locate it, for example, 'FY2023/24 Governing body statement signed statement', to differentiate from a previously downloaded document (and from other financial years' documents).
- 4. Upload the latest document to GPMS using one of the two following methods:
  - a) In the Collection Form, select the **Upload File** button.

When the file window appears locate the signed Statement saved on your computer and upload the document; OR

b) Drag and drop the file into the box provided in the Collection Form.

Upload	signe	d statem	ent							
Once the stat	tement has ' button loc	been signed by	the governin the stored l	g body membe	er, either dr	rag and drop	the file into	the box (as in	dicated) or cli	ck the
じ File	Manager	ment (0)		Q. Sear	ch		1 ±	Upload Files	Or drop file	es ()
Title	~	Owner	~	Created Date	~	Size	~	Status	~	
							(	< Back	Nex	tt >

Make sure to upload the correct file from your folders.

Please ensure only PDF files of less than 30 megabytes in size are uploaded, or else the upload will fail.

Please note:

- For the downloading, signing, scanning and uploading option:
- When you upload your document it will be scanned for viruses.
- This process may take up to 48 hours (two days). Please do not leave your submission to the last day for this reason (e.g. last few days of October).
- Your document will not be successfully uploaded until this virus scan has confirmed the uploaded document does not contain a virus.
- If a virus is detected, the document will not be uploaded and will be deleted you will <u>not</u> be notified if this occurs.

5. Please continue to check that your document has been successfully uploaded.

Once the document has been successfully uploaded, you will see a new notification (red light on the bell icon) indicating your scanned document has been successfully uploaded to the system.

ome	Switch Prov	ider Help 💂 🙆 joe.bloggs	
		Notifications <u>Mark all as read</u>	×
022 t	o 30 J	Virus Scan Result Notification The file GBSDeclarationPDF (1) has been uploaded. 4 minutes ago •	

You will also now see it listed in the Uploaded document section.

6. Select Next to save and continue.

🕒 File Mana	gement (1)	Q Sear	ch	1 Upload Files	Or drop files
Title	∨ Owner	✓ Created Date	✓ Size	✓ Status	~
GBSDeclarationPD	E Joe Bloggs	6 Jun 2023	0.4MB	Available	

- You can only select ONE option of signing the Governing Body Statement (electronic e-Signature OR downloaded/ uploaded hard copy signed Statement)
   follow the required steps to complete the signing.
- Whether the Governing Body Statement is signed electronically or by hard copy, the person signing must be a member of the governing body and must sign the Statement on behalf of all Governing Body Members.

#### 6.5.5 Non-compliance

If the governing body member selected **Has failed to comply** when completing the Governing Body Statement, you will be required to submit details of all non-compliance/s to the Department here in the Collection Form.

\* Does the governing body believe the approved provider has complied / has failed to comply with all of its responsibilities under the Aged Care Act 1997 and the requirements under the Aged Care Quality and Safety Commission Act 2018?

Non-compliance details required include:

- Non-compliance (type)
- Detail of non-compliance
- Services involved
- Cessation of non-compliance
- Reasons for non-compliance
- Actions taken to rectify non-compliance.

For each non-compliance selected, complete all fields for that non-compliance and save that entry, before entering details for another non-compliance.

You can enter multiple non-compliances.

You can link each non-compliance to one or more services, by selecting the **Add Service** button then choosing the checkbox next to the service/s.

Each entry will have the above series of questions to be completed (up to a maximum of 30 separate non-compliance entries). You are encouraged to group similar non-compliances together when reporting.

#### **Please note:**

- Please do not include any personal or private information about any individual in your responses.
- The responses will be published on the My Aged Care website exactly as you have submitted them.

Non-compliance	
√ 1	
*What type of responsibility or requirement does the governing body believe the approved provider has failed to comply with?	
Select an option	
* Please specify each responsibility or requirement the governing body believes the provider has failed to comply with during the period 1 July 2023 - 30 June 2024?	
Maximum 200 characters	
If this non-compliance relates to a specific service(s), please select the service(s)?           Add service	
* Did the non-compliance cease during the period 1 July 2023 - 30 June 2024?           Yes           No	
<ul> <li>Select one or more reasons why the approved provider has failed to comply with the responsibility or requirement?</li> <li>Issues related to having a culture of inclusion and respect for care recipients</li> <li>Issues related to supporting care recipients to exercise choice and independence</li> <li>Issues related to nespecting the privacy of care recipients</li> <li>Issues related to initial and ongoing assessment and planning for care and services in partnership with the care recipient</li> <li>Issues related to the delivery of safe and effective personal care, clinical care, or both personal care and clinical care</li> <li>Issues related to the provision of safe and effective services and supports for daily living</li> <li>Issues related to the provision of a safe and comfortable service environment for care recipients</li> <li>Issues related to seeking regular input and feedback from care recipients, carers, the workforce and others and using the input and feedback to inform continuous improvements</li> <li>Issues related to having a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services</li> <li>Issues related to accountability of the governing body for the delivery of safe and quality care and services</li> <li>Other, please specify</li> </ul>	
*What actions have been taken to rectify the non-compliance?  Maximum 300 characters	
Cancel Save + Add Non-compliance	
< Back Next >	

To complete the non-compliance section:

**1.** Select non-compliance items (types of responsibilities or requirements) from the dropdown menu of options that best applies for your provider organisation.

Ŧ

*What type of responsibility or requirement does the governing body believe the approved provider has failed to comply with?
Select an option

Select **Other** if a type of non-compliance is not listed in the drop down menu of options for your organisation, and complete the free text area for other types.

#### **Please note:**

- Do NOT include any personal information in this free text area due to privacy reasons.
- There is a 50 character limit on text entry, should you select Other.

For further information on this question (for example: explanations of the terms) please refer to the 'Frequently Asked Questions' document in the **Guides and FAQs** section.

Select the option/s that best fit your organisation.

Please note:

• Remember to save your responses after completing each non-compliance, as you progress through this section.

If a non-compliance relates to multiple types of non-compliance (e.g. the Aged Care Quality Standards *and* the Charter of User Rights), only list the non-compliance **once**, choosing the type that is most relevant to the circumstances.

2. For each non-compliance type selected from the drop-down menu below, you will need to enter your response in **free text**.

Aged Care Quality Standards	
Please specify each responsibility	requirement the governing body believes the provider has failed to comply with during the period 1 July
Please specify each responsibility 023 - 30 June 2024?	requirement the governing body believes the provider has failed to comply with during the period 1 July
Please specify each responsibility 023 - 30 June 2024?	requirement the governing body believes the provider has failed to comply with during the period 1 July

The information entered into the free text area must relate directly to the type of noncompliance selected.

Refer to the above question about type of non-compliance selected to assist you in determining the detail required for your response.

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Complete to the best of your ability and accuracy.

#### Please note:

- There is a 200 character limit on text entry in the free text area space.
- Do NOT include any personal information in this free text area due to privacy reasons.
- **3.** For each non-compliance type, if the non-compliance relates to a service, you will need to select one or more of the provider's services.

To do this, select **Add service** and select from the services listed for your organisation (check service name and service ID).

If this non-compliance relates to a specific service(s), please select the service(s)?	Add service	

Only select your organisation's services that were non-compliant with the specific requirement during the reporting period.

Add	Services	ailed to comply with during the period 1 July
٩		
Service Name	✓ Service ID ✓	Add service
	Cancel Continue	
		Yes No

In some cases the non-compliance may only relate to the provider (for example: governing body requirements).

In that situation, do not select any services as being non-compliant with that responsibility or requirement.

Complete the cessation of non-compliance question by selecting:

- Yes if the non-compliance ceased or ended during the reporting period; or
- No as best applies to your organisation.

* Did the non-compliance cease during the period 1 July 2023 - 30 June 2024?	
	Yes
	No

**4.** Select the **reason/s for failing to comply with a responsibility or requirement** from a list of options. The list of reasons aligns with expectations set out in the Aged Care Quality Standards.

Select **Other** if a reason for non-compliance is not listed here for your organisation, and complete the free text area for other reasons.

* 5	Select one or more reasons why the approved provider has failed to comply with the responsibility or requirement?
	Issues related to having a culture of inclusion and respect for care recipients
	Issues related to supporting care recipients to exercise choice and independence
	Issues related to respecting the privacy of care recipients
	Issues related to initial and ongoing assessment and planning for care and services in partnership with the care recipient
	Issues related to the delivery of safe and effective personal care, clinical care, or both personal care and clinical care
	Issues related to the provision of safe and effective services and supports for daily living
	Issues related to the provision of a safe and comfortable service environment for care recipients
	Issues related to seeking regular input and feedback from care recipients, carers, the workforce and others and using the input
an	d feedback to inform continuous improvements
	Issues related to having a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and
se	rvices
	Issues related to accountability of the governing body for the delivery of safe and quality care and services
	Other, please specify

Please note:

- The information provided is to be published on the My Aged Care website. Do NOT include any personal information in this free text area due to privacy reasons.
- There is a 50 character limit on text entry, should you select Other.

Providers are required to report the **reason why** the governing body believes the approved provider has failed to comply with a responsibility or requirement.

Non-compliances are often related to multiple reasons. Select as many reasons that apply for each non-compliance.

For supporting information on this question (for example: explanations of the terms), please refer to the 'Frequently Asked Questions' document in the **Guides and FAQs** section.

We have endeavoured to seek a wide range of possible reasons for non-compliance for providers.

5. For the **non-compliance**, outline the actions that have been taken to rectify the non-compliance in the field displayed below.

#### Please note:

- The information provided is to be published on the My Aged Care website.
- Do NOT include any personal information in this free text area due to privacy reasons.
- There is a 300 character limit on text entry in the free text area.

6. To select another type of non-compliance, select Add Non-compliance - select from the drop down menu of options (of non-compliance types).



You will need to enter all the required information for each non-compliance and then **Save**, before adding another non-compliance.

After you complete and save an entry for all questions related to a specific noncompliance, you can later **edit** the entry, or **delete** the non-compliance entry, if you need to do so.

You may add up to 30 separate non-compliances.

Remember to **Save** your responses after entering the reasons for each noncompliance type, as you progress through this section.

Select **Next** to continue to the next section.



#### 6.5.6 Important to note

The compliance data submitted in the Governing Body Statement is published on the My Aged Care website for your organisation under the *Find a provider* tool. Care recipients may use this data to make judgements about how informed the governing body is about the provider's performance.

This Governing Body Statement <u>MUST NOT</u> be changed after the Governing Body Member has made and submitted their declaration. Electronic signing process

• The person completing the Collection Form includes the correct email address of the Governing Body Member, to view and digitally DocuSign the completed Statement.

Hard copy signing process

- Download and print a copy of the Statement for the Governing Body Member to sign which you will then save and upload.
- Alternatively, Governing Body Members can be made a GPMS Provider Operations User (user access) by the Organisation Administrator to view the completed Statement online (before hard copy signing, scanning and uploading the document).

Below is an example of non-compliance information entered into this section - using the option 'Charter of Aged Care Rights' as type of non-compliance:

*What type of res	insibility or requirement does the governing body believe the approved provider has failed to comply with?	
Charter of Age	Care Rights	
* Please specify e 2022 - 30 June 20	h responsibility or requirement the governing body believes the provider has failed to comply with during the	period 1 July
The approved Care <u>Act</u>	ovider failed to <u>established</u> a complaints resolution mechanism for the aged care service as per s 50	6-4 of the Aged
If this non-con	liance relates to a specific service(s), please select the service(s)?	Add service
* Did the non-	mpliance cease during the period 1 July 2022 - 30 June 2023? Yes No	
*Select one or m Issues relate Issues relate Other, please	e reasons why the approved provider has failed to comply with the responsibility or requirement? to having a culture of inclusion and respect for care recipients to supporting care recipients to exercise choice and independence to respecting the privacy of care recipients to initial and ongoing assessment and planning for care and services in partnership with the care re- to the delivery of safe and effective personal care, clinical care, or both personal care and clinical ca- to the provision of safe and effective services and supports for daily living to the provision of a safe and comfortable service environment for care recipients to seeking regular input and feedback from care recipients, carers, the workforce and others and usi continuous improvements to having a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and qu to accountability of the governing body for the delivery of safe and quality care and services specify	cipient re ing the input and iality care and
* If other, reasons The provider d	hy the approved provider has failed to comply with the responsibility or requirement not have processes in place to ensure that a person could make a complaint.	

## 6.6 Diversity and Inclusion - Provider

This section is about the diversity of your organisation's governing body.

i Inc		← Return to submission
Provider operati	ons - 1 July 2023 to 30	June 2024
eporting - Draft		
Diversity and inclusion -	Provider	
•		
About this see	ction	
This question is about th June 2024.	e diversity of your organisation's governing body during the n	eporting period of 1 July 2023 to 30
The collection of this info be published on My Age	ormation is to assist aged care recipients to find the right care d Care.	for them. The information collected is to
Before providing any info	rmation in response to this question you must note, and agre	e with, the following:
1. Reported informatio	n should not be drawn from assumptions about the diversity o	of governing body members, but from
the way in which ind	ividual members of the governing body identify and wish to d	describe themselves.
<ol> <li>Each member of the individual information</li> </ol>	governing body must be asked to provide documented conse in the response given to the Department for publication on	ent for the provider to include their My Aged Care, and must be advised
that their response i	s voluntary. It must be emphasised that individual members of	f the governing body are not obliged to
disclose information	about their diversity. Only the diversity of members who have	e provided consent should be included
in your response.		
<ol> <li>To the extent that m</li> </ol>	embers of the governing body wish to consent to the information of the Department	tion being provided, this information
4. You are not obligate	d to report on other forms of diversity beyond those specifical	Ilv listed in the following questions.
Other forms of diver	sity should only be disclosed (in the space provided below) wi	here a member of the governing body
has specifically direc categories.	ted that they wish to report a form of diversity concerning the	emselves which is outside of the listed
	All f	fields marked with an asterix (*) are required.
Consent		
* Do you have consent from individu	al opverning body members to disclose the diversity and	
inclusion information to the Departm	ent?	Yes
No Consent provided		
		- Baak
		< Dack Next >

Select either **Yes** or **No** if one or more members of the governing body have consented to information about their diversity being reported in the Collection Form.

Consent	
* Do you have consent from individual governing body members to disclose the diversity and inclusion information to the Department?	Ves No

Select one, multiple, or none of the following responses as appropriate for your organisation:

	Older member (over 65)
	Aboriginal and/or Torres Strait Islander
	Carer
	Cognitive Diversity
	Dementia
	Cultural and linguistic diversity
	Disability
	LGBTIQA+
	Representation of women
	Financially disadvantaged
	Religious diversity
]	Rural and remote
1	Veterans
	Other diversity

For supporting information on this question (such as definitions), please refer to the 'Frequently Asked Questions' document in the **Guides and FAQs** section.

If **Other** is selected you will be asked to specify the form/s of diversity represented within the provider's governing body.

Only select **Other** if a member has specifically directed that they wish to report a form of diversity concerning themselves, <u>outside of the above</u> listed categories.

✓ Other forms of diversity, please specify		
$^{*}$ If other, specify the forms of diversity represented within the provider's governing body $  ( 0 $		
	< Back	Next >

#### Please note:

• The free text area is limited to 50 characters.

Click **Next** to continue (noting you may also select **Back** to go back to update/ edit the previous section).

Both **Next** and **Back** icons (and accessing the left **Navigation Bar**) will save the information that you have entered provided there are no errors on the page.

# 6.7 Diversity and Inclusion - Service

This section is to collect information about initiatives implemented at each residential service and home care service to support a diverse and inclusive environment between 1 July and 30 June annually for each financial year reporting period.

All questions in this section are required for each service operated by the providers during the reporting period 1 July - 30 June.

The Collection Form lists each service name and service ID that operated during the reporting period. All services under the provider that are operational for the reporting period will be displayed.



To complete this section of the Collection Form, select a service from the displayed list of services to enter data about the initiatives at that service.

**Please note:** 

- You do not need to select services in the order listed in the Collection Form.
- When data has been entered for a service, a tick will be displayed against the service.
- This will allow you to track the services that have been completed and identify any services whose data has not yet been entered.



For each service you will need to select either **Developing**, **Implemented** or **No** for each of the following statements.

All fields marked with an asterix (*) are re	
*Does the service have policies and procedures for culture, diversity and inclusion?	Developing
	Implemented
	No
*Does the service have policies and procedures for cultural safety?	Developing
· · · · · · · · · · · · · · · · · · ·	Implemented
	No
*Does the service have social activities to support culture, diversity and inclusion?	Developing
•••	Implemented
	No
	Save

Respond as appropriate for your organisation for each of the three questions listed, for each service offered in the reporting period:

- **Developing:** work is underway, in progress, or has commenced in our organisation for this service.
- **Implemented:** this has been completed and we have policies and procedures in our organisation for this service.
- No: not yet started or completed or underway, no work has been done in this in our organisation for this service.

Remember to **Save** your responses for each service.

If you offer an additional service press **Back** and select the next service applicable to your organisation.



When you have completed entering the data for each service - this will be indicated by a tick.



Continue until the three questions have been completed for <u>every service</u> operated in the reporting period.

Then click **Next** to progress to the next section of the Collection Form.

# 6.8 Feedback, Complaints and Improvements

This section is to collect information about the most common kinds of positive feedback and complaints received about each residential care and home care service, as well as information about the key improvements made at each residential care and home care service between the reporting period 1 July and 30 June.

Government Provider Management System		Home	Switch Provider	acg-sit-5
Steps	Inc		← Return to submiss	ions
Before you start	Provider operations - 1 Ja Reporting - Draft	ມly 2023 to 30 Jເ	ine 2024	
<ul> <li>Key personnel</li> </ul>				
<ul> <li>Governing body membership</li> </ul>	Feedback, complaints and improveme	nts		
<ul> <li>Governing body statement</li> </ul>	● ✓ About this section			
<ul> <li>Diversity and inclusion - Provider</li> </ul>	This page is to collect information about the most common kinds of positive feedback and complaints received about each residential care and home care service and information about the key improvements made at each residential care and home care service between 1 July 2023 to 30 June 2024. For complaints, this includes all complaints made in regard to the service, including those made to the provider, as well as those made to other agencies that the provider is aware of. This information is being collected as one information source to help older Australians, their families or carers to choose a provider that is right for them. A provider's response to feedback or a complaint demonstrates its commitment to improving its quality of care.			
<ul> <li>Diversity and inclusion - Service</li> </ul>				
• Feedback, complaints and improvements				
Declaration and submission	Service ID:	All fields mark	ed with an asterix (*) are required.	
	Service ID:	*During the period 01 July 2023 to 30 J common kinds of positive feedback rec	une 2024 what were the three most seived about the service?	
		Select answer	Ψ.	
	>	Select answer	v	
	Service ID:	Select answer	٣	
		Complaints *During the period 01 July 2023 to 30 J common kinds of complaints received	une 2024 what were the three most about the service?	

All questions in this section are required for **each service** operated by the providers during the reporting period 1 July - 30 June.

We have endeavoured to provide a wide range of categories for you to record positive feedback, complaints and improvements.

For supporting information on this question including explanations about each category, please refer to the 'Frequently Asked Questions' document in the Guides and FAQs section.

Select the categories that best fit the most common feedback, complaints and improvements for each residential care and home care service within your organisation. In selecting the most common kinds of feedback and complaints, providers should consider the frequency in which the kind of feedback and complaint is raised.

Select **Other** if the most common feedback, complaint, or improvement does not fit in with the provided menu of options.

When data has been entered for a service, a tick will be displayed against the service. This will allow you to track the services that have been completed and identify any services whose data has not yet been entered.

The Collection Form lists each service name and service ID that operated during the reporting period.

**1.** Select a service to enter information for feedback, complaints and key improvements each service.

· · · · · · · · · · · · · · · · · · ·	All fields marked with an asterix (*) are required.
Service ID:	Feedback
Service ID:	*During the period 01 July 2023 to 30 June 2024 what were the three most common kinds of positive feedback received about the service?
	Select answer 🔻
>	Select answer 💌
Service ID:	Select answer 💌
	Complaints *During the period 01 July 2023 to 30 June 2024 what were the three most common kinds of complaints received about the service?
	Select answer 💌
	Select answer 💌
	Select answer 🔻
	Improvements *During the period 01 July 2023 to 30 June 2024 what were three main kinds of improvements made in relation to the quality of the service?
	Select answer 💌
	Select answer 💌
	Select answer 💌
	Save
	< Back Next >

**2.** Select the top three categories that best fit the positive feedback received on each service (not the whole organisation) during the reporting period.

Select **Other** if the most common kind of positive feedback received about the service <u>does not fit</u> in with the provided menu of options.

Feedback	
*During the period 01 July 2023 to 30 June 2024 w common kinds of positive feedback received abou	hat were the three most t the service?
Select answer	*
Select answer	•
Select answer	~

**3.** Select the top three categories that best fit the most common kind of complaints received about your service (not the whole organisation) during the reporting period.

Complaints	
*During the period 01 July 2023 to 30 June 2024 what were common kinds of complaints received about the service?	the three most
Select answer	▼
Select answer	•
Select answer	•

Select **Other** if the most common complaint/s made about the service <u>does not fit</u> in with the provided menu of options. You may select **Other** for each of the three responses.

Please note:

- The categories selected should capture include all complaints made during the reporting period in regard to the service, including those made to the provider, as well as those made to other agencies (such as the Aged Care Quality and Safety Commission) that the provider is aware of.
- If you select *Other* do not include <u>personal information</u> about any individual due to privacy reasons.
- Click Save often to regularly save your work as you progress.

**4.** Select the top three kinds of improvements made in relation to the quality of the service (not the whole organisation) during the reporting period.

Select **Other** if the most common improvement made at the service <u>does not fit</u> in with the provided menu of options.

ds of improvements made in relation to the qualit	ty of the service?
Select answer	
Select answer	
Select answer	

Please note:

- If you select *Other* do not include <u>personal information</u> about any individual due to privacy reasons.
- Click Save often to regularly save your work as you progress.
- 5. Click **Next** to continue (noting you may also select **Back** to go back to update or edit the previous entry).



# 6.9 Declaration and Submission

This section is the final step in completing the Collection Form and preparing for final submission via the GPMS portal.



This final page (at the bottom of the left navigation bar) is where you submit your Collection Form to the Department.

You will not be able to submit your Collection Form unless it has been fully completed.

If you have not completed all sections in the Collection Form, you will see those sections in the left-hand navigation bar marked with a red cross (X): has errors, or grey dot ( • ): not yet started – both these icons indicate these sections are incomplete.

Return to these sections in the Collection Form and complete the ones marked with a red cross (X) or grey dot ( $^{\circ}$ ).

You are encouraged to <u>carefully check all the data</u> that you have entered into the Collection Form, prior to final submission. Please ensure the information submitted is suitable for publication on the My Aged Care website.

- You must be the person authorised by the approved provider to submit the completed Collection Form.
- Your name as a provider operations user will appear at the bottom of the Declaration Statement, above the date.
- Once submitted, you will <u>not</u> be able to go back and edit/ update/ review your responses within the Collection Form.

If you have <u>completed</u> all sections in the Collection Form (confirmed by green ticks in all sections in the left navigation bar (barring **Declaration and Submission**, the last section)):

1. Review the declaration

Declaration		
As a person authorised by the approved provider submitting this Provider Operations Collection Form (the Form), I certify that all particulars disclosed in this Form are true and correct.		
I confirm that the completed information does not include any personal information, othe including: • the name and role of an executive member of the provider, • the name and signature of the governing body member signing the Statement by the • diversity information for members of the governing board.	er than where specifically requested in this Form, a Governing Body,	
Joe Bloggs 06-Jun-2023		
	< Back Agree and Submit	

2. If you are ready to make the declaration and submit the Collection Form, select Agree and Submit.



- **3.** Once submitted, you will receive an acknowledgement as a pop up on your screen, above the banner, to let you know that your Collection Form has been successfully submitted:
- ✓ Report was successfully submitted.

There will be a record on the screen confirming the name of the person and the date submitted. This will also be recorded in the system records.

#### Report was submitted by <full name> on <date month year>.

After submission, you will have access to a read-only view of your Collection Form and you will be able to download, save and print a copy of your Collection Form.