



Care minutes supplement – frequently asked questions

This resource provides answers to some frequently asked questions about the care minutes supplement being introduced from April 2026.

Do I need to apply for the care minutes supplement for our residential care home?

No. Services Australia will automatically pay the care minutes supplement if your home meets the care minutes performance threshold.

If our residential care home receives the specialised homeless Base Care Tariff (BCT), do we get the care minutes supplement?

No. The linking funding to care minutes policy does not apply to approved residential care homes with specialised homeless status. This means these specialised homes will continue to receive their BCT funding in full and will not be eligible for the care minutes supplement.

What about residential care homes outside of MM1? Will these homes get the care minutes supplement?

No. Like MM1 homes with specialised homeless status, residential care homes outside metropolitan areas are not affected by the care minutes funding changes. These homes will continue to receive their full Australian National Aged Care Classification (AN-ACC) BCT funding.

What happens to our BCT funding from 1 April 2026?

From 1 April 2026, the BCT for MM1 homes will reduce by 0.113 of the National Weighted Activity Unit (NWAU), equivalent to \$33.41¹ per resident per day. This will be re-directed to the care minutes supplement. Your new BCT funding will be 0.387 NWAU, equivalent to \$114.41¹ per resident per day.

How is our performance assessed and over which period?

Your residential care home's performance will be expressed as a percentage of the total care minutes and registered nurse (RN) targets delivered over a previous performance quarter.

These percentages determine eligibility and rate of care minutes supplement from 1 April 2026.

¹ Amount based on the current AN-ACC price of \$295.64 per resident per day. The AN-ACC price is indexed annually on 1 October.

The payment periods will be linked to the previous performance quarters as follows:

Payment period	April – June	July - September	October - December	January - March
Performance quarter	October - December	January - March	April - June	July - September

What types of direct care activities can I report and count towards care minutes performance?

Accurate reporting is essential because your care minutes performance determines your care minutes supplement payment. Incorrect reporting may lead to future payment adjustments, so providers should have strong processes to ensure care minutes data is correct.

For care minutes reporting, direct care activities are defined in the [Aged Care Rules 2025](#) as the following items:

- 2, 3, 4, 5, 6 and 7 in section 8 -150 (residential personal care service list)
- 3, 4, 5 and 6 in section 8 -155 (residential clinical care service list).

These are consistent with direct care activities outlined in Tables 1 and 2 in section 4.1 in the [care minutes guide](#). For example, attending to personal hygiene and assisting with clinical care.

Tasks that are **not** direct care must not be included in your Quarterly Financial Report (QFR). This includes activities listed in section 8-145 (residential everyday living services). For example, preparing and serving meals, laundry and cleaning.

See Appendix 3 of the [care minutes guide](#) for more information on common care minutes reporting errors.

How is the care minutes supplement calculated?

The care minutes supplement works on a sliding scale based on the percentage of total care minutes and RN minutes that were delivered during the linked performance quarter.

Residential care homes that meet at least 85% of their care minutes targets will receive some care minutes supplement, up to a maximum of \$33.41¹ per resident per day if they meet 100% of both their total care minutes and RN targets.

For more information, see [Changes coming to care minutes funding factsheet](#), which includes the rates table against care minutes performance.

Where can I find our residential care homes' care minutes targets and performance data used to determine our supplement rate on the department's website?

The care minutes targets tile will no longer be available in the Government Provider Management System (GPMS) Approved Provider portal from late March 2026.

You can continue to access your current and historical care minutes targets and performance data on the department's website:

- [2025-26 care minutes targets](#)
- [2024-25 care minutes targets](#)
- [2024-25 care minutes performance](#).

Your performance data for the October – December 2025 quarter will be available on the department’s website from late March 2026.

How is my residential care home’s compliance percentage for total and RN care minutes calculated. How many decimal places are used?

Your residential care home’s compliance percentage for both targets is calculated by dividing your actual care minutes delivered by its targets and multiplying the number by 100. The resulting percentages are then shortened to the first 2 decimal places (rather than rounded to the nearest 2 decimal places).

For example, if your residential care home’s total care minutes target was 218.58 and your actual care minutes delivered was 215.45, then the formula to work out your total care minutes performance percentage is:

$$\text{Step 1: } \frac{215.45 \text{ (care minutes actuals)}}{218.58 \text{ (care minutes targets)}} \times 100 = 98.56803001$$

Step 2: Shorten to 2 decimal places = 98.56% total care minutes performance

Step 3: Repeat steps 1 and 2 to work out your RN care minutes performance.

You can use the [online care minutes supplement estimator](#) to check the funding you may receive from April 2026.

Can I see our residential care home’s care minutes supplement eligibility on the Services Australia’s Aged Care Provider Portal?

Yes. You will be able to view your current and historical care minutes supplement eligibility, including your care minutes performance percentages, in a separate tab under ‘Supplement eligibility’ within the ‘Service management’ section of the Aged Care Provider Portal (ACPP).

Note, the ACPP will only show care minutes performance up to 100% for care minutes supplement eligibility purposes. While performance above 100% (e.g., 105%) will not be shown in the ACPP, the Star Ratings system will continue to use data for actual care minutes delivered to determine your Staffing star rating.

When is the care minutes supplement paid?

The care minutes supplement will be calculated and paid as part of your monthly claims.

The first supplement will be paid with your monthly claims from April 2026. That is, in May 2026 when you have finalised your April claim.

Where can we find the care minutes supplement in our monthly payment summary?

The care minutes supplement will be displayed as a separate line item under the 'supplements' category in your payment summary.

What can I do if I think the care minutes supplement we received is incorrect or we haven't received the payment?

If you have concerns about the accuracy of your care minutes supplement, you can contact the department by emailing ANACCOperations@health.gov.au.

If you are eligible and haven't received your supplement, you can contact Services Australia directly for assistance by phoning 1800 195 206 (Monday to Friday, 8:30 am to 5:00 pm Australian Eastern Standard Time).

What happens if our residential care home's care minutes were reported incorrectly? What assurance requirements apply?

Starting from the 2025-26 Aged Care Financial Report (ACFR), all residential aged care providers are required to prepare and submit a new [Care Minutes Performance Statement](#) and obtain an external audit over this statement. These new audit requirements protect the integrity of the new care minutes supplement and transparency measures, including [Star Ratings](#).

You are expected to correct any errors in your care minutes data when you become aware they are incorrect. The department may also require you to correct your data following 24/7 RN and [Care Minutes Reporting Assurance Activities](#), or through the Care Minutes Performance Statement. The corrected data will be used to recalculate your supplement entitlement for the relevant time period. This may lead to a reconciliation in your supplement payment.

For information on how to update your care minutes data, see section 8 of the [GPMS User Guide – Quarterly Financial Report](#). You can also contact [Forms Administration](#) by:

- emailing Health@formsadministration.com.au
- calling (02) 4403 0640.

Are there any provisions to receive the maximum rate of the care minutes supplement under exceptional circumstances?

Yes. The maximum rate of the care minutes supplement will be paid to providers under the following circumstances where they occur on or after 1 November 2025:

- A new residential care home becomes operational for the first time.
- An existing residential care home is transferred to another provider.

- A residential care home goes offline (i.e., no operational beds) and is not operational for a certain period, before becoming operational again. This occurs when a residential care home closes temporarily (exiting all residents from care). For example, for renovation.
- A residential care home that had a change to their BCT category. Specifically, a residential care home that loses their specialised homeless status and becomes a standard MM1 home.

Key links and resources

- [Care minutes supplement for residential aged care](#)
- [Changes coming to care minutes funding factsheet](#)
- [Care minutes funding estimator](#)
- [Care minutes guide](#)
- [Care minutes in residential aged care dashboard](#)
- [Care minutes targets in individual residential care homes \(financial year 2025-26\)](#)
- [Care Minutes Performance Statement](#)
- [24/7 Registered Nurse and Care Minutes Reporting Assurance Activities](#)
- [Quarterly Financial Report resources](#).