



Annual Prudential Compliance Statement (APCS) Guidelines

Important Notice: Aged Care Act Update

The Aged Care Act 1997 and the Aged Care Act 2024 along with their associated Principles and Rules, are relevant legislation for the 2025-26 reporting year.

Registered providers (providers) are required to report prudential information in accordance with the legislative framework that applied at the time the obligations were in force.

As the governing legislation changed part way through the reporting period, providers must report against the relevant prudential requirements for each applicable period as outlined below:

- 1 July 2025 to 31 October 2025 - the Aged Care Act 1997 and the Fees and Payments Principles 2014 (No.2)
- 1 November 2025 to 30 June 2026 - the Aged Care Act 2024 and the Aged Care Rules 2025
- 1 November 2025 to 30 June 2026 – the Aged Care Financial and Prudential Standards 2025

Important: Please read before completing the APCS Compliance section of the Aged Care Financial Report to ensure your compliance with the relevant legislative requirements.

BACKGROUND

Providers are required to submit an Annual Prudential Compliance Statement (APCS) to the Secretary of the Department of Health, Disability and Ageing (the Department) as part of its Aged Care Financial Report (ACFR).

Responsibility for aged care regulatory functions sits with the Aged Care Quality and Safety Commission (the Commission), which assesses providers' compliance with applicable prudential obligations based on the information submitted.

Reporting requirements and consequences of non-compliance

Providers are required to comply with their prudential obligations under the legislation in force at the relevant time.

During the 2025-26 financial year, this includes obligations under:

- the *Aged Care Act 1997*- section 52M-1
- the *Aged Care Rules 2025* - section 166-360

Providers may be required at any time to demonstrate compliance and substantiate its claims with the information reported in the APCS.

Where a provider does not comply with its obligations, or provides incomplete or inaccurate information in the APCS, the Commission may consider regulatory action in line with its Regulatory Strategy 2025-26 and its Compliance and Enforcement policy.

Your compliance is a matter that may be taken into consideration in future decisions where a provider's record of compliance with its responsibilities is relevant.

Providing false or misleading information is an offence.

COMPLETING THE APCS

This guide is designed to help you complete your APCS. Please take care to ensure that the information you provide is complete and accurate.

Purpose and structure of this guide

This guidance material has been divided into two parts to assist you in completing the APCS for the 2025-26 reporting period.

Part 1 contains guidance relating to the legislation in force up to **31 October 2025**. Much of this guidance still applies under the new Act and Rules that started on 1 November.

Where the obligations are consistent across both periods, the questions set out in the APCS section of the ACFR provide references to the applicable legislative instruments.

Part 2 explains additional requirements that apply from **1 November 2025**, including obligations and requirements relating to:

- the Aged Care Financial and Prudential Standards 2025
- disclosure to residents – including updated example of a disclosure statement
- fees for Higher Everyday Living (HELFL)
- charging payments and contributions

Providers should read both parts to ensure they correctly complete the APCS for the full reporting period.

Legislative framework

As the governing legislation changed part way through the reporting period, providers must assess and report their compliance against the applicable prudential obligations for each period as outlined below.

Legislation in force up to 31 October 2025

- [*Aged Care Act 1997 \(the Act\)*](#)
- [*Fees and Payments Principles 2014 \(No.2\) \(the Fees and Payments Principles\)*](#)
- [*User Rights Principles 2014*](#)
- [*Accountability Principles 2014*](#)
- [*The Quality of Care Principles 2014*](#)

Legislation in force from 1 November 2025

- [*Aged Care Act 2024*](#)
- [*Aged Care Rules 2025*](#)
- [*Aged Care Financial and Prudential Standards 2025*](#)

Use of this guide

Some aspects of the legislation have been simplified in the guide to support understanding. The guide is general in nature and does not constitute legal advice.

Where there is any inconsistency between this guide and the legislation, providers should refer to the relevant Acts, Principles and Rules listed above.

PART 1 – APCS guidance under the Aged Care Act 1997

(Applies from 1 July to 31 October 2025)

REFUNDABLE ACCOMMODATION PAYMENTS

Entry Contribution meaning

- **entry contribution (EC)** relating to a resident, means any payment, made before 1 October 1997, of money or other valuable consideration required by an operator to be given or loaned in return for, or in contemplation of, entry of the resident to a hostel (within the meaning of the Aged or Disabled Persons Care Act 1954).

Note: ECs are not to be confused with Refundable Accommodation Contributions (RAC) – ECs are similar to a bond and were received prior to 1997.

Bond meaning

- **Accommodation bond (Bond)** in relation to a person who first entered care before 1 July 2014, means an amount of money that does not accrue daily and is paid or payable to a provider by the person for the person's entry to a residential care service or flexible care service through which care is, or is to be, provided by the provider, and in respect of which the provider holds an allocation of places.

Refundable deposit meaning

- **Refundable accommodation deposit (RAD)** in relation to residents who first entered care on or after 1 July 2014, means a payment for accommodation provided with residential care or flexible care that does not accrue daily, and is paid as a lump sum. This is the price for a room, in lump sum form, that residents have agreed with their aged care home to pay.
- **Refundable accommodation contribution (RAC)** in relation to residents who first entered care on or after 1 July 2014, just like a RAD. The difference between a RAC and a RAD is that a RAC is the term used when a person who is receiving Government assistance with their accommodation costs makes a 'contribution' towards their accommodation costs (with the Australian Government also making a contribution on their behalf).

Refundable accommodation payment balances

In relation to lump sum payments for EC, Bond and Refundable deposits a balance is, at a particular time, an amount equal to the difference between:

- the amount of the EC, Bond, RAD or RAC paid, and
- any amounts that have been, or are permitted to be, deducted under the Act as at the time of the resident's agreement

Do you need to complete an APCS?

If you held any EC, Bond, RAD or RAC balances at any time during your financial year you are required to answer 'Yes' and proceed to the next question.

If you answered 'Yes' you are required to complete information on **Refundable Accommodation Payments Held**. This has been pre-populated for your convenience by identifying service names and residential aged care service identification number/s for each provider (RACS).

Do not include any agreements that you may have entered into but have not received any payment for.

Information relating to refundable deposits and bond balances must be entered in columns C and D. Please ensure that you provide a total for each column at the bottom of the table.

Information relating to EC balances must be entered in columns E and F of the table. Please ensure that you provide a total for each column at the bottom of the table. Do not include RAC in columns E and F (see above on where to include these amounts) – only enter information relating to EC balances.

If you have not reported EC before, then enter a zero (0). EC balances cannot increase from last year.

If you did not hold any refundable accommodation balances at all during your financial year, you can answer 'No' and this completes the APCS component of the Aged Care Financial Report (ACFR). **You must have someone who is key personnel (someone who is an executive decision maker) sign the ACFR form and submit it online through the ACFR portal.**

Total value of refundable accommodation payments received in the financial year

You are required to enter a figure that represents the full value (before deductions) of refundable accommodation payments (also referred to as lump sum payments) received by you during your financial year regardless of when you entered into the agreement.

**This information should be contained in your refundable deposit register.*

Do not include agreements that have been entered into, but you have not received any payment for.

What are allowable deductions from refundable accommodation balances?

A provider to whom a refundable deposit or bond was paid by a resident may deduct from the refundable accommodation payment. The type of deduction may be:

- interest on an unpaid bond or deposit
- extra services drawn from the bond or deposit
- fees that the resident has agreed should be paid from the bond or deposit
- retention amounts (only for bonds as retention amounts are not charged for refundable deposits)
- any other deduction authorised under the Act

The provider must not deduct any other amounts from the refundable accommodation balance.

Your response in the APCS

You are required to report allowable deductions from **ALL** refundable accommodation balances held during your financial year (regardless of when the agreement was entered into).

COMPLIANCE WITH THE PRUDENTIAL STANDARDS

COMPLIANCE WITH THE LIQUIDITY STANDARD

Any provider holding at least one refundable deposit or bond balance (including entry contributions) during their financial year must comply with the Liquidity Standard. The Liquidity Standard requires providers to maintain sufficient liquidity to ensure that they can refund (in accordance with the Act and the Fees and Payments Principles) refundable deposit balances and bond balances (including entry contributions) that can be expected to fall due in the following 12 months (see section 43, Fees and Payments Principles).

Providers must implement and maintain a written Liquidity Management Strategy (LMS), which identifies:

- the amount expressed as an amount of **whole dollars** required to ensure that the provider has sufficient liquidity to refund bond balances and refundable deposits (including entry contributions) as they fall due
- the factors that the provider considered in determining the minimum level of liquidity
- the form in which the provider will maintain the minimum level of liquidity (see section 44(1), Fees and Payments Principles)

Providers must then:

- maintain the minimum level of liquidity in the form specified in the LMS
- ensure that the LMS is kept up-to-date
- ensure that it complies with the requirements of the Liquidity Standard

A provider must modify or replace its LMS if the provider becomes aware that it no longer meets the requirements of the Liquidity Standard.

At any point in time, a provider must meet the requirements of the Liquidity Standard (see section 42 and section 44, Fees and Payments Principles).

The provider must maintain the minimum level of liquidity identified in the LMS necessary to meet refunds over the following 12 months (see section 43, Fees and Payments Principles).

Reference: Fees and Payments Principles section 43, section 44

Determining the minimum level of liquidity

Each provider should identify and assess the factors used in determining its minimum level of liquidity, based on their individual circumstances and experiences.

While some factors might be common to many providers, their relative importance can differ for individual providers. Factors that providers could consider in determining their minimum level of liquidity include:

- cash requirements for operating and capital expenditure
- their historical pattern of refundable deposits and bond balance refunds
- characteristics of the residents in their care, such as Australian National Aged Care Classification (AN-ACC) categories, ages, genders and length of time spent in care, which can affect the timing of refundable deposit and bond balance refunds
- the average value of refundable deposits and bond balances held
- the average time taken to replace departing residents
- the expected number and value of refundable deposits and bonds that will be paid by new residents
- the time taken for new residents to make refundable deposits and bond payments

A provider should consider a range of different approaches in assessing their liquidity requirements, to determine the most appropriate approach for their circumstances. Possible approaches that providers could consider include the following:

- in some cases, the minimum level of funding which is readily accessible may be the difference between the expected refundable deposits and bond balance refunds and the expected deposits and bond payments over the next 12 months
- the need to refund several of its largest deposits and bonds in the next 12 months
- for its minimum level of liquidity, a provider could use the likely value of refundable deposits and bond balance refunds that will be required over the coming 12 months, by identifying residents who are likely to leave the service in the coming 12 months and the size of their refundable deposits and bonds. For example, a provider could decide to maintain as its minimum level of liquidity the total value of refundable deposits and bonds held on behalf of residents with a greater than 50 per cent likelihood of leaving over the coming 12 months, less expected payments from new residents.

A provider can also maintain a prudent margin to provide a buffer against unexpected developments. A prudent margin could be incorporated into the minimum level of liquidity in various ways. For example, providers may choose to adopt conservative estimates for key parameters or include an explicit additional buffer to their level of liquidity.

Factors that could be considered include conservative assumptions for:

- the average size of payments expected to be received from new residents in the region given market conditions
- the rate of replacement of exiting residents

Identifying forms in which the minimum level of liquidity is maintained

To ensure that a provider can refund refundable deposits and bond balances as they fall due, it is important that the minimum level of liquidity for a provider is maintained in readily accessible forms.

It is the responsibility of the provider to determine the appropriate form(s) in which their minimum level of liquidity will be maintained. Many financial instruments have a high level of liquidity, including:

- cash
- bank bills
- stand-by lines of credit
- guarantees

Letters of comfort do not provide a form of liquidity suitable to meet the Liquidity Standard.

In considering the form(s) in which they hold their minimum level of liquidity, providers may also wish to consider cost issues. The cost to providers could be considered in terms of both the actual cost of accessing the funds (that is, the actual cost of the transaction) and the economic cost (the difference between the purchase price and the price realised on disposal). For example, liquid instruments such as cash and financial products like term deposits have relatively low costs as the fee for accessing them is not significant and they can be redeemed at their face value.

Review of Liquidity Management Strategy

The Liquidity Standard requires providers to ensure that the LMS remains up-to-date and complies with the requirements of the Liquidity Standard. Providers should review the LMS at least

annually. This review should include an assessment of whether the factors used to determine the minimum level of liquidity are still appropriate. Providers should consider:

- whether changes in services they operate, or the profile of their residents, require variations to the factors included in the LMS
- whether parameters or assumptions such as the size of refundable deposits and bonds received from new residents should be adjusted
- whether to include events in the LMS that would trigger a review outside of an annual review cycle. These events may increase the risk that they would not have the liquidity to meet refundable deposits and bond balance refunds over the coming 12 months. They include:
 - the acquisition or divestment of residential services
 - a significant change in the allocated places within a residential service
 - a significant change in the profile of residents
 - a significant change in the size of refundable deposits and bonds received
 - changes in legislative requirements
 - changes in the corporate structure of the provider

Things you need to know

The approach to documenting the LMS is a matter for individual providers. In determining their approach, providers should consider:

- that they must be able to demonstrate their compliance with the Liquidity Standard to their auditor
- that the provider may be requested to provide its LMS to the Commission for monitoring and compliance purposes at any time

Your response in the APCS

After considering the information provided under Compliance with the Liquidity Standard, did you comply with all requirements of the Liquidity Standard for the full financial year?

Respond Yes or No and enter the date that your LMS was last reviewed, updated or replaced. If you answered 'NO' you must submit a separate statement explaining why you have not complied with the Standard.

COMPLIANCE WITH THE RECORDS STANDARD

The Records Standard is designed to ensure that accurate, comprehensive and up-to-date information on entry contributions, bond holdings and refundable deposits is collected and maintained.

An accurate record of these payments will help providers to refund balances within required timeframes once a resident leaves a service.

Under the Records Standard, all providers holding entry contributions, bonds or refundable deposits must establish and maintain a refundable deposit register (register):

- The register may be maintained at a service level or at provider level. However, for the Annual Prudential Compliance Statement, providers must report at provider level, referring to the name and number of services covered by the statement.
- If a resident has paid partly by lump sum and partly by daily accommodation payments or periodic payments, an entry on the register, including all of the information detailed below, must be made for the lump sum component of the bond/deposit. A provider

might also voluntarily include additional information in the register about the periodic payments

- The register may be kept in hard copy or electronic form. The register will contain personal information that should be protected by the provider (see section 45, Fees and Payments Principles)
- Historical register entries should be kept for a minimum of three years, after the 30 June of the year in which the record was made, as should other records detailed in section 88-1, the Act and in the *Records Principles 2014*

Reference: The Act section 88-1, Fees and Payments Principles section 45 and *Records Principles 2014*

Information to be included in the refundable deposit register

The register must include:

- resident name and resident ID number
- bond details
- refundable deposit details
- the date the resident entered the service
- if the resident is transferring from another service, the date the resident entered the original aged care service. This information is useful so that the current provider knows the period over which retention amounts may continue to be drawn. If a resident has moved a number of times, providers may wish to record any other relevant details that will enable them to determine when retention amounts should cease being drawn
- the date the resident paid the bond/deposit. If a resident pays a bond/refundable deposit in more than one instalment, each date must be entered
- the amount paid by the resident. If an amount has been paid in more than one instalment this figure must reflect the amount of each instalment and the total paid

A provider can include additional information in the register. For example, they might want to include a resident's RCS/AN-ACC category.

Deductions

The register should include the following information about deductions:

- the amount of bond balance as at 1 July 2006 (for bond balances held prior to 1 July 2006)
- the date, amount and reason for each deduction taken from a bond balance (from 1 July 2006). The type of deduction may be interest on an unpaid bond or deposit, extra services drawn from the bond, fees that the resident has agreed should be paid from the bond or deposit, retention amounts (only for bonds as retention amounts are not charged for refundable deposits), or any other deduction authorised under the Act
- the date, amount and reason for each deduction taken from a refundable deposit balance (from 1 July 2014). The type of deduction may include the daily accommodation payment, extra services drawn from a refundable deposit, fees that the resident has agreed should be paid from the refundable deposit or any other deduction authorised under the Act
- the bond or refundable deposit balance at the end of each calendar month. A provider should update the register on a monthly basis. During any month there may be one or more deductions and these deductions may have been made on one or more dates. One of the purposes of the register is to ensure that all providers retain a record of the details of all deductions made (date, amount and type of deduction) from 1 July 2006

Refund of bonds and refundable deposits

The register should include the following information about the refund of a bond and or refundable deposit:

- date of refund event and other relevant dates including, where appropriate:
 - the date the resident died, and the date probate or letters of administration were shown to the provider
 - the date the resident left the service, and if notice was provided, the date the notice was provided
 - the date the service ceased to be certified
- date the bond or refundable deposit is due to be refunded in accordance with the requirements under section 52P of the Act
- date the bond or refundable deposit was actually refunded
- amount of bond or refundable deposit refunded
- if interest was payable, the amount of interest and the date paid
- maximum permissible interest paid and the date paid

The refund event is the initial trigger for determining when the refund of bond or refundable deposit refund is due. The refund event may be the death of the resident or the departure of the resident from the service.

The date that the resident left the service should be the date on which the resident was formally discharged from the service. Residents may enter hospital on hospital leave and then transfer to another service without returning to the original service, but the date to be recorded will be the date that the resident was discharged, or the date not the date they went on leave.

Reference: The Act section 52P

Entry Contributions (pre 1997)

The register must include the following information about entry contributions:

- resident details including the resident's name and resident ID number,
- the date the entry contribution was paid,
- the amount of the original entry contribution,
- the date the resident left the facility,
- the date the entry contribution is due to be repaid in accordance with the formal agreement,
- the date the entry contribution was refunded,
- the amount of entry contribution balance refunded, and
- maximum permissible interest paid and the date paid

Things you need to know

The approach to presenting the refundable deposit register is a matter for individual providers. In determining their approach, providers should consider:

- that they must be able to demonstrate their compliance with the Records Standard to their auditor,
- that, if requested, they must be able to provide a resident or their representatives a copy of the resident's entry in the refundable deposit register, current at the time of the request,
- that within four months after the end of a provider's financial year, they are required to provide residents who have paid a refundable deposit or a bond with a copy of the resident's entry in the refundable deposit register, as at the end of the financial year, and

- that they could be asked to provide to the Commission their refundable deposit register for one or more residents, that are currently in care or have left the provider's care, for monitoring and compliance purposes

Your response in the APCS

After considering the information provided under Compliance with the Records Standard, did you comply with all requirements of the Records Standard for the full financial year?

Respond Yes or No. If you answered 'NO' you must submit a separate statement explaining why you did not comply.

COMPLIANCE WITH THE GOVERNANCE STANDARD

The Governance Standard is designed to help providers develop sound governance systems to ensure refundable deposits and bonds are only used for permitted uses and are refunded to residents as and when they fall due, as required by the Act.

The Governance Standard promotes sound business practices by requiring governance arrangements in line with the size and complexity of a provider's business (see Part 5, Division 4, Fees and Payments Principles).

The Governance Standard requires providers that hold refundable deposits or bonds to have a governance system in place to manage refundable deposits and bonds.

The governance system must ensure that refundable deposits and bonds are only used for permitted uses and that refundable deposit balances and bond balances are refunded to residents in accordance with the Act. Providers are also required to implement and maintain a written Investment Management Strategy (IMS) if they propose to invest refundable deposits or bonds in financial products specified in section 52N-1(3)(b)-(e), of the Act or in a Religious Charitable Development Fund (RCDF) (see section 63(c), Fees and Payments Principles).

The Governance Standard does not prescribe the particular type of system. Instead, it describes the key features that need to be incorporated. This allows providers the flexibility to implement a governance system that suits their particular size and corporate structure and that is appropriate for prudent and accountable management of the refundable deposits and bonds they hold, regardless of when the refundable deposits and bonds were charged.

Reference: The Act section 52N-1 and Fees and Payments Principles section 63, Part 5 Division 4

Requirements of the Governance Standard

The purpose of the Governance Standard is to ensure that, where a provider holds refundable deposits or bonds, there is an appropriate system in place to ensure that the provider complies with their prudential responsibilities in relation to refundable deposits and bonds.

The Governance Standard only applies to the management of refundable deposits and bonds. Broader corporate governance is a matter for commercial judgement, taking into account wider statutory requirements such as the legislation under which the provider is incorporated and best practice resources such as voluntary national standards.

To comply with the Governance Standard, providers that hold refundable deposits or bonds must implement and maintain a documented governance system that:

- allocates responsibilities to key personnel for managing refundable deposits and bonds held by the provider,
- monitors and controls any delegation or outsourcing of these responsibilities,
- ensures relevant key personnel, and anyone to whom responsibilities are delegated or outsourced, are aware of the legal requirements for refundable deposits and bonds,

- has reporting mechanisms to ensure responsible key personnel can monitor and control the use of refundable deposits and bonds, and
- detects, records and addresses any instances of non-compliance (see section 49(1) and (2), Fees and Payments Principles)

Providers need to keep written documentation describing their governance system and ensure this documentation is kept up to date (see section 49(3)(a) and (b), Fees and Payments Principles).

If a provider becomes aware that their governance system no longer complies with these requirements, they need to modify or replace it with a system that does comply (see section 49(3)(c), Fees and Payments Principles).

Reference: Fees and Payments Principles section 49

Allocating responsibilities to key personnel

A provider's key personnel are defined by the roles and functions that person may perform. In the context of the Governance Standard, key personnel are people who have authority or responsibility for (or significant influence over) planning, directing, or controlling the management of refundable deposits and bonds.

It is important for providers to clearly define the person or position that has responsibility for managing refundable deposits or bonds, and what those responsibilities are. This ensures that people with responsibilities for refundable deposits or bonds are aware of their role and that the giving of responsibility for the management of refundable deposits or bonds is conscious and documented. This will also assist the Commission in managing any compliance issues.

The key personnel responsible for refundable deposits or bonds will vary depending on the corporate complexity of the provider. For a small provider with a single service, the key personnel may, for example, be the Director of the provider entity. For more complex providers, the key personnel may, for example, be the Chief Financial Officer and the members of the governing board, or the Executive.

Reference: The Aged Care Quality and Safety Commission Act 2018 section 8B

Monitoring and controlling delegations

Key personnel responsible for managing refundable deposits or bonds, and staff with delegated responsibilities for managing refundable deposits or bonds should have their responsibilities documented as part of their position descriptions. Responsibilities that might be delegated by key personnel to staff include calculating and processing refundable deposit balance refunds or bond balance refunds, monitoring the allocation and use of refundable deposits or bonds, updating the refundable deposit register, and responding to requests for information.

Through trend analysis of the APCS, it has been identified that late refunds of accommodation deposits or bonds are often due to inadequate administrative controls over the refund processes or a lack of knowledge by staff of refund obligations.

The governance system must ensure that key personnel responsible for managing refundable deposits and/or bonds, and staff or other people who have a role in managing refundable deposits and/or bonds, are aware of the legal requirements for refundable deposits and bonds. This should include ensuring that a provider plans for when these staff are on leave or unexpectedly absent. Such leave or absence does not in any way affect a provider's obligations to refund refundable deposit balances or bond balances when they fall due.

Reporting mechanisms

The reporting mechanisms a provider may have in place to ensure that responsible key personnel can monitor and control the use of refundable deposits or bonds will depend on the size and complexity of the provider and the sophistication of the management of refundable deposits or

bonds. For example, a small provider with a single service may deposit all of its refundable deposits or bonds into a banking account with an authorised deposit-taking institution (ADI) and use that account to refund refundable deposit balances or bond balances. In this case, the reporting mechanism may be as simple as ensuring periodic review of the refundable deposit register and statements for the banking account. Larger and more complex businesses will require more sophisticated monitoring and control of the use of refundable deposits and bonds.

Detecting, recording and addressing non-compliance

Providers holding refundable deposits or bonds must ensure that their governance system has mechanisms for detecting, recording, and addressing non-compliance with the requirements for refundable deposits and bonds. It is important to ensure that the key personnel and other persons with responsibility for refundable deposits or bonds are aware of the requirements of the Act and the Fees and Payments Principles in relation to refundable deposits and bonds.

Providers should establish, for example, mechanisms to identify and address the late repayment of refundable deposit balances or bond balances, insufficient liquidity to pay refundable deposit balances or bond balances, non-compliance with requests for information from residents, and non-compliance with permitted use requirements.

Review of the Governance System

Providers may experience changes to their business which may require updating their documented governance system, including:

- changes to key personnel
- changes to corporate structure
- changes to outsourcing of responsibilities for managing refundable deposits or bonds, and
- acquisition or divestment of aged care services

Where a provider detects non-compliance with the requirements for refundable deposits or bonds, the governance system should be reviewed.

Can the requirements of the Governance Standard be incorporated into existing corporate governance documents?

The requirements of the Governance Standard can be included in broader corporate documents of the provider. However, providers must clearly identify where the governance arrangements relate to the management of refundable deposits or bonds in order to demonstrate their compliance with the prudential requirements to their auditor.

Investment Management Strategy

Where refundable deposits and bonds are not immediately required for other permitted uses, providers may choose to invest them in order to generate additional income. The Act allows for refundable deposits and bonds to be invested in a broad range of financial products and in RCDFs. This enables providers to manage their financial investments in line with their broader business model and corporate capabilities and provides an additional source of income (see section 63(c), Fees and Payments Principles).

While investment in particular financial products and RCDFs is a permitted use for refundable deposits and bonds, these investments bring with them a range of risks that need to be recognised and appropriately managed. If investing bonds or refundable deposits in financial products other than a deposit facility (made available by an ADI in the course of its banking business) or in a RCDF, providers must implement and maintain an IMS, (see section 50, Fees and Payments Principles).

If a provider invests bonds and refundable deposits solely in a deposit taking facility provided by an ADI, then the provider is not required to implement an IMS. A list of ADIs is located at <https://www.apra.gov.au/register-of-authorised-deposit-taking-institutions>.

The aim of an IMS is to ensure that providers have arrangements in place to make informed and prudent decisions on the investment of refundable deposits or bonds, to assess the risks of financial investments, including to their liquidity and obligation to refund refundable deposits or bond balances, and respond to changing risk. This approach ensures that regulation targets the main risks arising from providers investing refundable deposits or bonds, while minimising the regulation of low-risk investments.

The requirement for an IMS ensures that the executive decision makers of providers have considered and addressed the prudential and other risks that these investments may pose.

Reference: Fees and Payments Principles section 50, section 63

Requirements of an Investment Management Strategy

At a minimum, an IMS must:

- set out the provider's investment objectives,
- set out the provider's assessment of the level of risk to the provider's ability to refund refundable deposit balances or bond balances in accordance with the Act,
- detail a strategy to achieve the provider's investment objectives whilst ensuring that the provider is able to refund refundable deposit balances and bond balances in accordance with the Act,
- specify the asset classes the provider may invest in and the investment limits for each asset class that are consistent with the investment objectives, and
- detail key personnel with appropriate skills and experience who are responsible for implementing the IMS

The IMS must be approved by the key personnel who are responsible for the provider's executive decisions.

Providers must ensure that any investment of refundable deposits or bonds is in accordance with the IMS.

Providers are responsible for keeping their IMS up-to-date and in compliance with the requirements listed above, and for modifying or replacing the IMS if the provider becomes aware that it no longer complies with the requirements (see section 50, Fees and Payments Principles).

Reference: Fees and Payments Principles section 50

Considerations for an Investment Management Strategy

Where refundable deposits or bonds are not immediately required for other permitted uses, it is a legitimate use to generate assets by investing them. Investment in financial products and RCDFs must not be undertaken in such a way that the provider might not be able to refund deposits or bonds when they fall due. Providers should not invest refundable deposits or bonds in financial products which may adversely affect the requirement to maintain sufficient liquidity to repay refundable deposit balances or bond balances.

The IMS requires providers to carefully consider their approach to investing refundable deposits or bonds in financial products and RCDFs. This should be undertaken considering a wide range of factors including the nature and complexity of their business, the availability of surplus funds, any existing investments and access to skills and advice to determine and manage their investments.

Providers must analyse the risk of any investment under consideration for its effect on the ability to refund refundable deposit balances or bond balances when they fall due. Providers may wish to seek professional advice when considering these risks.

Providers that invest refundable deposits or bonds in financial products (other than deposits with ADIs made available in the course of their banking business) or RCDFs must document a strategy for achieving the investment objectives and ensuring that they are able to repay refundable deposits or bonds when they fall due. This strategy should include triggers for disposing of the investment and making up any losses incurred.

The IMS must document the asset classes (i.e., the permitted financial products, and any sub-groups of those products) and the limits of investments in those classes that the provider considers to be prudent.

Providers must ensure that only key personnel with appropriate skills and experience are responsible for implementing the IMS. These key personnel must ensure that the investment of refundable deposits or bonds in financial products or RCDFs is undertaken in accordance with the IMS. Refundable deposits or bonds should not be invested in financial products requiring an IMS if the key personnel of the provider are not suitably skilled and experienced in making financial investments.

The IMS must be documented and approved by those key personnel who have responsibilities for executive decisions of the provider. Depending on the size and complexity of the provider, these may or may not be the same key personnel with allocated responsibilities for managing refundable deposits or bonds as identified through documenting the governance system.

As a minimum, the IMS should be reviewed when:

- there is a change in executive decision makers,
- there is a change in key personnel with responsibilities for managing refundable deposits or bonds,
- there is a change in the objectives of the investments, and
- there is a significant devaluation of any of the financial products invested in

Reference: The Act section 52N-1, section 88-1, Fees and Payments Principles section 49, section 50, section 63, *The Aged Care Quality and Safety Commission Act 2018*, section 8B, *Records Principles 2014* and *Corporations Act 2001*

Things you need to know

The approach to documenting the governance system and IMS (if required) is a matter for individual providers. In determining their approach, providers should consider:

- that they must be able to demonstrate their compliance with the Governance Standard to their auditor;
- that, if investing in any product that is not available through an ADI (bank), they need to have an IMS in place; and
- that the provider could be requested to provide a copy of its governance system and and/or IMS for monitoring and compliance purposes at any time

Your response in the APCS

After considering the information provided under Compliance with the Governance Standard, did you comply with all requirements of the Governance Standard for the full financial year?

Respond Yes or No. If you answered 'NO' you must submit a separate statement explaining why you did not comply.

COMPLIANCE WITH THE DISCLOSURE STANDARD

The Disclosure Standard requires providers holding refundable deposits and bonds (including entry contributions) to give the Secretary, residents, prospective residents and their representatives information on their compliance with the Liquidity, Governance, Records and Disclosure Standards, and information on their financial standing.

Reference: Fees and Payments Principles Division 5, Part 5

Disclosure to the Secretary of the Department of Health, Disability and Ageing

Providers have responsibilities for information that must be provided to the Secretary of the Department of Health, Disability and Ageing.

Providers are required to submit an APCS as part of the Aged Care Financial Report, providing information about the refundable accommodation deposits held, managed and refunded for the financial year, and their compliance with the prudential standards.

Providers who do not lodge a complete APCS, by the legislated timeframe are non-compliant with their disclosure responsibilities under the Act.

A complete APCS consists of both the provider's compliance statement against the prudential standards and the auditor statement. These two items form a complete APCS and should be submitted within four months of the end of the provider's financial year. A late submission of any part of the APCS is a breach of the Disclosure Standard and must be reported in the following year's APCS.

Failure to disclose all reportable non-compliances is a breach of the Disclosure Standard and must be reported in the following year's APCS.

Disclosure to residents

Providers have responsibilities for information that must be provided to residents (or their representatives).

Provision of information upon entering an accommodation agreement

Within seven days after an accommodation agreement is entered into, providers must notify the resident, in writing, that the provider will give the resident, within 7 days of a request by the resident, the information and documents set out in section 57 of the Fees and Payments Principles which include:

- a summary of the permitted uses that refundable deposits and bonds have been used for in the previous financial year
- if refundable deposits and bonds have been invested in financial products other than through an ADI, a statement explaining the provider's investment objectives and the asset classes they may invest in
- information about whether the provider has complied with the prudential requirements and permitted uses for refundable deposits and bonds

- a copy of the independent audit opinion of the APCS from the previous financial year,
- information about the number of refundable deposit balances and bond balances that were not refunded in accordance with the Act or, for entry contributions, a formal agreement
- the provider's most recent audited accounts or, if the service is part of a broader organisation, the statement relating to the aged care component
- a copy of the resident's entry in the refundable deposit register, current at the time of the request

Reference: Fees and Payments Principles section 57

Routine provision of information at the end of each financial year

Within four months after the end of a provider's financial year, they are required to provide residents who have paid a refundable deposit, a bond or an entry contribution with the following information:

- a copy of the resident's entry in the refundable deposit register, as at the end of the financial year (assuming that the resident had paid a refundable deposit or bond prior to the end of the financial year)
- a written statement that the provider will provide, within seven days of request, the information and documents specified in section 57(1)(a)-(g) - (3), Fees and Payments Principles

Reference: Fees and Payments Principles section 57

Routine provision of information at any other time

If a resident who has paid a refundable deposit, a bond or entry contribution requests the information and documents set out in section 57(1)(a)-(g) - (3), a provider must provide it within seven days. That information includes the following:

- a summary of the permitted uses that refundable deposits and bonds have been used for in the previous financial year
- information about whether the provider has complied with the prudential requirements and permitted uses for refundable deposits and bonds
- information about the number of refundable deposit balances and bond balances that were not refunded in accordance with the Act or, for entry contributions, a formal agreement
- if refundable deposits and bonds have been invested in financial products other than through an ADI, a statement explaining the provider's investment objectives and the asset classes they may invest in
- a copy of the independent audit opinion of the APCS from the previous financial year,
- the provider's most recent audited accounts or, if the service is part of a broader organisation, the statement relating to the aged care component
- a copy of the resident's entry in the refundable deposit register, current at the time of the request

Reference: Fees and Payments Principles section 57

Keeping records of disclosure to residents

Providers must demonstrate their compliance with the Disclosure Standard on an annual basis, as part of their APCS. To do this, and to provide evidence of compliance if requested, providers should keep records of the following types of information:

- number of requests made
- whether the information was provided within seven days

A provider may want to suggest that information requests be made in writing for ease of processing. If a request is made in writing, a provider should keep a copy of it. If the request is not in writing, a provider may wish to make a note of the date the request was made, the type of information requested and the date the information was provided.

Reference: Fees and Payments Principles section 55

Disclosure to prospective residents

A prospective resident is a person approved as a recipient of residential care and who is considering receiving residential care through that service. In the case of residential aged care services, a prospective resident is someone who is approved through the Single Assessment System. A provider might want to confirm that somebody is a prospective resident if that person requests information.

Prospective residents (or their representatives) can request the information at section 57(1)(a)-(f), of the Fees and Payments Principles.

If a prospective resident (or their representative) requests any of the above information, then the provider must give the information to the prospective resident within seven days of the request. This does not limit the information that a provider may voluntarily choose to give a prospective resident.

As detailed in the previous section, providers will be required to attest to their compliance with the Disclosure Standard on an annual basis, as part of their APCS. Providers will therefore need to keep records in order to be able to demonstrate their compliance with the requirement to provide information to prospective residents (or their representatives).

Reference: Fees and Payments Principles section 57

Please refer to page 48 for an example of a disclosure statement consistent with the Aged Care Rules 2025.

Things you need to know

The approach to recording the disclosure information is a matter for individual providers. In determining their approach, providers should consider:

- that they must be able to demonstrate their compliance with the Disclosure Standard to their auditor
- that the Commission monitors submission dates of the previous year's APCS
- that the provider could be requested to provide its disclosure records for monitoring and compliance purposes at any time

Your response in the APCS

After considering the information provided under Compliance with the Disclosure Standard, did you comply with all requirements of the Disclosure Standard for the full year?

Respond Yes or No. If you answered 'NO' you must submit a separate statement explaining:

- the total number of occasions on which you did not comply with the Standard
- the reason or reasons for your failure to comply with the Standard
- in respect of each reason provided – the total number of occasions of non-compliance attributable to the reason

COMPLIANCE WITH REFUNDABLE ACCOMMODATION PAYMENT RESPONSIBILITIES

COMPLIANCE WITH RULES AROUND CHARGING REFUNDABLE DEPOSITS AND/OR BONDS

If at any time during the financial year you were not permitted to charge refundable accommodation payments for entry into one of your services, due to compliance action taken by the Commission, you must report the details of the service and the time period involved.

Your response in the APCS

After considering the information provided under charging responsibilities respond Yes or No.

If you answered 'YES', you must submit a separate statement explaining:

- the period or periods during which you were not permitted to charge a RAD and/or Bond
- the aged care service in respect of which each period specified applies

COMPLIANCE WITH RULES AROUND BONDS

(FOR RESIDENTS THAT FIRST ENTERED CARE BEFORE 1 JULY 2014 THAT HAVE OPTED TO KEEP THEIR EXISTING BOND AGREEMENT)

A provider has a responsibility with a residential or bond agreement to:

- offer to enter into a resident agreement with the resident, and, if the resident wishes, to enter into such an agreement (section 56-1(h) of the Act)
- have entered into a bond agreement with the resident before, or within 21 days after, the resident entered the service (section 57-2(1)(e) of the Aged Care (Transitional Provisions) Act 1997 (the Transitional Provisions Act))
- give the resident the agreement to sign within 7 days after entering into an agreement with the resident or their representative

Note: The bond agreement can be a separate document, or it can be incorporated into the resident agreement (section 57-10 of the Transitional Provisions Act), within 21 days of the resident entering the service.

Things you need to know

- Providers must be able to demonstrate compliance with the bond agreement requirements to their auditor
- The provider could be requested to provide records to the Commission for monitoring and compliance purposes at any time

Your response in the APCS

After considering the information provided under bond agreements, respond Yes, No or N/A.

Only answer 'YES' or 'NO' if you entered into a bond agreement, otherwise answer 'N/A'.

COMPLIANCE WITH RULES AROUND CHARGING ACCOMMODATION PAYMENTS

(FOR RESIDENTS WHO FIRST ENTERED CARE ON OR AFTER 1 JULY 2014)

If, when you charged refundable deposits for a room, was the price published before doing so and was the resident charged, if so, did you only charge the amount published for that room on that day? Respond Yes, No or N/A.

Only answer 'N/A' if you did not enter into any agreements.

If you answered 'NO' you must provide a separate statement with the following details:

- the number of dates you did not comply with this rule i.e. My Aged Care Website, written material for prospective residents, and/or provider website
- the reason or reasons for failure to comply with this rule
- the processes that are now in place to ensure future compliance

COMPLIANCE WITH REFUNDABLE DEPOSIT AGREEMENTS

All people moving into an aged care home must be offered a resident agreement with their provider. This agreement covers items like services, fees, and rights and responsibilities. It is a legal agreement between the resident and the provider. Information to be provided before a person enters a residential care service or eligible flexible care service in writing include:

- a statement that, if the person pays part or all of his or her accommodation payment or accommodation contribution by refundable deposit, the provider will, within 7 days of receiving a request from the person, give the person the information and documents referred to under the Disclosure Statement
- information about the interest rate payable if there is a delay in the payment of daily accommodation payments or daily accommodation contributions
- the method and timing by which any overpaid accommodation payments or accommodation contributions will be refunded to the person
- information about refund arrangements for refundable accommodation deposits and refundable accommodation contributions
- the prudential arrangements applying to refundable accommodation deposits and refundable accommodation contributions

Other matters that must be set out in an accommodation agreement can be found in Part 4 of the Fees and Payments Principles.

Reference: The Act Division 52F and Fees and Payments Principles section 17

The resident must have 28 days from the day of entry to indicate their preferred payment method.

Things you need to know

- providers must be able to demonstrate compliance with accommodation agreements requirements to their auditor
- providers could be requested to provide records to the Commission for monitoring and compliance purposes at any time

Your response in the APCS

After reading section 17 of the Fees and Payments Principles, consider if you met the requirements. Respond Yes or No.

For each agreement entered into, did you agree on the maximum amount that would be payable with the resident before entry in writing? Respond Yes or No.

Were all agreements entered into before or within 28 days from date of resident entry? Respond Yes or No.

COMPLIANCE WITH THE PROVISION OF OTHER CARE AND SERVICES FEES

The Act and the Transitional Provisions Act provide a complete scheme of fees that aged care providers can charge to residents. Relevant provisions are found in Division 52C and Division 56 of the Act and Division 57 and Division 58 of the Transitional Provisions Act.

It is a provider's responsibility to ensure that any fees they charge to residents are consistent with aged care legislation.

What types of services cannot attract additional fees?

Additional fees cannot be charged where they do not provide a direct benefit to the individual or the resident cannot take up or make use of the services, or where the activities or services subject to the fee are part of the normal operation of an aged care home and fall within the scope of specified care and services.

Providers cannot charge additional fees for:

- items listed in Schedule 1, Specified Care and services of the *Quality of Care Principles 2014* (some exceptions apply for items in Part 3)
- other services or activities that would form part of the general operation of the aged care home
- services that are required to be delivered as part of a provider's responsibilities

Examples of 'other care and services' for which charging of additional fees to residents is not permitted include, but are not limited to:

- maintenance inside and outside the aged care home
- any repairs or replacements necessary because of normal wear and tear
- general refurbishment of the resident's room after they have left the aged care home
- services or activities that would form part of the general operation of the aged care home, or are required to deliver residential care to the individual
- employment of administration staff where the staff member is primarily undertaking activities related to the general operation of the aged care home
- capital costs, asset management or replacement

'Asset replacement charges', 'capital refurbishment fees', 'security deposits' and similar fees are not permitted by aged care legislation. Providers are not permitted to charge fees other than those set out by the legislation.

It is a provider's responsibility to obtain agreement from residents before delivering any care or services for which they propose to charge additional fees. If fees for additional services are not included in the resident agreement, then providers should ensure that residents are given a list or schedule of the services available and the cost of each item. It is a provider's responsibility to provide residents with an itemised account and this should be provided for each period (e.g. month) in which the resident purchased goods or accessed services.

Providers are not permitted to charge fees above the maximum amount worked out under the Act and Transitional Provisions Act for services or activities that are part of the normal operation of an aged care home, or are required to be delivered as part of a provider's responsibilities. In some circumstances providers may charge additional fees for 'other care or services' where the resident receives a direct benefit or has the capacity to take up or make use of the services. This differs from extra service fees that are charged for rooms within aged care homes (either individual rooms or across the home) that have been granted extra service status by the Department. Extra service fees are for higher standards of food, accommodation and hotel-type services, but not for care.

What does this mean practically?

The below is not an exhaustive list of what can or cannot be charged. It is only a guide.

A provider cannot charge a resident for:

- registering the resident for a place on a waiting list

- preparing the resident agreement
- preparing invoices and statements for the resident's care
- resident's handbook
- informing the resident of meetings
- booking fees
 - excludes recipients of residential respite care
- translated material in the resident's preferred language explaining basic matters such as resident rights and responsibilities, complaints processes, food menus, and daily activity program

A provider can charge a resident for:

- management of a resident trust account where such arrangements are voluntary. However, the resident must have the choice to handle their finances without placing their money in a trust account with the provider

Maintenance of buildings and grounds

A provider cannot charge a resident for:

- gardening
- maintenance inside and outside the residential care service
- any repairs and replacements necessary because of normal wear and tear
 - excludes repairs and replacements necessary because of intentional damage

Utilities such as electricity and water

A provider cannot charge a resident for:

- inspection of the provider's electrical equipment for work health and safety purposes
 - includes testing and tagging of electrical equipment
- telephone sockets
- access to a pay telephone
- heating and cooling the residential care service to provide a comfortable environment for residents
 - excludes running costs of personal heating or cooling units provided and operated by the resident in addition to an effective heating or cooling system provided by the residential care service
- moving a resident from one bed or room to another within the residential care service when the move is not at the resident's request

Conditions apply to moving a resident within the residential care service – see section 10 of the User Rights Principles 2014 and section 17 of the Fees and Payments Principles for details.

SCHEDULE 1, PART 1 OF THE QUALITY OF CARE PRINCIPLES SPECIFIES THE HOTEL SERVICES THAT MUST BE PROVIDED FOR ALL RESIDENTS WHO NEED THEM, AS FOLLOWS:

Furnishings – Part 1.4

Bedside lockers, chairs with arms, containers for personal laundry, dining, lounge and recreational furnishings, draw-screens (for shared rooms), wardrobe space and towel rails.

- excludes furnishings a resident chooses to provide

A provider cannot charge a resident for:

- a chair with arms to meet the resident's care, safety and comfort needs
- if the resident is unable to walk or move about independently and cannot use a conventional armchair, includes an armchair with particular features to meet the resident's needs, such as an air, water or gel chair

Bedding – Part 1.5

Beds and mattresses, bed linen, blankets, and absorbent or waterproof sheeting.

A provider cannot charge a resident for:

- a bed, a mattress and pillows that meet the resident's care, safety and comfort needs
 - includes as required a bed with particular features that meets the resident's needs, for example to accommodate the resident's height or weight.

Cleaning services, goods and facilities – Part 1.6

Cleanliness and tidiness of the entire residential care service.

- excludes a resident's personal area if the resident chooses and is able to maintain this themselves

A provider cannot charge a resident for:

- cleaning the resident's room and ensuite
 - includes any cleaning materials for the use of the resident if the resident chooses to maintain their personal area
- cleaning floor coverings, includes carpets

Waste disposal –Part 1.7

Safe disposal of organic and inorganic waste material.

- a provider cannot charge a resident for safe disposal of sharps and contaminated waste.

General laundry – Part 1.8

Heavy laundry facilities and services, and personal laundry services, including laundering of clothing that can be machine washed.

- excludes cleaning of clothing requiring dry cleaning or another special cleaning process, and personal laundry if a resident chooses and is able to do this themselves.

A provider cannot charge a resident for:

- general laundry, including washing and ironing clothing that can be machine washed (excludes hand-washing items of the resident's clothing)
- a system to identify the resident's laundry items (excludes an effective alternative system of the resident's own choice)

- for example, a provider may charge a resident additional fees if the resident requests use of woven name tapes when the provider normally uses a laundry marking pen to ensure identification of residents' laundry

Toiletry goods – Part 1.9

Bath towels, face washers, soap, toilet paper, tissues, toothpaste, toothbrushes, denture cleaning preparations, mouthwashes, moisturiser, shampoo, conditioner, shaving cream, disposable razors and deodorant.

A provider cannot charge a resident for:

- suitable soap, or soap substitute, if the resident's care needs mean the resident cannot use the soap normally provided
- denture cleaning products
- excludes personal denture containers

Meals and refreshments – Part 1.10

- meals of adequate variety, quality and quantity for each resident, served each day at times generally acceptable to both residents and management, and generally consisting of 3 meals per day plus morning tea, afternoon tea and supper
- special dietary requirements, having regard to either medical need or religious or cultural observance
- food, including fruit of adequate variety, quality and quantity, and non-alcoholic beverages, including fruit juice-alcoholic beverages, including fruit juice

A provider cannot charge a resident for:

- quality food in accordance with the resident's individual nutritional needs
 - includes consultation with residents in menu planning
- special dietary items to meet the resident's individual medical, cultural or religious needs
 - includes, for example, vegetarian, kosher, halal food to meet cultural or religious needs
 - includes gluten free food, low fat food and thickened drinks to meet medical needs
 - includes nutritional supplements, if the resident is assessed by an appropriate health practitioner as requiring a special dietary supplement to ensure their adequate nutrition and hydration

Resident social activities – Part 1.11

Programs to encourage residents to take part in social activities that promote and protect their dignity, and to take part in community life outside the residential care service.

A provider cannot charge a resident for:

- developing and delivering social activity programs in accordance with the resident's needs, wishes and abilities
- includes consultation with the resident and/or their representative in program planning
- excludes outing costs, for example transport, entry fees and purchased food

Things you need to know

- providers must ensure that all residents, upon entry to a facility, are assessed against all additional services listed in their agreement for which there is a fee and the services, if any, that provide a direct benefit to and can be used by the resident are identified.

- providers must ensure that residents, upon entry to a facility, are only charged a fee for agreed additional services that have been identified as providing a direct benefit to the resident and are capable of being used by the resident
- providers must have systems in place to continue to monitor and assess its residents to determine their capacity to utilise and benefit from the agreed additional services
- providers must be able to demonstrate compliance with the charging of other care or services fees, including providing residents with an itemised account, to their auditor
- the provider could be requested to provide records for monitoring and compliance purposes at any time

Your response in the APCS

After considering the above guidance, regarding fees and charges, respond Yes or No.

If you answered 'YES', you must submit a separate statement with the following details:

- the total value of each such fee received during the financial year
- the reason for charging or the intended use of these fees or charges
- the steps have you taken or are taking to refund these fees or charges
- the processes that are now in place to ensure future compliance

Please note that the total value of each such fee received during the financial year is not to be completed at the resident level (i.e., Mrs Smith \$500, Mr Jones \$1,000) but at fee type level (i.e., 1. Asset Replacement Charge: \$500,000, 2. Documents Completion Fee: \$50,000).

COMPLIANCE WITH REFUNDING RESPONSIBILITIES

Refundable Accommodation Payments – refund due dates

The refundable deposit and bond balances must be refunded when a person transfers to another service, permanently leaves care or passes away. The refund due date depends on how a person exists care, how many days' notice you receive or if you are shown a grant of probate or letter of administration from the person's estate.

Refund event	Refund due
Person transfers from your service and gives more than 14 days' notice	The day the person leaves your service
Person transfers from your service and gives less than 14 days' notice	Within 14 days of receiving notice
Person transfers from your service and doesn't give notice	Within 14 days of departure
Person permanently leaves care	Within 14 days of leaving the service
Person dies	Within 14 days after you sight a grant of probate or letter of administration from the person's estate

In any other case, the refundable deposit is to be paid within 14 days of the resident ceasing to be provided with residential care or flexible care.

Reference: The Act section 52P-1

Payment of interest – accommodation payment refunds

Interest types

You may need to pay interest on a person's refundable deposit at the time you refund it. If interest is payable, you need to calculate this at the base interest rate (BIR) and the maximum permissible interest rate (MPIR) if necessary. Include the day of the refund in your interest calculations for the refundable deposit balance, bond balance or entry contribution.

Base interest calculation

If you need to pay interest, you need to calculate the base interest on a person's refundable deposit from the day after the refund event, until the end of the refund period. The number of days you pay interest for is the same as the number of days you hold the refundable deposit during this period.

Maximum permissible interest calculation

You need to pay maximum permissible interest on a person's refundable deposit from the day after the refund period until the day you refund the refundable deposit. The number of days you pay the maximum permissible interest for is the same as the number of days you hold the refundable deposit after the refund due date.

The base interest and maximum permissible interest calculations are a set formula (Fees and Payments Principles s69).

Providers pay interest with respect to entry contributions

- the MPIR for entry contributions refunded from the day after the refund date (in accordance with the formal agreement) and ending on the day the entry contribution balance is refunded.

Reference: The Act section 52P-3, Fees and Payments Principles Part 7, Division 1

Application of interest

If the resident dies

The rate of BIR is the BIR applicable on the day after probate or letters of administration are shown to the provider.

If the provider refunds the refundable deposit or bond balance before the end of 14 days after the provider has been shown probate or letters of administration, then the provider pays BIR for the period commencing on the day after the resident died and finishing on the day the refundable deposit or bond balance is actually refunded.

No MPIR is payable where the provider has refunded the refundable deposit or bond balance within the legislated timeframe.

If the provider does not refund the refundable deposit balance or bond balance within 14 days after being shown probate or letters of administration, then the provider must pay:

- BIR for the period from the day after the resident died to the end of 14 days after being shown probate or letters of administration
- MPIR for the period commencing on the day after the refundable deposit or bond balance should have been refunded and finishing on the day the refundable deposit or bond balance is actually refunded

A provider can decide to refund a refundable deposit or bond balance without being shown probate or letters of administration.

Example: Ken passes away on 23 June 2023 and probate was shown to the provider on 1 August 2023. The refundable deposit balance was due to be refunded by 15 August 2023, 14 days after probate was shown.

- if the provider refunds the refundable deposit balance on 14 August 2023, then BIR is payable for the period 24 June 2023-14 August 2023, at the BIR rate current at 2 August 2023
- if the provider refunds the refundable deposit balance on 10 September 2023, BIR is payable for the period 24 June 2023-15 August 2023 and MPIR is payable 16-20 August 2023. BIR is paid at the BIR rate current at 2 August 2023, MPIR is paid at the MPIR rate current at 16 August 2023

If the resident transfers to another service

If the resident gives more than 14 days' notice of moving to another service, then the refundable deposit or bond balance is due to be refunded on the day that the resident leaves the service.

If the provider refunds the refundable deposit or bond balance on the day the resident leaves the service, then they will not have to pay any interest.

If the provider does not refund the refundable deposit or bond balance by the time the resident leaves the service, then the provider must pay the interest calculated at the MPIR for the period starting the day after the resident leaves the service and ending on the day the refundable deposit or bond balance is actually refunded.

Example: On 1 August 2023, John told Scott's Aged Care Service that he would move to Andy's Aged Care Service on 16 August 2023. He moves on 16 August 2023. If Scott's Aged Care Service gave the refundable deposit balance to John on:

- 16 August 2023, then no interest would be payable
- 25 August 2023, then MPIR is payable for the period 17-25 August 2023 at the MPIR rate current at 17 August 2023 - i.e., from the day after John left the service until the refundable deposit balance is refunded

If the resident provides notice within 14 days of moving to another service, then the refundable deposit or bond balance must be refunded within 14 days after the day on which notice was given. If the refundable deposit or bond balance is refunded within 14 days, then BIR is payable from the day after the resident leaves the service until the end of 14 days after the resident provided notice or until the refundable deposit or bond balance is paid.

If the provider does not refund the refundable deposit or bond balance within 14 days of when the notice was given, then the provider must pay the MPIR for the period commencing on the day after 14 days' notice was given and ending on the day the refundable deposit or bond balance is actually refunded.

Example: On 10 August 2023, Fred told Georgie's Aged Care Service that he was moving to Sunset Aged Care Service on 15 August 2023. He moves on 15 August 2023. If Georgie's Aged Care Service gave the refundable deposit balance to Fred on:

- 15 August 2023, then no interest is payable
- 18 August 2023, then BIR is payable for 3 days
- 28 August 2023, then BIR is payable for the period 16-24 August 2023 and MPIR is payable for the period 25-28 August 2023

If the resident leaves your service to move to another service without giving any notice, then the refundable deposit or bond balance must be refunded within 14 days of the day after the resident leaves the service. If the refundable deposit or bond balance is refunded within the 14 days, then the provider pays BIR for the period commencing the day after the resident left the service and finishing on the day the provider actually refunded the refundable deposit or bond balance.

If the provider does not refund the refundable deposit or bond balance within the 14-day period, then the provider pays BIR for the period from the day after the resident left the service to the expiration of 14 days and MPIR for the period commencing on the day after the refundable deposit or bond balance should have been refunded and finishing on the day the refundable deposit or bond balance is actually refunded.

Example: Bob left Rosie's Aged Care Service on 10 July 2023 to move to another service and did not provide any notice. If the refundable deposit balance was refunded on:

- 15 July 2023, then BIR is payable from 11 July 2023 until the refundable deposit balance was actually refunded on 15 July 2023
- 28 July 2023, then BIR is payable for the period 11-24 July 2023 and MPIR is payable for the period 25-28 July 2023

If the resident permanently leaves your service (for a reason other than moving to another service to receive residential care)

The rate of BIR is the BIR applicable on the day after the resident leaves.

If the provider refunds the refundable deposit or bond balance before the end of 14 days after the resident permanently leaves, then the provider pays BIR for the period commencing on the day

after the resident leaves and finishing on the day the refundable deposit or bond balance is actually refunded.

If the provider does not refund the refundable deposit balance or bond balance within 14 days after the resident permanently leaves, then the provider must pay:

- BIR for the period from the day after the resident leaves to the end of 14 days after the resident left residential care
- MPIR for the period commencing on the day after the refundable deposit or bond balance should have been refunded and finishing on the day the refundable deposit or bond balance is actually refunded

Example: Jenny leaves your service to live with her son. She gives notice on 31/12/2022 that her last day is 28/02/2023. The refundable deposit balance was due to be refunded by 14/03/2023. If the refundable deposit balance was refunded on:

- 10 March 2023, then BIR is payable from 1 March 2023 until the refundable deposit balance was actually refunded on 10 March 2023
- 21 March 2023, then BIR is payable for the period 1-14 March 2023 and MPIR is payable for the period 15-21 March 2023

Things you need to know

- before calculating interest on a refundable deposit, all approved deductions should be made.
- providers must be able to demonstrate compliance with refunding responsibilities requirements to their auditor
- the provider could be requested to provide records to the Commission for monitoring and compliance purposes at any time
- all interest owed (base and/or maximum permissible interest) to the resident must be refunded at the same time the refundable accommodation payment balance is refunded

Your response in the APCS

After considering the information provided for refunding responsibility **timeframes**, respond Yes, No or N/A.

Only answer 'N/A' if refundable deposits or bonds were not required to be refunded.

If you answered 'NO' you must submit a separate statement with the following details:

- client number
- resident name
- reason for refund i.e. death, transfer or left service
- date refund was due
- date of refund
- the reason or reasons for failure to comply
- when the noted non-compliance(s) was remedied
- the processes that are now in place to ensure future compliance

Things you need to know

All interest owed (BIR/MPIR) to the resident must be refunded at the same time the refundable accommodation payment balance is refunded. If you do not refund all applicable interest to the resident the day you refund the balance you must provide details.

Your response in the APCS

After considering the information provided for refunding responsibilities around **interest**, respond Yes, No or N/A.

Only answer N/A if refundable deposits or bonds did not require interest to be paid. If you have answered 'NO' you must submit a separate statement with the following details for each instance of non-compliance:

- client number
- resident name
- reason for refund i.e. death, transfer or left service
- date refund was due
- date of refund
- the reason or reasons for failure to comply
- when the noted non-compliance(s) was remedied
- the processes that are now in place to ensure future compliance

Entry Contribution refund periods

The refund day for entry contribution refunds should be set out in the formal agreement.

Things you need to know

Base interest is not applicable to entry contributions, but the applicable MPIR is payable if the entry contribution was not refunded in the agreed period. MPIR should be calculated from the day after the entry contribution was due to be refunded, up to and including the day of refund.

Your response in the APCS

After considering the information provided for refunding entry contribution responsibilities around interest, respond Yes, No or N/A.

Only answer N/A if refundable deposits or bonds did not require interest to be paid.

If you answered 'NO' you must submit a separate statement with the following details:

- client number
- resident name
- reason for refund i.e., death, transfer or left service
- date refund was due
- date of refund
- the reason or reasons for failure to comply
- when the noted non-compliance(s) was remedied
- the processes that are now in place to ensure future compliance.

COMPLIANCE WITH PERMITTED USES FOR ACCOMMODATION PAYMENTS

Permitted uses of refundable accommodation deposits

Permitted uses are limited to:

- capital expenditure for residential or flexible care that is reasonable in the circumstances
- investment in particular financial products
- loans for:
 - capital expenditure
 - investments in particular financial products
 - refunding refundable deposits, bond balances or entry contributions, and
 - repaying debt accrued for the purposes of capital expenditure or for refunding bond balances
- refunds of refundable deposits, bonds or entry contribution balances
- repayment of debt accrued for the purposes of capital expenditure or for refunding refundable deposits or bond balances
- repayment of debt that accrued before 1 October 2011 if accrued for the purposes of providing aged care to residents
- reasonable business losses during the first 12 months that the provider operates a residential or flexible aged care service
- investments of refundable deposits or bonds into RCDFs (see section 52N-1, Act)

Reference: The Act section 52N-1

APPLICATION OF EXPENDITURE ON PERMITTED USES

Capital expenditure

The primary policy intent of refundable deposits and bonds is to provide providers with a source of capital funding for investment in residential and flexible aged care infrastructure. Capital expenditure improves services for residents and provides asset backing to support the refund of refundable deposits and bond balances. Capital expenditure is broadly defined and includes ancillary expenses directly linked to capital expenditure.

Providers may use refundable deposits or bonds, if it is reasonable under the circumstances, for expenditure to:

- acquire land on which an existing residential or flexible aged care service is built
- acquire land for building residential care services or flexible care services
- acquire, build or significantly alter premises for providing residential care or flexible care
- acquire or install furniture, fittings or equipment used in providing residential care or flexible care. This is a permitted use where the premises are initially erected or following an extension, a significant alteration or significant refurbishment
- pay for costs that are directly attributable to the above expenditure (see section 52N-1(2), Act, and Part 6, Fees and Payments Principles).

In administering and enforcing the permitted use requirements, the Commission will principally focus on the primary use or purpose of the capital expenditure. In order to meet the requirements, the primary use or purpose of the capital expenditure must be for the delivery of residential or flexible care services.

The use of infrastructure funded by refundable deposits or bonds for non-residential or flexible care services would be acceptable provided it is an incidental or ancillary use.

The use of refundable deposits or bonds for capital expenditure is only permitted if it is reasonable under the circumstances. The inclusion of this 'reasonableness test' (which is commonly used in

legislation and readily interpreted by courts) is to avoid providers using refundable deposits or bonds for other than their intended purposes. It also affords protection against paying above market rates for capital items and other associated costs.

For example, providers are able to use refundable deposits or bonds to acquire land on which premises for providing residential or flexible care services are to be built, and expenditure directly attributable to such an acquisition, if the expenditure is reasonable. In order for this reasonableness to be demonstrated, the provider may be requested to provide documented evidence to demonstrate the intention to use the land for building premises for providing residential or flexible care such as development approvals, evidence of land zoning, architects plans, feasibility studies and contracts of sale. The provider might also be requested to provide evidence of the market value of the land at the time of purchase.

Refundable deposits or bonds must not be used for paying unreasonable fees to building contractors or others. For example, it is expected that any architects' fees would be directly attributable to the erection or significant alteration of an aged care service. However, in order for refundable deposits or bonds to be used to meet such an expense, the fees must be reasonable in the circumstances, i.e., they must be charged at commercial, arms' length rates. It would be unreasonable for a provider to pay inflated fees to related parties who may provide services to the provider (for example, partners or family members who are also builders or architects).

Example: A provider with three residential aged care services intends to build another residential aged care service nearby. The following are examples of what would constitute permitted capital expenditure of refundable deposits or bonds:

- the initial purchase of the land
- architect and other professional fees
- council fees
- site remediation
- foundation works
- construction of the service
- installation and purchase of furniture, fittings and equipment.

During the design of the building, the provider asks their architect and construction team to add an additional room, for use as a General Practitioner/Nurse Practitioner/allied health professional consultation room for residents. Since the primary purpose of the building is for the provision of residential aged care, the provider may use refundable deposits or bonds to pay for the capital works associated with the General Practitioner/Nurse Practitioner/allied health professional consultation room.

Example: A provider would like to significantly refurbish its service. The provider has arranged for all residents to move temporarily to other services during the refurbishment. A supermarket and restaurant have approached the provider and offered to rent the ground floor space, which would also be refurbished. The provider is permitted to use refundable deposits or bonds to pay for the significant refurbishment of premises used to provide residential aged care. However, it would not be permitted to use refundable deposits or bonds to pay for the refurbishment of the space used by the supermarket and restaurant.

Example: A provider enters into a lease arrangement for an old building where the provider plans to operate a residential aged care service. The provider has approval to significantly alter the premises by adding a new wing to the service as well as refurbishing the entire building. These would all be permitted uses of refundable deposits or bonds.

Example: A provider wants to use refundable deposits or bonds to purchase the land and buildings of an existing aged care service from another provider. This would be a permitted use of

refundable deposits or bonds.

Reference: The Act 1997 section 52N-1, Fees and Payments Principles Part 6

What is not capital expenditure?

Except for reasonable business losses in the first 12 months of operating a service (see section 61, Fees and Payments Principles), refundable deposits or bonds must not be used for routine repairs or maintenance such as painting, plumbing, electrical work, gardening or vehicle leasing.

Refundable deposits or bonds must not be used to cover the normal day to day costs of operating a service such as staff wages or the purchase of consumables.

Refundable deposits or bonds must not be used for routine replacement of furniture items such as wardrobes or lounges. It is expected that providers would use operational budgets to replace worn furniture. By contrast, if a significant refurbishment is planned whereby, for example, all furniture is removed and replaced, this would constitute a significant refurbishment and refundable deposits or bonds could be used for this purpose (as it is improving the capital value of the service). Similarly, if a provider were to repair an existing call bell system this would not be capital expenditure for which refundable deposits or bonds can be used. However, if the provider were to replace the call bell system with an entirely new and improved system and this represented a significant capital outlay then refundable deposits or bonds could be used for this purpose.

In determining whether or not expenditure is significant, the Commission will take into account the circumstances of the investment and whether or not the expenditure was reasonable in the circumstances.

Example: A provider wants to replace one lifting device in one of its residential aged care services. It would be expected that the provider would use its operational budget to replace this piece of equipment. By contrast, if the provider replaces all lifting devices as part of a significant refurbishment or alteration, refundable deposits or bonds could be used for this purpose.

Example: A provider wishes to replace the bus used for the transport of residents to social events and appointments. As this bus is not furniture, fittings or equipment for premises used or proposed to be used for providing residential care or flexible care and could not be considered to be purchased following a significant alteration or a significant refurbishment of a premises used for providing care, its purchase or leasing is not a permitted use. Sources of funding other than refundable accommodation payment bonds are available for the purchase or leasing of a facility bus. Such funding includes accommodation charges, retention amounts and interest earned on the investment of refundable deposits or bonds.

Example: A provider wishes to construct independent living units adjacent to one of its residential aged care services. As independent living units are not used in providing residential or flexible care, using refundable deposits or bonds for this purpose is not permitted. Independent living units do not fall within the definition of capital expenditure at section 52N-1(2) of the Act as they are not premises for providing residential care or flexible care.

Reference: Aged Care Act 1997 section 52N-1, Fees and Payments Principles section 61

Investment in financial products

Where refundable deposits or bonds are not immediately required for other permitted uses, providers may choose to invest them in order to generate additional income. Providers are able to invest refundable deposits or bonds in a broad range of permitted financial products.

What financial products can providers invest in?

Where refundable deposits or bonds are not immediately required for other permitted uses, investing the refundable deposits or bonds to generate additional income is a legitimate use.

Refundable deposits or bonds may be invested in a broad range of financial products, subject to the provider being able to demonstrate it has an appropriate level of risk management in place. The use of the profit from these investments is not regulated by the Act.

Given that refundable deposits and balances must be refunded within statutory timeframes, a provider must consider the impact of investment risks on its ability to refund refundable deposits or bond balances as they become due.

When deciding whether or not to invest in financial products, and the classes of financial products to invest in, providers should consider their business model, liquidity needs, and the risks of such investments to their liquidity and capacity to meet refundable deposit or bond balance refunds as, and when, they become due.

Permitted financial products are (within the meaning of section 764A, *Corporations Act 2001* (Corporations Act)):

- deposits with an ADI made available in the course of its banking business (e.g., **deposits in bank accounts and term deposits**)
- a debenture, stock or bond issued or proposed to be issued by the Commonwealth, a State or a Territory
- a security, other than a security of a kind specified in the Fees and Payments Principles
- any of the following in relation to a registered scheme:
 - (i) an interest in the scheme
 - (ii) a legal or equitable right or interest in an interest covered by subparagraph (i)
 - (iii) an option to acquire, by way of issue, an interest or right covered by subparagraph (i) or (ii)
- a financial product specified in the Fees and Payments Principles
- unregistered managed investment schemes established for the purpose of investment in residential or flexible aged care.

Where a provider invests refundable deposits or bonds in investments other than deposits with an ADI made available in the course of its banking business, the investment risk must be assessed and managed through the Governance Standard, including an IMS (see section 52N1-2(b), and section 52N-1(3), of the Act).

Financial products are listed in section 764A of the Corporations Act. Not all financial products listed in section 764A of the Corporations Act are permitted uses of refundable deposits or bonds. For example, investment in derivatives is not a permitted use of refundable deposits or bonds. Providers may wish to seek their own professional advice if unsure whether a financial product is a permitted use for refundable deposits or bonds.

Providers investing refundable deposits or bonds in financial products, other than a deposit with an ADI, are required to have in place an IMS prior to making such investments. An IMS is also required where a provider invests in RCDF (see section on investments of refundable deposits or bonds into RCDFs further in this chapter).

Example: Provider ACMI Pty Ltd is in negotiations with provider ACE Pty Ltd to fully acquire ACE Pty Ltd. ACE Pty Ltd is registered under the Corporations Act and has 100 issued shares. ACMI Pty Ltd may use refundable deposits or bonds to purchase the issued shares in ACE Pty Ltd at an agreed price.

Example: A provider has taken \$5 million in bonds since 1 October 2011. Their normal business practice is to place a portion of their bonds into a bank account to ensure they have sufficient liquidity to refund bonds as they fall due. They would also like to invest \$500,000 in shares in a blue-chip company, and a further \$500,000 in an unregistered managed investment scheme that

complies with the requirements for such schemes in the Corporations Act and was established for the purpose of investment in residential aged care services.

In doing so, this provider will have invested their bonds in permitted financial products.

Since the provider has invested in financial products other than deposits with an ADI, it will need to implement an IMS prior to making such investments.

Example: The executive decision makers of a provider wish to invest in an unregistered managed investment scheme established for the purpose of providing capital for the development of retirement villages. Investing bonds in such an unregistered managed investment scheme would not be a permitted use, as a retirement village is not a residential or flexible aged care service.

Reference: The Act section 52N-1 and *Corporations Act 2001* section 764A

Amounts returned from the sale, disposal or redemption of permitted financial products

When refundable deposits or bonds have been invested in permitted financial products and the products are sold, disposed of or redeemed, the provider must use the original amount invested from refundable deposits or bonds for permitted uses. There are no restrictions on the profit made from investment in permitted financial products. The requirements regarding the permitted uses of refundable deposits or bonds continue to apply regardless of how many investments are made using the same refundable deposit or bond amount.

Example: In accordance with their IMS, a provider has invested \$20 million of refundable deposits or bonds in shares in blue chip companies. The executive decision makers of the provider decide to sell the shares for \$22 million. The \$2 million profit can be used at the provider's discretion. However, the principal amount of \$20 million (the refundable deposit/ bond amount invested) must only be used for permitted uses.

Using refundable deposits or bonds to make loans

The permitted use arrangements recognise the diversity of providers and the wide range of corporate structures that are utilised within the aged care sector. The arrangements ensure that there is flexibility to move refundable deposits or bonds between different entities, provided appropriate safeguards are in place.

Providers may use refundable deposits or bonds to make a loan that meets the following conditions:

- the loan is not made to an individual

Example: Provider ACMI Pty Ltd wants to use refundable deposits or bonds to make a loan to ACE, a partnership operated by a number of individuals. The loan would be made on a commercial basis and covered by a written agreement, with the ultimate use of refundable deposits or bonds being for the construction of another residential aged care facility to be operated by the provider.

The provider is permitted to use refundable deposits or bonds to fund a loan made for the construction of a new residential aged care facility whereby that loan is made on a commercial basis and covered by a written agreement. However, a provider is not permitted to use refundable deposits or bonds to make a loan to an individual. A partnership is not a separate legal entity from the individuals who form it; rather the term describes the legal relationship between those individuals. If ACMI Pty Ltd was to make a loan to ACE, the legal entities to whom the loan would be given would be those individuals in the partnership. As such, ACMI Pty Ltd cannot lend the money to ACE.

- the loan is made on a commercial basis

Explanation: A loan is made on a commercial basis if the borrower and the lender, even if they are related parties, deal with one another at arm's length, i.e. in a way that independent parties would normally deal with one another. The written loan agreement will include a legal requirement to repay the loan within a specified period, a method for working out the interest payable on the loan and an appropriate guarantor or other security. An interest free loan, or a loan with no security or backed only by a letter of comfort, or a loan for an indefinite period would not be a loan made on a normal commercial basis.

- there is a written agreement in relation to the loan
- it is a condition in the written agreement that the money loaned will only be used for:
 - capital expenditure as defined by the Fees and Payments Principles
 - investment in financial products defined by section 52N-1 of the Act
 - refunding refundable deposits/ bond balances or entry contribution balances
 - repaying debt that is accrued for the purposes of capital expenditure (as defined by section 52N-1, Act) or refunding refundable deposits or bond balances
- the agreement includes any other conditions specified in the Fees and Payments Principles (see section 52N-1(2)(c) of the Act)

Reference: The Act section 52N-1

Refunding refundable deposits and bonds

It is a permitted use for refundable deposits or bonds to be used to refund refundable deposits or bond balances or entry contribution balances.

Repayment of debt accrued for the purposes of capital expenditure or refunding of refundable deposits or bonds

If a provider accrues debt from capital expenditure (see above section for what constitutes capital expenditure) or from refunding refundable deposits or bond balances, it is a permitted use for refundable deposits or bonds to be used to repay this debt.

Repayment of debt accrued before 1 October 2011 for the purposes of providing aged care to residents

If a provider has accrued debt before 1 October 2011 incurred for the purpose of providing aged care, it is a permitted use for bonds to be used to repay this debt.

Investments of bonds into Religious Charitable Development Funds

RCDFs are established by religious and charitable organisations for the purpose of seeking investments from the public to help further the funds' religious and charitable goals and objectives. This fundraising activity meets the definition of banking business under the *Banking Act 1959*. The Australian Prudential Regulation Authority has exempted RCDFs from the requirement to be authorised under the Banking Act where specified conditions are met. RCDFs that refundable deposits or bonds may be invested into are listed in Schedule 2 of the *Banking Exemption No 1 of 2021*. The deposit of refundable deposits or bonds into RCDFs is a permitted use only when covered by an IMS. For further information about an Investment Management Strategy, see section on Investment Management Strategy further in this guide.

Reference: *Banking Act 1959*

Reasonable business losses during the first 12 months of a provider operating a service

The permitted use requirements reflect the intended purposes for refundable deposits or bonds, i.e., to provide a source of capital funding for investment in aged care infrastructure (not operational costs). However, recognising that the construction of a new aged care service or the acquisition of an existing aged care service may involve losses in the initial stages of operation,

and that these losses are closely related to the capital investment, a time limited capacity to use refundable deposits or bonds to support operational costs is available.

Business losses may be incurred during the start-up of a residential or flexible care service, including where a new service opens or where a provider makes changes to the business operations of a newly purchased existing service. It is permitted for a provider to use refundable deposits or bonds to meet reasonable business losses of that service for the first 12 months of that service beginning to be operated by the new provider. If using refundable deposits or bonds to meet reasonable business losses, the provider must ensure that they have sufficient liquidity to repay refundable deposits or bond balances as, and when, they fall due.

Example: On 9 March 2023, a provider opens a new residential care service. The executive decision makers of the provider wish to use refundable deposits or bonds to pay for the recruitment, training and retention of staff in anticipation of projected occupancy. The provider may use refundable deposits or bonds to meet such operational losses up to and including 8 March 2024.

Example: On 25 January 2023, provider Acme Pty Ltd purchases the existing residential care service from provider Ace Pty Ltd who is experiencing financial difficulty. Acme Pty Ltd can use refundable deposits or bonds to purchase the land and buildings and fund costs directly attributable to purchasing the residential care service. The executive decision makers of Acme Pty Ltd also want to use refundable deposits or bonds to improve the business operations of the purchased service. Acme Pty Ltd may use refundable deposits or bonds to establish new record keeping systems and to cover other operational losses up to and including 24 January 2024.

Reference: The Act section 52N-1, *Corporations Act 2001* section 764A, *Banking Act 1959*, *Retirement Savings Accounts Act 1997*, and Fees and Payments Principles

Offences relating to non-permitted use of refundable deposits and bonds

Criminal offences for serious non-compliance are intended to discourage providers from using refundable deposits and bonds for purposes that are not permitted and to build consumer confidence in paying refundable deposits and bonds. It clearly reinforces the importance of appropriately managing refundable deposit and bond funds (see section 52N-2, the Act).

Providers commit a criminal offence if they misuse refundable deposits or bonds and, within five years of the misuse occurring, both suffer an insolvency event and owe refundable deposit/bond balance refunds. Offences apply to both providers and to key personnel who knew about the misuse or were reckless or negligent as to whether the refundable deposits or bonds were being misused if they could have taken steps to prevent the misuse but failed to do so.

The offences are intended to reinforce the significance of providers' obligations to their residents in dealing appropriately with residents' funds and ensuring that refund obligations are met. They are not intended to be used in circumstances where a breach has been minor and unintentional. Rather, they are structured to ensure that they only become available in the most extreme of circumstances – where a provider has failed to comply with their statutory obligations on the use of refundable deposits or bonds and they have not met their refund obligations to residents.

It is not necessary that the non-permitted use of the refundable deposit or bond can be shown to have actually caused the provider's insolvency, but simply that there was a non-permitted use and there was also an insolvency event (and failure to repay one or more refundable deposits or bonds) within five years.

The penalties can only apply to key personnel where they have known that refundable deposits or bonds are being used for non-permitted purposes, they have not taken reasonable steps to

prevent the misuse of refundable deposits or bonds and, within five years of the misuse, and there has been an insolvency event while owing refunds of refundable deposits or bonds.

An individual commits an offence (punishable by up to two years imprisonment) if:

- the individual is one of the key personnel of a provider or former provider (noting that key personnel is defined by a person's role and not through notifying the Commission of their key personnel status)
- the provider or former provider uses a refundable deposit or bond for a non-permitted use
- the individual knew that, or was reckless or negligent as to whether, the refundable deposit or bond would be used for a purpose that was not permitted. Strict liability applies to this element of the offence
- the individual was in a position to influence the conduct of the entity in relation to the use of the refundable deposit or bond
- the individual failed to take all reasonable steps to prevent the misuse of the refundable deposit or bond
- within five years of the non-permitted use of the refundable deposit or bond, the Refundable Deposit/Bond Guarantee Scheme was triggered. In other words, an insolvency event (within the meaning of the [Aged Care \(Accommodation Payment Security\) Act 2006](#)) has occurred in relation to the provider or former provider and there is at least one outstanding refundable deposit/bond balance. Strict liability applies to this element of the offence
- at the time that the refundable deposits or bonds was used for the non-permitted use, the provider (or former provider) was a corporation. Strict liability also applies to this element of the offence

An individual convicted of such an offence would automatically become a disqualified individual for the purposes of the Act and would be unable to be one of the key personnel of any other provider.

Providers can avoid potential liability for an offence by using refundable deposits and bonds for permitted uses only.

Regardless of whether or not a provider has failed financially, sanctions can be imposed if providers do not comply with one or more of their prudential obligations.

Reference: The Act section 52N-2, *Aged Care (Accommodation Payment Security) Act 2006*

Things you need to know

- providers must be able to demonstrate compliance with permitted uses requirements to their auditor.
- the provider could be requested to provide records to the Commission for monitoring and compliance purposes at any time

Your response in the APCS

The APCS requires you to disclose whether or not you complied with the requirement to use refundable accommodation payments (deposits, accommodation bonds or entry contributions) only for permitted uses.

After considering the information provided for compliance with permitted uses, respond Yes or No.

Mark only the boxes the provider has expended refundable deposits or bonds for during the financial year.

Note: all tick boxes require a corresponding dollar (\$) value.

Permitted use expenditure

This item is designed to capture all expenditure on anything allowable as a permitted use. **This** is the only place in the APCS where the questions are not based purely on refundable deposits or bonds.

Contrary to popular belief, providers are required to report expenditure from ALL sources of funding. The information **recorded here** is about your expenditure on uses for which refundable accommodation payment deposits are permitted by the Act.

This information assists to identify which providers may have spent less on permitted uses than they received in refundable accommodation payment deposits and therefore may have spent refundable accommodation payment deposits on uses, other than those that are permitted.

This information provides indicators of providers that may not have complied with their refundable deposit or bond use responsibilities but does not by itself demonstrate non-compliance. Where it appears that a provider may not have complied with their responsibilities around permitted uses, further information will be sought from the provider to establish what has happened.

Providers are not expected to reconcile their refundable accommodation payment income against their permitted use expenditure.

Refunds of refundable accommodation payment deposits and entry contribution balances

If at any time through the year you refunded a refundable accommodation payment balance or entry contribution balance, you are required to report the total value of the refundable accommodation payment balances and or entry contributions balances that were refunded. Do not include any base or maximum permissible interest that was owed to the residents at the time of refund. (**Balances only** are reported).

Providers need to report the amount refunded to former residents even if the money used was not from refundable accommodation payment balances.

If you did not refund any accommodation payment balances or entry contribution balances, enter zero or leave blank, the first box.

Capital expenditure

If during the financial year you have used funds on:

- expenditure to acquire land on which are, or are to be built, the premises needed for providing residential care or flexible care
- expenditure to acquire, erect, extend or significantly alter premises used or proposed to be used for providing residential care or flexible care
- expenditure to acquire or install furniture, fittings or equipment for premises used or proposed to be used for providing residential care or flexible care, when those premises are initially erected or following an extension, a significant alteration or a significant refurbishment
- any expenditure directly attributable to the capital expenditure above

Report the total value spent on Capital expenditure in the box.

Providers need to report the amount spent on capital expenditure even if the money used was not from refundable accommodation balances.

Authorised deposit-taking institutions

If during the financial year you have banked any funds or invested any funds in any deposit-taking facility made available by an ADI (e.g., bank, building society) in the course of its normal banking business, you are required to report the increase or the decrease in money in the accounts at the beginning and end of the year – the net movement of funds for the year.

What does this mean? Take all of your account/s balance as at the start of your financial year that are used by the provider and then subtract the balance as at the end of your financial year. Enter the difference in the ADI box. This can be a positive or negative figure. A negative figure should be in brackets.

Providers need to report on all accounts used to conduct their business. If this box is left blank the form will be returned for completion and will require someone who is key personnel to date and initial the change. It is expected that all providers have movement in either ADI or RCDF. If you have not entered a value in either field, you will be contacted and asked to complete this information.

Other financial products

If during the financial year you have expended funds on investments in the financial products listed below, the total value should be reported:

- debentures, stocks or bonds issued by the Commonwealth, States or Territories
- securities
- registered managed investment schemes
- unregistered managed investment schemes established for the purpose of investment in residential care or flexible care

Report the value of investments in the 'other financial products' box.

An IMS must be in place if using refundable accommodation payments for these investments.

Providers need to report the amount invested in financial product even if the money used was not from refundable accommodation payment balances.

Religious Charitable Development Funds

If you invested in a RCDF, you are required to report the total amount deposited/banked or invested with your preferred religious charity in the 'Religious Charitable Development Fund' box when you are accounting for your expenditure during the financial year. An IMS must be in place if using refundable accommodation payments for these investments. Any withdrawals from the RCDF need to be reported in the returned amount from financial investments box.

Providers need to report the amount invested in financial products, even if the money used was not from refundable accommodation payment balances.

Loans

If during the financial year the provider has lent funds to another party for capital works, investments in financial products, refunding of accommodation payment balances, entry contribution balances or repaying debt accrued for the purposes of capital expenditure or repaying refundable accommodation balances that are:

- not to an individual
- on a commercial basis
- by written agreement

Report the total value that you have lent under the above requirements in the loans box.

Providers need to report the amount loaned, even if the money used was not from refundable accommodation payment balances.

Reasonable business losses

If during the financial year the provider expended funds to meet reasonable business losses during the first 12 months of operation of a residential or flexible care service, you are required to report the value expended to cover the losses in the reasonable business losses.

Providers need to report the amount paid to cover the business losses, even if the money used was not from refundable accommodation payment balances.

Debt repayment

If during the financial year you have used any funds to repay debt that you may have for capital expenditure or to refund refundable accommodation balances or entry contribution balances, you are required to report the total value you have repaid for the year, not the actual loan amount itself at the repaid debt box.

Providers need to report the amount repaid, even if the money used was not from refundable accommodation payment balances.

Debt repayment of debt accrued before 1 October 2011

If during the financial year you have used any funds to make payments off a loan that you accrued before 1 October 2011 for the purposes of providing aged care to residents, you are required to report the total value you have repaid off the loan for the year, not the actual loan amount itself.

Providers need to report the amount repaid off the loan, even if the money used was not from refundable accommodation payment balances.

Returned funds from the sale, disposal or redemption of financial products

If you have invested any funds in financial products other than in a banking account made available by your ADI in the course of its banking business during the financial year, and you sold, disposed of or redeemed any of those investments, you are required to report the value that you received from the sale disposal or redemption of those investments in the amount returned from financial products box. RCDF withdrawals should be entered here. Do not include:

- withdrawals from bank accounts
- interest on bank accounts

Providers need to report the amount redeemed, even if the original investment money used was not from refundable accommodation payment balances.

PART 2 – APCS guidance under the Aged Care Act 2024

(Applies from 1 November 2025)

This section provides guidance to help you respond to the APCS questions that apply from **1 November 2025**, following the commencement of the:

- [Aged Care Act 2024](#)
- [Aged Care Rules 2025](#)
- [Aged Care Financial and Prudential Standards 2025](#)

COMPLIANCE WITH THE AGED CARE FINANCIAL AND PRUDENTIAL STANDARDS 2025

From 1 November 2025, the Aged Care Financial and Prudential Standards 2025 (the Standards) came into effect. The previous four prudential standards were restructured into three standards which aim to strengthen financial governance to ensure the safety and wellbeing of older people.

The three new standards are:

- the Financial and Prudential Management Standard
 - requires providers to establish governance systems that prioritise quality care
 - requires clear roles for financial decision making and processes to manage accommodation payments
- the Liquidity Standard
 - introduces a minimum liquidity requirement, calculated quarterly
 - ensures providers hold enough liquid assets (e.g. cash) to meet daily expenses and refund deposits, even in times of financial stress
- the Investment Standard
 - requires providers to have a written Investment Management Strategy to manage investments responsibly

Compliance requirements

The key compliance expectations under the Financial and Prudential Standards are:

- written systems: providers must maintain documented management systems for finance and investments that are reviewed at least annually
- quarterly calculations: liquidity needs must be recalculated every quarter based on actual cash outflows and deposit liabilities
- governance oversight; Governing bodies must actively monitor financial risks and understand how decisions impact the quality of care provided

COMPLIANCE WITH THE LIQUIDITY STANDARD

The Liquidity Standard requires providers to:

- meet financial obligations as they fall due
- refund accommodation payments and contributions expected to fall due
- continue to deliver safe, high-quality care
- withstand unexpected financial events

Minimum liquidity amount (MLA)

Under the Liquidity Standard, providers are required to calculate both a default and evaluated minimum liquidity amount on a quarterly basis and decide which amount they will rely on to demonstrate compliance. There are two ways providers can meet the Liquidity Standard:

Default MLA

The default MLA is calculated using the formula in the Liquidity Standard. Providers must:

- calculate the default MLA each quarter
- maintain this amount unless they elect to rely on an evaluated MLA

Evaluated MLA

An evaluated MLA must be based on the provider's:

- financial risks and obligations
- cash flow needs
- access to other reliable sources of liquidity (e.g. line of credit)

After assessing this, the provider's governing body may determine that the default MLA is sufficient to meet the objectives of the Liquidity Standard. In that case, the evaluated MLA may be equal to the default MLA.

Choosing to rely on an evaluated MLA is an alternative way to meet the Liquidity Standard. The amount must be sufficient to ensure the provider can meet its financial and refunding obligations, manage unexpected financial events and continue to deliver safe and high-quality care.

It may be used, for example where a provider holds less liquidity than the default MLA but can demonstrate that it has reliable access to liquidity and that its arrangements do not pose a greater risk to older people or the continuity of care.

Where a provider relies on an evaluated MLA, the decision to rely on it and the basis for that decision must be documented in the liquidity management strategy (LMS). The provider is also required to notify the Commission if they choose to rely on an evaluated MLA.

Liquidity Management Strategy

Section 16 of the Standards requires providers to implement and maintain a written liquidity management strategy (LMS).

The LMS should clearly record:

- the default MLA and evaluated MLA for the quarter, and the factors considered when determining the minimum liquidity amounts
- whether the provider is maintaining the default MLA or evaluated MLA for the quarter, and the factors considered when determining which minimum liquidity amount to maintain
- the forms of liquidity and a detailed description of the arrangements in place to ensure the minimum liquidity amount is available

The LMS should describe:

- how the provider monitors cash flow
- how the provider prepares financial forecasts, including key assumptions and timelines

- the liquidity risks of the provider and how the risks will be managed, and how new liquidity risks will be identified and mitigated

The LMS must include procedures for:

- managing unexpected changes to cash flow
- escalating and addressing situations where there's a risk the provider's liquidity could fall below the minimum liquidity amount

In the APCS, you are required to report:

- the date your liquidity management strategy was last reviewed and assessed
- the minimum liquidity amount identified in your strategy as at the end of the reporting period.

Maintaining liquidity during the reporting period

Providers are required to maintain their MLA throughout the relevant quarter.

Liquidity arrangements should be sufficient to ensure the provider can:

- meet financial obligations as they fall due
- refund deposited amounts that are expected to fall due within the next 12 months
- continue to deliver safe and quality care
- withstand unexpected financial events

Your response in the APCS

When completing this section of the APCS, you are confirming whether you complied with all requirements of the Liquidity Standard for the reporting period from **1 January 2026**, being the first quarter from which the Standard applied. In the APCS, you are required to:

- confirm whether you complied with all requirements of the Liquidity Standard from 1 January 2026
- report the date your Liquidity Management Strategy was last reviewed and assessed
- enter the minimum liquidity level amount (in dollars) identified in your liquidity management strategy as at the end of your reporting period

If you answer 'NO', you must provide a separate statement explaining why you did not comply

Only answer 'N/A' if you are a government entity or a local government authority.

Resources

Further guidance on liquidity requirements, including about calculating default and evaluated MLAs, is available on the Commission website:

[The Financial and Prudential Standards Guidance for Providers](#)

[Liquidity Standard](#)

[Liquidity Standard factsheet](#)

[Liquidity calculator](#)

[Liquidity Standard video](#)

COMPLIANCE WITH THE FINANCIAL AND PRUDENTIAL MANAGEMENT STANDARD

The Financial and Prudential Management Standard requires providers to have systems in place to effectively manage their financial and prudential matters.

Providers are expected to have systems that support:

- financial sustainability
- prudent financial decision-making
- the continuity of safe and high-quality care

Financial and prudential management system

Providers must implement and maintain a financial and prudential management system that is appropriate to the size, scale and complexity of their operations.

The system should enable the provider to:

- identify and assess financial and prudential risks
- monitor financial performance and sustainability
- support compliance with the Financial and Prudential Standards
- provide timely and accurate information to the governing body

This system may include:

- policies
- procedures
- internal controls
- reporting frameworks
- review mechanisms

Risk identification and management

Providers should have processes in place to identify, assess and manage financial and prudential risks.

This includes considering risks that may arise from, for example:

- changes in operating costs or funding arrangements
- cash flow pressures
- debt or financing arrangements
- related-party transactions
- changes in resident numbers or service mix

Risks should be monitored and reviewed on an ongoing basis and escalated where appropriate.

Governance and oversight

The governing body is responsible for overseeing the provider's financial and prudential management arrangements.

This includes ensuring:

- financial and prudential risks are understood and actively managed
- appropriate policies and controls are in place
- relevant financial information is provided to support informed decision-making
- issues are identified and addressed in a timely way

Review and assessment

The financial and prudential management system must be reviewed and assessed regularly to ensure it remains appropriate and effective.

Reviews should consider whether the system continues to support:

- compliance with the Financial and Prudential Standards
- the provider's current operating environment
- the ongoing delivery of safe and high-quality care

Your response in the APCS

When completing this section of the APCS, you are confirming whether you complied with all requirements of the Financial and Prudential Management Standard for the reporting period from **1 November 2025**.

In the APCS, you are required to:

- confirm whether you complied with all requirements of the Financial and Prudential Management Standard during the reporting period from 1 November 2025
- report the date your financial and prudential management system was last reviewed and assessed

If you answer 'NO', you must provide a separate statement explaining why you did not comply

Only answer 'N/A' if you are a government entity or a local government authority.

Resources

[Financial and Prudential Management Standard](#)

[Financial and Prudential Management Standard factsheet](#)

[Financial and Prudential Management video](#)

COMPLIANCE WITH THE INVESTMENT STANDARD

The Investment Standard requires providers to manage investments in a prudent manner that supports the safety, well-being and continuity of care for individuals accessing aged care services.

Investment management arrangements

Providers must have appropriate arrangements in place to guide investment decision-making.

These arrangements should support the provider to:

- make informed and prudent investment decisions
- understand and manage investment-related risks
- ensure investments do not compromise the provider's ability to meet its obligations
- align investment decisions with the provider's broader financial and prudential framework

Investment arrangements may be documented through policies, strategies or other governance mechanisms.

Risk and prudence considerations

When making and managing investments, providers should consider:

- the purpose of the investment
- the level of risk involved

- the expected return relative to risk
- the impact on liquidity and cash flow
- the provider's overall financial position and obligations

Investment decisions should not expose the provider, or individuals accessing care, to undue financial risk.

Governance and oversight

The governing body is responsible for overseeing the provider's investment arrangements.

This includes ensuring:

- investment decisions are consistent with approved policies or strategies
- risks associated with investments are understood and monitored
- investments are reviewed regularly
- issues are escalated and addressed where required

Review and monitoring

Investment arrangements should be monitored and reviewed on an ongoing basis to ensure they remain appropriate.

Reviews should consider whether investments continue to support:

- the provider's financial sustainability
- compliance with the Investment Standard
- the ongoing delivery of safe and high-quality care

Your response in the APCS

When completing this section of the APCS, you are confirming whether you complied with all requirements of the Investment Standard for the reporting period from **1 January 2026**, being the first quarter from which the Standard applied.

In the APCS, you are required to:

- confirm whether you complied with all requirements of the Investment Standard during the reporting period from 1 January 2026
- report the date your investment management strategy or arrangements were last reviewed and assessed

If you answer 'NO', you must provide a separate statement explaining why you did not comply

Only answer 'N/A' if you are a government entity or a local government authority.

Resources

[Investment Standard](#)

[Investment Standard factsheet](#)

[Investment Standard video](#)

DISCLOSURE TO RESIDENTS

Consistent with the previous requirements of the Disclosure Standard, the Rules require providers to provide residents and prospective residents with certain information upon request. Within 7

days after entering an accommodation agreement, the provider must inform the resident in writing of the information available upon request.

Example of a disclosure statement

This example reflects the requirements under the Aged Care Rules 2025. Providers may use their own format, but the following information must be available on request.

DISCLOSURE STATEMENT (information you are entitled to know).

[Insert provider's name] is the registered provider for [insert the name of the service]. Under the Aged Care Rules 2025 (the Rules), individuals, prospective individuals or their prospective authorised person or supporter, are entitled to receive particular information from their provider within 7 days of a request.

This includes, for the previous financial year:

- a summary of how refundable deposits and accommodation bonds were used
- a copy of the most recent permitted uses reconciliation, if one was included in a financial report submitted in the past two years
- whether the registered provider complied with the requirements for permitted uses of refundable deposits and the Financial and Prudential Standards
- refund information, including:
 - the number of refundable deposits or accommodation bond balances (if any) that were not refunded on time; and
 - the number of entry contribution balances (if any) that were not refunded on time
- investment information, if the registered provider is required to keep an investment management strategy, the investment objectives recorded in that strategy
- audit reports, including:
 - the most recent statement of audited accounts for the service; or
 - if the registered provider is part of a larger organisation, the audited accounts for the aged care component of that organisation

We must also provide:

- a copy of the resident's refundable deposit register entry, showing your balance at the time of the request

Important:

You (or your authorised person or supporter) can ask for any or all of this information. The provider must give it to you within **7 days of your request**, and the information must be correct at the time of issue.

COMPLIANCE WITH THE HIGHER EVERYDAY LIVING FEE PROVISIONS

From the 1 November 2025 providers must deliver permanent and residential respite care in line with the Aged Care Act 2024 and the Aged Care Rules 2025.

Providers must provide care and services set out in the [Residential Care Service List](#) (the service list) including:

- accommodation
- everyday living
- non-clinical care

- clinical care

Providers can charge for services (other than accommodation related services) that are of a higher standard, or in addition to, those required to be provided under the Aged Care Rules 2025 and the service list.

Fees charged for higher standard of services than those on the service list must be charged as a part of a Higher Everyday Living Fee (HELFF).

Providers are responsible for ensuring that any fees charged to residents are consistent with aged care legislation. Providers must be able to demonstrate that services offered as part of the HELFF are in addition to, or of a higher level than, those required to provide.

Transition from Additional Service Fees and Extra Service Fees to HELFF

HELFF replaced Additional Service Fees and Extra Service Fees from 1 November 2025. No new Extra Service Fee or Additional Service Fee arrangements can be entered from 1 November 2025 onwards.

Residents who agreed to these fees prior to 1 November 2025 can continue existing Extra Service Fee and Additional Service Fee arrangements until 31 October 2026. From 1 November 2026 the continuation of extra or additional services must be under the new HELFF provisions.

Consumer protections

The new HELFF arrangements are supported by a range of new protections for residents.

- a provider must not agree to or charge a HELFF before a resident has entered care, a HELFF cannot be used as a condition of entry or to secure a room. The HELFF agreement must be separate from the service and accommodation agreement and cannot be entered into before a service agreement has been signed
- a HELFF agreement must be in place and must outline the cost of each higher or additional service to be delivered, the standards and frequency at which they will be delivered, and how they will be charged
- a resident must not be asked to pay for a service that they cannot or will not use (unless the service is in a bundle, where the resident is no worse off than if they paid only for the services they can use)
- there is a 28-day cooling off period after signing a standing HELFF agreement. This means someone can cancel or vary their higher everyday living services within this period without a cancellation fee
- the HELFF agreement must be reviewed at least once a year to ensure the resident still wants the services and is able to use them
- once higher everyday living services and charges have been agreed, that agreed amount can only be increased annually by indexation

Fees payable under the HELFF agreement

A provider can determine the cost of higher everyday living services. The government or the Independent Health and Aged Care Pricing Authority (IHACPA) do not provide approvals for HELFF fees.

Once a price is agreed to and included in a HELFF agreement, it can only be increased for that resident through annual indexation. However, the advertised price of HELFF services can increase for new individuals, allowing prices to keep pace with the costs of service delivery.

Standing and ad hoc agreements

There are 2 types of HELF agreements.

- **a standing** (or written) HELF agreement for services that are planned and agreed in advance. This can include ongoing services (such as Wi-Fi), fixed term services (such as a term of yoga classes) or one-off services (such as a haircut). A standing HELF agreement must be in writing
- **an ad-hoc** HELF agreement restricted to situations where a resident requests a single service which hasn't been planned or agreed in advance. They can only be entered into immediately before, or at the time, a service is to be delivered. These agreements can be made verbally and cover impromptu purchases such as a coffee at an onsite café

Bundles

A standing agreement can be offered as a bundle, a combination of services that are provided together and charged as a group. A provider:

- can group higher standard services together for a single, often discounted price
- must not require a resident to accept a bundle. All services included in a bundle must also be available for purchase individually
- can include a bundle that includes a service the resident cannot use. However, the bundle price must not be more than if the resident paid only for the services they can use

Your response in the APCS

In addition to considering your compliance with the provision of other care and services fees for the entire reporting period, as described in Part 1, you must also consider your compliance with the HELF provisions from 1 November 2026.

You should only respond No if you entered additional or extra service fee agreements up to 31 October 2026 and HELF agreements from 1 November that:

- do not or did not provide a direct benefit to the care recipient; or
- the resident was not able to make use of; or
- were part of the normal operation of an aged care home and fall within the scope of specified care and services

If you answered 'YES', you must submit a separate statement with the following details:

- the total value of each such fee received during the financial year
- the reason for charging or the intended use of these fees or charges
- the steps have you taken or are taking to refund these fees or charges
- the processes that are now in place to ensure future compliance

You must also answer 'YES' if you entered into any additional or extra service fee agreements from 1 November 2026.

COMPLIANCE WITH RULES AROUND CHARGING ACCOMMODATION PAYMENTS AND CONTRIBUTIONS

Accommodation payments

Rule 289-5 of the Rules sets the maximum amount of accommodation payment that a provider can charge for a room, (expressed as a refundable accommodation deposit (RAD) amount). This

amount is indexed annually. The current maximum amount is provided on the [Department of Health, Disability and Ageing website](#).

A provider can only charge above the maximum amount for a room, if the room is included in an up-to-date approval from the Independent Health and Aged Care Pricing Authority (IHACPA).

Accommodation contributions

If a resident qualifies for low means status and is eligible for government support with their accommodation costs, a provider can only charge the daily accommodation contribution (DAC) amount set by Services Australia, based on the resident's income and assets.

A resident can choose to pay a refundable accommodation contribution (RAC) or a combination of DAC and RAC.

Contribution amounts can reduce over time, including when a resident's circumstances change, and if an aged care home does not meet the 40% supported resident ratio. When the contribution amount is reduced, a provider must only charge the reduced amount. If a RAC is held, the RAC must be recalculated based on the updated DAC amount.

Changes to DAC and RAC amounts

- **Services Australia** will notify you if the DAC changes due to a change in the resident's personal or financial circumstances or indexation of aged care fees and thresholds.
- **registered providers** are responsible for calculating adjustments to DAC amounts:
 - if the resident has paid a part RAC
 - if the maximum DAC is reduced in calendar months where the provider does not meet the 40% supported resident ratio
- **registered providers** are responsible for calculating the new RAC when the DAC changes. If the adjusted DAC results in an overpaid RAC, the overpaid amount must be refunded

Obligations when a registered provider becomes aware of overpaid amounts

Providers have an obligation to repay residents overpaid or overcharged accommodation payments and contributions. If the refund is not completed within 28 days of the provider becoming aware of the overpaid amount, an interest component must be included with the repayment (see rules 302-20 and 304-5 of the Rules).

Your response in the APCS

Your APCS must include the following additional information about accommodation payments and contributions for the reporting period. This is required under subrules 166-365(2)(s),(t) and (u) of the Aged Care Rules 2025.

For each accommodation agreement entered for a room priced above the maximum accommodation payment amount, did you have a current approval from the Pricing Authority at the time the individual agreed to the payment priced above the maximum accommodation payment amount?

Only answer 'N/A' if you did not enter into any agreements priced above the maximum accommodation payment amount

If you answered 'NO' you must provide a separate statement with the following details for each overcharged amount:

- the reason for charging without approval i.e. approval lapsed, approval was conditional
- the date you became aware of overcharging
- the date the overcharged amount was refunded
- the amount refunded (include separate amounts for the amount overcharged and the interest paid)
- the processes that are now in place to ensure future compliance

Where there is a decrease or reduction in the payable amount from each resident's daily accommodation contribution, resulting in an overpaid contribution or refundable contribution held, did you refund the overpaid amount within 28 days of becoming aware of the reduced amount payable?

Only answer 'N/A' if you did not have supported residents/contributors.

If you answered 'NO' you must provide a separate statement with the following details for each overcharged amount that was not refunded within 28 days:

- the date you became aware of the overpayment
- the date the overpaid amount was refunded
- the amount refunded (include separate amounts for the amount overcharged and the interest paid)
- the processes that are now in place to ensure future compliance

Where you became aware of overcharged accommodation payments or contributions from previous reporting periods, did you refund the overpaid amount within 28 days after you became aware of the overpaid amount?

Only answer 'N/A' if you did not become aware of overcharged accommodation payments or contributions from previous reporting periods.

If you answered 'NO' you must provide a separate statement with the following details:

- the reason for overcharging i.e. approval lapsed, approval was conditional, decrease in contribution payable
- the date the overpaid amount was refunded
- the amount refunded (include separate amounts for the amount overcharged and the interest paid)
- the reason for overcharging i.e. approval lapsed, approval was conditional, decrease in contribution payable
- the processes that are now in place to ensure future compliance