



Australian Government

Department of Health

2021 Basic daily fee supplement reporting requirements

Explanatory notes – Version 1.0, July 2021



About the 2021 basic daily fee supplement

The new basic daily fee supplement, introduced in 2021, is an additional \$10 per day, per resident from 1 July 2021. The new supplement supports aged care providers to deliver better care and services to residents, with a focus on food and nutrition.

The new supplement will be paid to eligible residential aged care service and flexible care services that are multi-purpose services. The supplement is available to approved providers who formally agree (via an undertaking) and submit quarterly reports.

Undertaking description

To receive the [2021 basic daily fee supplement](#) aged care providers are required to give an undertaking to the Department of Health (the Department) that for each of the residential aged care services and flexible care services that are multi-purpose services delivered by the provider, the provider will:

- Deliver good quality and quantity goods and services to meet the living needs of residents, with a focus on food and nutrition.
- Commencing 1 July 2021, or from the date of giving this undertaking if that date is later than 21 July 2021, in a form approved by the Secretary of the Department, report quarterly on a date specified by the Secretary on the quality and quantity of daily living services with a focus on food and nutrition, including but not limited to:
 - food (prepared on site and/or prepared by an external provider)
 - food preparation (kitchen and food service staff hours)
 - nutrition-related allied health expenses, and
 - how the Provider ensures an appropriate standard of daily living services.

Information about the reporting requirements

To receive the 2021 basic daily fee supplement, providers must report quarterly on the quality and quantity of daily living services for each outlet. One report is required for each outlet. If a report is not received from an outlet, then the supplement will stop until the report is submitted. Back-payments (for the period of non-reporting) will not be provided. Payments will recommence when the report is submitted.

Initial report

The first report, for 1 July to 30 September 2021, is due on 21 October 2021.

The report must be on the form provided by the Department through the My Aged Care Provider Portal. Initially, there are nine reporting fields, four of which are mandatory. For the discretionary fields, we ask that you provide the information you currently capture in your information systems or information you can capture easily. We will be engaging with stakeholders on the discretionary fields during the latter part of 2021.

We are not asking you to provide us with spreadsheets or evidence that supports your answers. You are expected to keep a record of how you calculate the information you provide us.

Expenditure and hours

We are interested in how you spend your money on food and on supporting the nutritional wellbeing of your residents. This is a complex area and we acknowledge that the data we are collecting will not give us a complete picture.

We will be consulting stakeholders during 2021 to develop the reporting requirements further for the 2022 quarters. We also intend to develop baselines and benchmarks for good practice in residential aged care and will consider how we may publish this information at later stage.

1. Expenditure on food and ingredients used to prepare meals and snacks on-site

- This is a mandatory field.
- All expenditure is GST exclusive.

This includes expenditure on ingredients and food used to:

- prepare meals for residents in the kitchens or kitchenettes, and
- all expenditure on snacks and drinks (except for alcoholic beverages).

This includes all food purchased from your food suppliers such as: snacks, drinks, desserts, meat, sausages, burgers, party pies, frozen pizzas, poultry, fish, eggs, tofu, milk and milk products (including powders), nuts, seeds, bread, rice, pasta and noodles, flour, oats and other grains, vegetables, fruit, spreads, breakfast cereals, sauces, cooking oil, herbs, spices.

It includes food for breakfast, morning tea, lunch, afternoon tea, evening meal, supper and general snacks. It includes the cost of delivering this food, including transport costs if captured separately.

Special food exception: include special food provided in place of a normal offering. Where special food is provided in addition to the normal offering, do not include.

Example: a birthday cake is provided with morning tea. If it replaces the normal morning tea then it is included, if it is in addition to the morning tea it is not included. This is to avoid inflating normal food expenditure figures.

The intention is to include all food and ingredients used by a cook or a chef in a facility kitchen.

This field should not capture:

- ✘ food from a restaurant or fast-food outlet (covered by field 2)
- ✘ food bought and prepared (on-site or off-site) by a contracted service (covered by field 2)
- ✘ pre-prepared food paid for as an internal transfer to another part of your organisation (covered by field 2)
- ✘ special food that is for events that are in addition to the standard food provision
- ✘ non-edible kitchen consumables
- ✘ food that is not for your residents (such as food for your visitors or your staff), and
- ✘ the cost of preparing, cooking and serving the food.

If you include something in this answer, it should **not** be included in any other answer.

The sum of fields 1 and 2 should equal the total that you spend on food, snacks and drinks for your residents.

2. Expenditure on pre-prepared and bought-in main meals

- This is a mandatory field.
- All expenditure is GST exclusive.

This includes:

- food from a restaurant or fast-food outlet
- food bought and prepared (on-site or off-site) by a contracted service, and
- pre-prepared food paid for as an internal transfer to another part of your organisation.

If you have a contract with a catering company to provide pre-prepared food, we would expect to see the value of this contract captured here. Note, we do not expect you to capture the number of hours that the catering company used to prepare the food. However, if you can easily separate the cost of ingredients (field 1) and the hours of staff (fields 5 and 6), then you can provide this information instead of providing the value of the contract in field 2.

Because this field is attempting to capture brought in main meals, if the contract includes snacks or drinks and the cost of these is itemised, then include those snacks and/or drinks in field 1 and not field 2.

If you include something in this answer, it should not be included in any other answer. The sum of fields 1 and 2 should equal the total that you spend on food, snacks and drinks for your residents.

Note that all food for both question 1 and 2 should be for residents: the expenditure should not cover food for staff and visitors.

3. Expenditure on oral nutritional supplements

- This is a discretionary field for the first report and will be refined through consultation with the sector.

Please provide this data if you currently capture it in your information systems or, if you can do so easily. We will engage with you on the discretionary fields shortly.

- All expenditure is GST exclusive.

4. Expenditure on oral health living expenses

- This is a discretionary field for the first report and will be refined through consultation with the sector.

Please provide this data if you currently capture it in your information systems or, if you can do so easily. We will engage with you on the discretionary fields shortly.

- All expenditure is GST exclusive.

This includes expenditure on toothpaste, toothbrushes, floss, denture cleaning solutions, reminder systems, and other items needed for good oral health. This does not include the cost of staff assisting residents with their oral care.

5. Hours for cooks and chefs

- This is a discretionary field for the first report and will be refined through consultation with the sector.

Please provide this data if you currently capture it in your information systems or, if you can do so easily. We will engage with you on the discretionary fields shortly.

This includes the number of hours (ordinary and overtime) for which cooks and chefs were employed to prepare and cook food for the residents. This includes time spent on cooking, training and management tasks, but does not include hours on leave.

For services with multiskilled care staff involved in cooking and meal preparation, please provide an estimate of the hours used for food preparation.

This does not include outsourced cooking and preparation time, the cost of which will be included in field 2. If you do not have a cook, chef or multiskilled care staff, then the answer to this question may be zero.

If you include hours in this answer, they should not be included elsewhere.

6. Hours for other food management and/or food service staff

- This is a discretionary field for the first report and will be refined through consultation with the sector.

Please provide this data if you currently capture it in your information systems or, if you can do so easily. We will engage with you on the discretionary fields shortly.

This includes food and dining management staff who are not cooks, chefs or allied health professionals. It includes time spent working and/or training, but does not include hours on leave. It includes hours used for food procurement and hours on food-related day-to-day operations such as fetching food from a central store.

This includes management hours provided by head office relevant to food and dining. The hours of a food service manager who manages services in more than one facility should be separated between those facilities in a proportionate way.

This includes the number of hours for food service staff employed to serve food to residents, excluding cooks and chefs. Food service roles include:

- fluid assistants to provide fluids to residents in their rooms, or
- a staff member whose main role is to bring residents snacks and drinks in the lounge.

This does not include eating assistance provided by personal care workers or nurses. Information regarding eating assistance can be provided in field 8.

If you include hours in this answer, they should not be included elsewhere.

The sum of fields 5 and 6 should include all the hours used for:

- food preparation
- food service, and
- food management.

Except where these functions are performed by allied health professionals. Expenditure on allied health support for nutritional wellbeing is provided in field 7.

7. Expenditure on allied health support (such as dietitians, speech pathologists and oral health practitioners) to residents to improve their nutritional wellbeing

- This is a discretionary field for the first report and will be refined through consultation with the sector.

Please provide this data if you currently capture it in your information systems or, if you can do so easily. We will engage with you on the discretionary fields shortly.

This includes expenditure on:

- all accredited allied health practitioners providing individual care relevant to eating, nutrition and oral health
- allied health practitioners providing systems advice to management or the provider to improve the nutritional wellbeing of the residents, and
- training sessions for your staff on food or nutrition run by allied health practitioners.

This field can include expenditure on occupational therapists providing advice relevant to food and the dining room, but does not include physiotherapy or exercise physiology.

Quality and adequacy

Two mandatory questions requiring an answer with a maximum of 3000 characters.

8. How do you ensure you are providing an appropriate standard of daily living services?

- This is a mandatory field.

You may wish to comment on:

- a. Quality and quantity of food
- b. Daily protein intake
- c. Quality of life and nutritional well-being of residents
- d. Support for residents with eating difficulties and enhancing food and liquid consumption
- e. Engagement with residents on menu design or food preparation and service, and/or
- f. Mealtime or nutritional assessments.

In this field we are looking for you to tell us how you are addressing the complex area of food, nutrition and the dining experience. We intend to collect qualitative information and learn from good practice examples. This information will build our knowledge to explore innovations that might be available and shared across the sector.

9. Do you have any plans to review or improve your provision of daily living services?

- This is a mandatory field.

We would like to know if and/or how you are going to review the quality of your daily living services (including food and nutrition):

- existing baselines or benchmarks you might use, and
- plans you have, to make improvements.

In subsequent reports, we would like to see updates on the progress of your improvement plans, and the outcomes of your reviews.