

Quarterly Financial Report (QFR) Webinar

Department of Health

Please note that this webinar will be recorded.

health.gov.au/aged-care-reforms

In this presentation



Quarterly Financial Report (QFR) Webinar

Agenda

16 June 2022

11:00am - 12:30pm AEDT

Location: Videoconference – Webex & Teleconference Details in Webinar Invitation

No.	Agenda Item	Speaker
1	 Welcome and Introduction Objectives and Broader Context of QFR Requirement on publishing GPFR 	Jessica Evans (15 minutes)
2	 Part 1: Viability Questions (Residential and Homecare) Purpose and context Q & A 	Nicki Phelan (10 minutes)
3	 Part 2: Quarterly Financial Statements Purpose and context Q & A 	Grant Corderoy (10 minutes)
4	 Part 3: Care Cost and Labour Hours (Residential and Homecare) Purpose and context Q & A 	Grant Corderoy (30 minutes)
5	Part 4: Food and Nutrition costs Purpose and context Q & A	Kate APPS-MUIR (15 minutes)
б	Other Issues and Next Step	Jessica Evans (10 minutes)
	Webinar close – 12:30pm	

Contents

Meeting Agenda

Jessica Evans

Assistant Secretary Structural Adjustment Strategy Branch Market and Workforce Division Aged Care Group

Royal Commission Final Report Recommendations

Recommendation 131

Establishment of prudential standards

Recommendation 132

Liquidity and capital adequacy requirements

Recommendation 133 More stringent financial reporting requirements

Recommendation 134

Strengthened monitoring powers for the Prudential Regulator

Recommendation 135

Continuous disclosure requirements in relation to prudential reporting

Recommendation 136

Tools for enforcing the prudential standards and guidelines and financial reporting obligations of providers

Financial and prudential monitoring, compliance and intervention framework

Phase 1 – July 2021

ACFR amendments

- Facility level reporting (incl. care minutes)
- · Consolidated entity level reporting
- RAD permitted use reconciliation

Along with the financial information all aged care providers will be asked to provide:

- Visual depiction of corporate structure
- · 'financial support statement'
- Declaration by the provider's governing body

Phase 2 – July 2022

- Quarterly financial reporting by providers
- Publishing of select financial information by providers or government
- RAD obligations
 - Requirement to provide RAD
 reconciliation to residents on request
 - Govt may request info relating to the use of a RAD from provider or borrower
 - Period between RAD misuse and insolvency while RAD owed extended from 2 to 5 years for individuals and providers

Phase 3 – July 2023

- Final measures TBC, but include consideration around:
 - Minimum liquidity and capital adequacy requirements
 - Government enforcement powers
 - RADs and bonds permitted uses.
- Government will look for opportunities to consult with the sector on all amendments.

Quarterly Financial Report



Viability and prudential compliance questions



Approved provider level quarterly financial statements (income statement and a balance sheet)



4

Report on labour cost and hours

Quarterly Food and Nutrition report for residential aged care providers

5

Purpose of the QFR

1: Enable tracking, monitoring and benchmarking the sector 2: Gather information for the star rating system to help senior Australians make informed choices

3: Help with policy planning and development

4: Enable direct care minutes to be monitored and inform the Australian National Aged Care Classification (AN-ACC) funding model.

5: Inform the regulator of providers compliance with the Prudential Standards 6: Inform the risk based regulation of services and providers performance against the Quality Standards and other provider responsibilities

Quarterly Financial Report Submission Timeframes

Quarters (Financial year 2022-23)	Dates of submission	Number of days
Quarter One (July to September)	4 November 2022	35 days
Quarter Two (October to December)	15 February 2023	45 days
Quarter Three (January to March)	5 May 2023	35 days
Quarter Four (April to June)	4 August 2023	35 days

Transparency Measures

Approved providers of residential care will be required to publish a GPFR

• On its website, if it has a website; or

• if the provider does not have a website, on a website in a manner that is publicly accessible.

This requirement will start with the GPFR for the period of 1 July 2021 to 30 June 2022 and continue with each GPFR thereafter.

The GPFR will need to be published within five months after the end of the approved provider's financial year.

This responsibility would apply to every approved provider required to prepare a GPFR (excluding State and Territory Government providers).

Part 1

Viability Questions (Residential and Homecare)

- Purpose and context
- Q & A

Nicki Phelan

Director

Market and Workforce Division | Aged Care Group

Residential Care

Please respond to the below providing additional co	nents where appropriate		
Issue	Question	Yes/No	Response (If answering Yes please provide additional information)
Solvency	1 Are you currently concerned about your organisations' solvency?		
solvency	2 Do you envisage any solvency issues arising in the next six months?		
Financial performance	3 Do you forecast an operational loss for the current year?		
Minimum liquidity	Over the previous quarter, has the total of your cash, financial assets and undrawn credit facilities fallen below the Minimum Liquidity amount stated in your most recent Annual Prudential Compliance Statement?		
	5 Are you considering closing or selling any facilities/services within the next six months?		
Sale or purchase	6 Have you purchased or do you plan to purchase an additional residential care facility/property this financial year?		
Occupancy	7 Is your current occupancy below the desired levels? If yes, what is the anticipated timeframe for reaching that level?		
Refundable Accomodation Deposit	8 Over the last quarter, have you been unable to refund any Refundable Accommodation Deposits within the statutory timeframe?		
Business improvement advice or strategies	 Are you currently implementing or do you gban to implement in the current financial year a business improvement 9 strategy - if yes, is that strategy aligned with advice you received through the Australian Government's Business Adviso Service or the Business Improvement Fund? 	ry	
Governance and Management	10 Have there been any recent changes to Board (including Directors) or Senior Management personnel?		
Recruitment and retention	11 Are you currently experiencing difficulty finding new staff or retaining existing staff?		
Capital works	¹² Do you have any capital works underway in any of your facilities? If yes, what is the total expected value of the work a when is the work due to be completed?	nd	
	13 Is the current building work delayed due to financing or cost related issues?		

Home Care Package

Please respond to the below providing additional comments where appropriate					
Issue	Question				
Solvency	1 Are you currently concerned about your organisations' solvency?				
Solvency	2 Do you envisage any solvency issues arising in the next six months?				
Financial performance	3 Do you forecast an operational loss for the current year?				
Liquidity	4 Is your current cash and financial assets holdings inadequate to make good on all unspent funds and care recipients funds owing?				
	5 Are you considering closing or selling any services within the next six months?				
Sale or purchase	6 Have you purchased or do you plan to purchase an additional home care service this financial year?				
Home Care Recipients	7 Is your current number of home care receipents below at the desired levels? If yes, what is the anticipated timeframe for reaching that level?				
Business improvement advice or strategies	Are you currently implementing or do you plan to implement in the current financial year a business improvement 8 strategy - if yes, is that strategy aligned with advice you received through the Australian Government's Business Advisory Service or the Business Improvement Fund?				
Governance and Management	9 Have there been any recent changes to Board (including Directors) or Senior Management personnel?				
Recruitment and retention	10 Are you currently experiencing difficulty finding new staff or retaining existing staff?				

Home Care Package - Continued

		What business structure does your organisation use to deliver aged care services (tick all relevant fields)?	Definition	Yes/No	If Yes, what type of care or service/s are contracted to these organisation/s?	Yes/No	Additional Information (% of care/service delivered by this
					Clinical Care		
			Organization using its own dedicated team to deliver		Personal Care		
		la heura delivery	Organisation using its own dedicated team to deliver the services it is hired for by another organisation or		Allied health		
		In house delivery			Diversional therapy		
siness Structure			person.		Lifestyle/ Recreation/ Activities Officer		
				to deliver isation or o an oducts or payment to nt with a ichisor erty and o connect r a y another he other	Other - Please specify.		
				1	Clinical Care		
			Partnership or organisation who enters into an		Personal Care		
		Franch in an	agreement with a franchisor to sell their products or		Allied health		
		Franchisee	services for a specified period in return for payment to		Diversional therapy		
			the franchisor.		Lifestyle/ Recreation/ Activities Officer		
					Other - Please specify.		
					Clinical Care		
		Franchisor Sells the rights and enters into an agreement with a franchisee for a set period of time. The franchisor controls the name, brand, intellectual property and business system.		Personal Care			
					Allied health		
			controls the name, brand, intellectual property and		Diversional therapy		
					Lifestyle/ Recreation/ Activities Officer		
					Other - Please specify.		
					Clinical Care		
		Brokerage	An organisation acting as an intermediary to connect buyers and sellers of goods and services for a commission.		Personal Care		
iness Structure	11				Allied health		
					Diversional therapy		
					Lifestyle/ Recreation/ Activities Officer		
					Other - Please specify.		
			Person or organisation hired to do a work by another		· · · · · · · · · · · · · · · · · · ·		
					Clinical Care		
					Personal Care		
			person or organisation for the purpose of the other		Allied health		
			person/organisation's trade or business		Diversional therapy		
					Lifestyle/ Recreation/ Activities Officer		
					Other - Please specify.		
					Clinical Care		
					Personal Care		
		Self-employ individuals	Independent contractor who carries on a trade or		Allied health		
			business as a sole trader		Diversional therapy		
					Lifestyle/ Recreation/ Activities Officer		
					Other - Please specify.		
					Clinical Care		
					Personal Care		
		Other - Please specify			Allied health		
		outer incluse specify			Diversional therapy		
					Lifestyle/ Recreation/ Activities Officer		
					Other - Please specify.		



Part 2

Quarterly Financial Statements

- Purpose and context
- Q & A

Grant Corderoy Senior Partner

StewartBrown

		rterly Financi proved Provide	-					
Balance Sheet	Total	Centrally Held	Residential	Home Care	Community	Retirement	Other	1 Approved Provider level (not
Assets								Consolidated Parent Entity)
 Cash and Cash Equivalents 	\$0.00	\$0.00						Farent Entry)
• Financial Assets	\$0.00	\$0.00						
 Trade Receivables (less Provision for Doubtful Debts) 	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
 Refundable Resident Loans Receivable 	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	2
 Loans Receivable 	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
 Non-related parties 	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Consolidated
 Related parties 	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Residential
• Capital Work in Progress	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	segment (same
 Property, Plant and Equipment 	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	basis as ACFR
 Right-of-use Assets 	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
 Investment Properties 	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
 Intangible Assets 	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
• Other Assets	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Total Assets	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	3
Liabilities								"Home Care includes HCP
 Refundable Resident Loans Payable 	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
 External Borrowings 	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
 Non-related parties 	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
 Related parties 	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	4 "Community
 Employee Benefits/Provisions 	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	includes CHSF
 Unspent Home Care Package Funds 	\$0.00			\$0.00				disability,
 Unspent CHSP Grants 	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	children's service
• Lease Liabilities	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
• Other Liabilities	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Total Liabilities	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	5 Not to be
Net Assets	\$0.00							allocated to
Equity								segments - inpu totals only
 Issued Capital & Contributed Funds 	\$0.00	\$0.00						
• Reserves	\$0.00		5					
Retained Earnings (Losses)	\$0.00	\$0.00	•				l	16 2022 17
Total Equity	\$0.00	\$0.00					June	e 16, 2022 15

Australian Government Department of Health

Quarterly Financial Report Approved Provider Name

	Total	Centrally Held	Residential	Home Care	Community	Retirement	Other	
Income & Expenditure Statement			2					
Income								Disclosure is
 Operating Income 	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	similar to statutory
 Investment and Interest Income 	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	accounts disclosure
• Fair Value Gains	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
• Other Income	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Total Income	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	2
Expenses 1								Same allocation methodology as for
 Salaries and Employee Benefits 	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	ACFR
 Management Fees 	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
• Depreciation and Amortisation	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
 Finance Expenses 	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	3 Required for
 Fair Value Losses (including Impairment) 	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	prudential
 Other Expenses 	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	calculations and
Total Expenses	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	permitted uses reconciliation
Net Profit/(Loss) Before Tax	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	reconcination
External Lines of Credit 3								4 Allows
• Drawn	\$0.00							assessment
∘ Undrawn	\$0.00							of liquidity and
Key ratios 4								capital adequacy (calculated
Liquidity ratio	0.0%							percentages)
Capital adequacy ratio	0.0%							

Australian Government Department of Health

CONSIDERATIONS WHEN COMPLETING QFR (APPROVED PROVIDER)

- The Quarterly Financial Statements section of the QFR includes an income and expenditure statement and a balance sheet which is to be completed at the Approved Provider level (not the parent entity consolidated level)
- The statements are segmented into residential care, home care, community, retirement living and other categories, which is similar to the 2020-21 and 2021-22 ACFRs
- The financial information collected will allow the Department to undertake more timely analysis of:
 - the financial performance and viability of aged care providers allowing earlier access for providers at risk to the Department's Aged Care Financial Monitoring and Business Assistance program;
 - \circ the aged care sectors viability;
 - the financial performance and viability of the residential and home care sectors with consolidated results communicated back to the sector; and
 - \circ $\,$ support future policy development considerations .
- The bottom of the income and expenditure worksheet contains an area for entering information relating to any external lines of credit that are held, which assists the prudential and permitted uses review
- Below this area is the liquidity ratio and capital adequacy ratio. Both of these ratios will be automatically calculated based on the data entered into the balance sheet





Part 3

Care Labour Costs and Hours (Residential and Homecare)

- Purpose and context
- Q & A

Grant Corderoy

Senior Partner

StewartBrown

Residential Aged Care Home Expenditure for the quarter July to Sep 2022

	Total Residential	ACH (name)	
Care Expenses			
Labour Costs - Direct Care: 1			
• Registered nurses	\$0.00	\$0.00	
 Enrolled and licensed nurses (registered with the NMBA) 	\$0.00	\$0.00	
Personal care staff / Assistants In Nursing	\$0.00	\$0.00	
Care Management Staff 2	\$0.00	\$0.00	
Allied health	\$0.00	\$0.00	
- Physiotherapist	\$0.00	\$0.00	
- Occupational Therapist	\$0.00	\$0.00	
- Speech Pathologist	\$0.00	\$0.00	
- Podiatrist	\$0.00	\$0.00	
- Dietetic Care	\$0.00	\$0.00	
- Other allied health	\$0.00	\$0.00	
- Allied Health Assistants	\$0.00	\$0.00	
Diversional/Lifestyle/ Recreation/ Activities Officer	\$0.00	\$0.00	
Other employee staff	\$0.00	\$0.00	
Total Employee Labour Costs - Direct Care	\$0.00	\$0.00	
Agency Staff Costs - Direct Care Detail			
 Registered nurses 	\$0.00	\$0.00	
 Enrolled and licensed nurses (registered with the NMBA) 	\$0.00	\$0.00	
 Personal care staff / Assistants In Nursing 	\$0.00	\$0.00	
• Allied health	\$0.00	\$0.00	
- Physiotherapist	\$0.00	\$0.00	
- Occupational Therapist	\$0.00	\$0.00	
- Speech Pathologist	\$0.00	\$0.00	
- Podiatrist	\$0.00	\$0.00	
- Dietetic Care	\$0.00	\$0.00	
- Other allied health	\$0.00	\$0.00	
- Allied Health Assistants	\$0.00	\$0.00	
 Diversional/Lifestyle/ Recreation/ Activities Officer 	\$0.00	\$0.00	
 Other agency staff costs 	\$0.00	\$0.00	
Total Agency Staff Cost - Direct Care	\$0.00	\$0.00	
Contract Labour - management entity staff costs	\$0.00	\$0.00	
Fotal Direct Care Labour Costs	\$0.00	\$0.00	

Labour Costs Includes all remuneration, leave (payments and accruals) superannuation, fringe benefits and termination payments for all staff (including agency and contact staff) excludes Payroll tax, workers compensation premiums, staff training

2 Care Management Manager or Facility Manager



Department of Health

Residential Aged Care Home Expenditure for the quarter July to Sep 2022

	Total Residential	ACH (nam
Labour Hours		
Labour Worked Hours - Direct Care: 1 2		_
• Registered nurses	-	
- Morning Shift ((e.g., 7am-3pm)	-	
- Afternoon Shift(e.g.,3pm-11pm)	-	
- Overnight Shift(e.g.,11pm-7am)	-	
 Enrolled and licensed nurses (registered with the NMBA) 	-	
 Personal care staff / Assistants In Nursing 	-	
• Care Management Staff	-	_
• Allied health	-	
- Physiotherapist	-	
- Occupational Therapist	-	
- Speech Pathologist	-	
- Podiatrist	-	
- Dietetic Care	-	
- Other allied health	-	
- Allied Health Assistants	-	
 Diversional/Lifestyle/ Recreation/ Activities Officer 	-	
• Other employee staff	-	
Total Employee Direct Care Worked Hours	-	
Agency Staff Worked Hours - Direct Care Detail		
Registered nurses	-	
- Morning Shift ((e.g., 7am-3pm)	-	
- Afternoon Shift(e.g.,3pm-11pm)	-	
- Overnight Shift(e.g.,11pm-7am)	-	
 Enrolled and licensed nurses (registered with the NMBA) 	-	
 Personal care staff / Assistants In Nursing 	-	
Allied health	-	*
- Physiotherapist	-	
- Occupational Therapist	-	
- Speech Pathologist	-	
- Podiatrist	-	
- Dietetic Care	-	
- Other allied health	-	
- Allied Health Assistants	-	
Diversional/Lifestyle/ Recreation/ Activities Officer	-	
Other agency staff Worked Hours	-	
Total Agency Staff Worked Hours - Direct Care		
• Contract Labour Worked Hours	-	
Total Direct Care Labour Worked Hours		

Staff Worked Hours Preference is to gather hours data from roster. If this is not possible - use data from payroll system

2 Worked Hours Include actual hours worked (normal/ overtime) not paid hours

3 Hours by Shift Include actual hours worked for each of your normal daily shifts



Labour Hours	Total Residential	ACH (name)	ACH (name)	pay for each staff classification as per award/agreements/ contracts (exclude
Non-worked hours (for all categories above)				superannuation and a normal on-costs)
Non-worked hours	-	-	-	normal on-costs)
Labour - Average Hourly Rates of Pay 🕕				
Registered nurses	\$0.00			2
Enrolled and licensed nurses (registered with the NMBA)	\$0.00			Bed Days Occupied bed day
Personal care staff /Assistants In Nursing	\$0.00			must agree to
				Medicare Statement Available bed day
Bed Days 2				are the number of be
Occupied bed days	-	-	-	that are actually available for a reside
Available bed days	-	-	-	(excludes off-line bed
Direct Care Minutes (worked) Per Occupied Bed Day 3 Registered nurses care minutes per occupied bed day		-	-	
Enrolled and licensed nurses (registered with the NMBA) care minutes per occupied bed day	-	-	-	3
Personal care staff/Assistants In Nursing care minutes per occupied bed day	-	-	-	Direct Care Minute
Total direct care minutes (worked) of RN, Enrolled and licensed nurses(registered with the NMBA) and Personal				This is a calculated fi
care staff/Assistants in Nursing per occupied bed day	-	-	-	based on the numb of hours and the



Care Minutes

- $\,\circ\,$ Result flowing into Star Ratings
- $\,\circ\,$ The QFR will calculate the average care minutes of your facility

As an example - Registered Nurse (RN) minutes will be calculated as

- Total RN Hours
- Occupied bed days x 60
- A general guide would be to once you calculate the minutes compare it to your total care funding for the period
- Total care funding is currently the ACFI and other care related supplements. To determine your average care funding to compare to average minutes
 - Total Care Revenue
 - Total occupied bed days
- In comparing these amounts, for a facility who receives average care revenue of \$150 prpd would not expect to be delivering 200 minutes of care per day



Allocating hours where staff cover more than one role

- There are many facilities where, for example, the care manager is also a Registered Nurse
- It is important to ensure that all the direct care hours that are provided at your facility is recorded
- If your systems are not able to differentiate between the hours that they undertake each role, we suggest apportioning based on the average time spent in each role

Average hourly rates

- The Department is interested in the hourly rates of your staff. Please enter the average rates in the required space
- Please note that the averages do not have to be exact. They should represent a reference point based on the levels of each of the direct care staff

Reporting Registered Nursing hours by shift

- The Department is interested in assessing the current levels of RN coverage across your facilities
- The current targets are for 16 hours of care coverage per day, but the new Government has indicated that it wants to increase this to 24 hour coverage
- Accurate reporting of data here will assist the department to calculate the cost of this increase for the sector
- Note that a guide has been provided to assist understanding the general hours that a facility may use to determine the shifts. This is only a guide, please try to fit it in within your specific circumstances



CONSIDERATIONS WHEN COMPLETING QFR (RESIDENTIAL)

Direct care employee expenditure

Proportion of total costs - including care management + Covid expenses	
Wages - clinical (RN, EN, PCW)(includes agency staff)	78%
Wages - Other clinical (Allied Health)	4%
Wages - Other (Lifestyle)	3%
Medical consumables	3%
Other	13%
	100%

Other includes payroll, worker compensation and care management

- The Department is also interested in the proportion of total expenditure spent on direct care labour expenses
- The guidance provided is around 78% (refer above table) depending on characteristics of the facility
- This calculation will provide a good guide of funding for employees/agency in the direct care labour roles



CONSIDERATIONS WHEN COMPLETING QFR (RESIDENTIAL)

Agency staff

- It is very important for the Department to understand the impact of agency staff on your organisation
- Especially throughout the pandemic we understand the additional cost pressures that resulted in additional agency staff
- The accurate reporting of agency costs on the direct care roles will ensure that all the costs and hours your facility has incurred are considered in the average direct care expenditure and minute of care provided
- If this information is not readily available, the Department recommends opening dialogue with your agency providers to organise the provision of data that will meet the reporting requirements

Allied health

- As above for agency staff

Other care staff

- It is important to check this line item to ensure that none of the employee classifications are represented in the balance
- If other classifications are included, there is the risk that the direct care costs and hours will be understated



Total Home Care	Aged Care Planning Region 1	Aged Care Planning Region 2	1 Labour Costs Includes all remuneration, leave (payments and	
			accruals)	
\$0.00	\$0.00	\$0.00	superannuation,	
\$0.00	\$0.00	\$0.00	fringe benefits and	
\$0.00	\$0.00	\$0.00	termination	
\$0.00	\$0.00	\$0.00	payments for all staff	
\$0.00	\$0.00	\$0.00	(including agency and	
\$0.00	\$0.00	\$0.00	contact staff)	
			excludes	
			Payroll tax, workers	
\$0.00	\$0.00	\$0.00	compensation	
\$0.00	\$0.00	\$0.00	premiums, staff	,
\$0.00	\$0.00	\$0.00	training	
\$0.00	\$0.00	\$0.00		
\$0.00	\$0.00	\$0.00		
\$0.00	\$0.00	\$0.00		
			Need to be dissected	
\$0.00	\$0.00	\$0.00		
\$0.00	\$0.00	\$0.00		
\$0.00	\$0.00	\$0.00	staff)	
\$0.00	\$0.00	\$0.00		
\$0.00	\$0.00	\$0.00		
\$0.00	\$0.00	\$0.00	2 Commission	
			Brokerage and	
\$0.00	\$0.00	\$0.00	Franchise fees	
	4	¢0.00	normal sub-contract	
\$0.00	\$0.00	\$0.00	normal sub concrace	
\$0.00	\$0.00	Ş0.00	terms	
\$0.00 \$0.00	\$0.00	\$0.00		
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Home Care Package (HCP) Expenditure for the quarter July to Sep 2022

Department of Health

Home Care Package (HCP) Expenditure for the quarter July to Sep 2022

			Aged Care Planning	Aged Care Planning	
		Total Home Care	Region 1	Region 2	
	Labour Hours 1 2				Staff Worked
	Labour Worked Hours - Internal Direct Care - Employee				Hours
	 Registered nurses 	-	-	-	Preference is to
	 Enrolled and licensed nurses (registered with the NMBA) 	-	-	-	gather hours data from roster. If this
	 Personal care staff / other unlicensed nurses 	-	-	-	is not possible -
	 Allied health 	-	-	-	use data from
	 Other employee staff 	-	-	-	payroll system
	Total Labour Worked Hours - Internal Direct Care - Employee	-	-	-	
	Labour Worked Hours - Internal Direct Care - Agency Care Staff				
	• Registered nurses	-	-	-	(2)
	 Enrolled and licensed nurses (registered with the NMBA) 	-	-	-	Worked Hours
	 Personal care staff / other unlicensed nurses 	-	-	-	Include actual
	 Allied health 	-	-	-	hours worked
	 Other Agency staff 	-	-	-	(normal/ overtime) not
	Total Labour Worked Hours - Internal Direct Care - Agency Care Staff	-	-	-	paid hours
	Worked Hours - Sub-contracted or Brokered Client Services - External Direct Care				
	 Registered nurses 	-	-	-	
	 Enrolled and licensed nurses (registered with the NMBA) 	-	-	-	
	 Personal care staff / other unlicensed nurses 	-	-	-	
	 Allied health 	-	-	-	
	 Other sub-contracted/brokered staff 	-	-	-	
	External Direct Care Service Cost - Sub-contracted or Brokered Client Services	-	-	-	
	Labour Worked Hours - Care Management				
	 Care Management Staff 	-	-	-	
a to a la to	Labour Worked Hours - Administration & Support				
A CONTRACT OF THE OWNER	• Administration & Non-Care Staff	-	-	-	
Australian Government	Total Labour Worked Hours and External Direct Care Service Worked Hours	-	-	-	lune 16, 2022 28

Direct Service Delivery (Care) Labour Costs

- It is very important for the Department and Independent Pricing Authority to obtain accurate staff costs and hours worked to assist in reviewing the appropriate funding subsidy overall and by service
- Staff costs include all remuneration (including superannuation and on costs) and exclude payroll tax, workers compensation premium, staff training, fringe benefits tax

Agency staff and Sub-contract or Brokered staff

- It is very important for the Department to understand the impact of agency staff on your service delivery
- Especially throughout the pandemic we understand the additional cost pressures that resulted in additional agency staff
- The accurate reporting of agency costs on the direct care roles will ensure that all the costs and hours your home care program has incurred are considered in the average direct care expenditure and hours of service delivery provided
- If this information is not readily available, the Department recommends opening dialogue with your agency providers to organise the provision of data that will meet the reporting requirements

Other direct service delivery staff

- It is important to check this line item to ensure that none of the employee classifications are represented in the balance
- If other classifications are included, there is the risk that the direct care costs and hours will be understated

Hours Worked

• This relates to actual hours "worked" rather than hours "paid" (overtime hours need to be included)



• ACFR DATA DEFINITIONS (EXTRACT)

	Definition					
Care Expenses						
abour Costs - Direct Care:						
Registered nurses	Salaries and superannuation paid to registered nurses, who registered with the Nursing and Midwifery Board of Australia (NMBA) as an RN an are employed in a direct care RN role.					
	This expense item should also include the payment of following amounts:					
	- Bonuses, incentive pay and commissions					
	- Allowances and reimbursements - Annual Leave, long service leave, medical leave					
	- Leave provisions					
	- Termination payments, retirement payments and leave encashment					
	- Value of Fringe Benefits/salary sacrifice					
	- Uniforms, laundry reimbursements.					
	Do not include staff training; staff amenities; staff recruitment; agency staff, workers compensation, payroll tax.					
	Where a Registered Nurse is employed in a hybrid role, for example providing both personal care and other activities such as care managemer catering and laundry, only the portion of the worker's time spent on personal care can count towards Registered Nurse labour costs.					
	Where a registered nurse works across separate facilities, these costs should be split/apportioned based on the time they are allocated to eac facility.					



ACFR DATA DEFINITIONS (EXTRACT)

	Labour Hours
abour Worked Hours - Direct Care:	
Registered nurses	Labour Hours worked by registered nurses, who registered with the Nursing and Midwifery Board of Australia (NMBA) as an RN and are
	employed in a direct care RN role.
	Total hours worked not including leave and training hours.
	Where a Registered Nurse is employed in a hybrid role, for example providing both personal care and other activities such as care management
	catering and laundry, only the portion of the worker's time spent on personal care can count towards Registered Nurse labour hours.
	Where a registered nurse works across separate facilities, hours worked should be split/apportioned based on the time they are allocated to
	each facility.
	Refer to 'What are Care Minutes' fact sheet for further guidance and examples.
Morning Shift ((e.g., 7am-3pm)	Hours of care provided by registered nurses on the morning shift. For example, a morning shift may start around 7am and finishing around
	3pm, but please adjust these timeframes to align with your organisations roster.
Afternoon Shift(e.g.,3pm-11pm)	Hours of care provided by registered nurses on the afternoon shift. For example, an afternoon shift may start around 3pm and finish around
······································	11pm, but please adjust these timeframes to align with your organisations roster.
- Overnight Shift(e.g.,11pm-7am)	Hours of care provided by registered nurses on the night shift. For example, a night shift may start around 11pm and finish around 7am. but
	please adjust these timeframes to align with your organisations roster.
Enrolled and licensed nurses (registered with	
he NMBA)	Total hours worked not including leave and training hours.
	Where an Enrolled Nurse is employed in a hybrid role, for example providing both personal care and other activities such as care management
	catering and laundry, only the portion of the worker's time spent on personal care can count towards Enrolled Nurse labour hours.
	Where enrolled and licenced nurses (registered with the NMBA) works across separate facilities, hours worked should be split/apportioned
	based on the time they are allocated to each facility.
	Pefer to 'What are Care Minutes' fact sheet for further guidance and examples
Personal care staff/Assistants In Nursing	Refer to 'What are Care Minutes' fact sheet for further guidance and examples.
Personal care stan/Assistants in Nursing	Labour Hours worked by personal care staff/Assistants In Nursing, who are employed in a direct care role. Total hours worked not including leave and training hours.
	Total nours worked not including leave and training nours.
	Where a Demond Care Warker is ampleted in a hybrid rate for example providing both personal are and other activities such as any
	Where a Personal Care Worker is employed in a hybrid role, for example providing both personal care and other activities such as care
	management, catering and laundry, only the portion of the worker's time spent on personal care can count towards Personal Care Worker
	labour hours.
	Where personal care staff/Assistants In Nursing work across separate facilities, hours worked should be split/apportioned based on the time
	they are allocated to each facility.
	Refer to 'What are Care Minutes' fact sheet for further guidance and examples.
Care Management Staff	Labour Hours worked by care management staff.
	Total hours worked not including leave and training hours.
	Where a Care Management Staff member is employed in a hybrid role, for example providing both care management activities and nursing,
	only the portion of the worker's time spent on care management can count towards Care Management labour hours.
	Where care management staff work across separate facilities, hours worked should be split/apportioned based on the time they are allocated
	to each facility.
	Refer to 'What are Care Minutes' fact sheet for further guidance and examples.
Allied health - Employee	Refer to what are care windues fact sheet for fulliner guidance and examples.
Physiotherapist	Labour Hours worked by allied health staff - Physiotherapist.
i i ysiotii ci apist	Total hours worked not including leave and training hours.
	Where allied health staff work across separate roles, worked hours should be split/apportioned based on the time they are allocated to each
	role.
	Where allied health staff work across separate facilities, worked hours should be split/apportioned based on the time they are allocated to ea
	facility. June 16
	Allied health professionals included must meet registration and qualification requirements listed at About allied health.

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Part 4

Food and Nutrition Reporting

- Purpose and context
- Q & A

Kate Apps-Muir

Director

Transparency and Risk Profiling Section | Aged Care Group

Transition to the QFR

- Basic Daily Fee supplement in place since 1 July 2021 is changing:
 - From 1 October 2022, the \$10 BDF supplement will be rolled into baseline AN-ACC funding for residential services
 - MPS and NATSIFAC services will continue to receive \$10pp/day
 - Food and Nutrition reporting through the QFR will begin for Quarter 1 commencing 1 July 2022
 - First report due 4 November 2022 for the period July to September
 All questions are mandatory

Quarterly Financial Report (QFR)

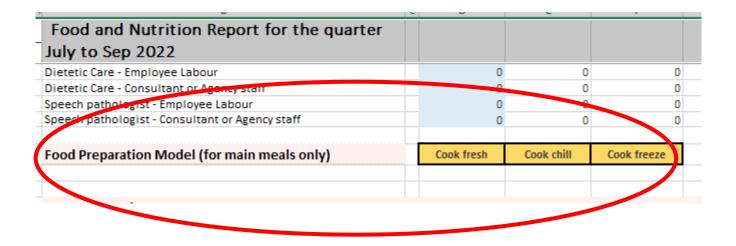
	Total	ACH (name)	ACH (name)	ACH (name)
Resident expenses				
Oral nutrition supplements	\$0.00	\$0.00	\$0.00	\$0.00
Oral health living expenses	\$0.00	\$0.00	\$0.00	\$0.00
Allied Health expenses				
Dietetic Care expense - Employee Labour	\$0.00	\$0.00	\$0.00	\$0.00
Dietetic Care expense - Consultant or Agency staff	\$0.00	\$0.00	\$0.00	\$0.0
Speech pathologist - Employee Labour	\$0.00	\$0.00	\$0.00	\$0.0
Speech pathologist - Consultant or Agency staff	\$0.00	\$0.00	\$0.00	\$0.00
Internal Catering				
Food and cooking ingredients - fresh	\$0.00	\$0.00	\$0.00	\$0.00
Food and cooking ingredients - other	\$0.00	\$0.00	\$0.00	\$0.00
Cooks and chefs (hours)	0	0	0	
Food service and food management (hours)	0	0	0	
Contract catering (internal)				
Central kitchen for multiple facilities (head office staff)				
Food and cooking ingredients - fresh	\$0.00	\$0.00	\$0.00	\$0.0
Food and cooking ingredients - other	\$0.00	\$0.00	\$0.00	\$0.0
Cooks and chefs (hours)	0	0	0	
Food service and food management (hours)	0	0	0	
Contract catering (external)				
On-site kitchen – contract kitchen staff and management				
Food and cooking ingredients - fresh	\$0.00	\$0.00	\$0.00	\$0.00
Food and cooking ingredients - other	\$0.00	\$0.00	\$0.00	\$0.0
Cooks and chefs (hours)	0	0	0	
Food service and food management (hours)	0	0	0	
Brd party external kitchen	\$ -	\$0.00	\$0.00	\$0.0
	\$0.00	\$0.00	\$0.00	\$0.00
Other (please specify)	Ş0.00			

Quarterly Financial Report (QFR)

Food and Nutrition Report for the quarter July to Sep 2022	
July to 300 2022	Total
Besident Expenses	
Oral nutrition supplements	\$0.00
Oral health living expenses	\$0.00
Allied Health Expenses	
Dietetic Care - Employee Labour	\$0.00
Dietetic Care - Consultant or Agency staff	\$0.00
Speech pathologist - Employee Labour	\$0.00
Speech pathologist - Consultant or Agency staff	\$0.0
Allied Health Worked Hours	
Dietetic Care - Employee Labour	(
Dietetic Care - Consultant or Agency staff	(
Speech pathologist - Employee Labour	(
Speech pathologist - Consultant or Agency staff	(
Food Preparation Model (for main meals only)	Cook fresh

- Resident Expenses
- Allied Health Expenses
 - \circ Dietitian
 - Speech Pathologist
- Allied Health Hours
 - \circ Dietitian
 - Speech Pathologist

Quarterly Financial Report (QFR)



NEW: Food Preparation Model selection

- a. Cook fresh
- b. Cook chill
- c. Cook freeze

Catering

Catering – this is divided up into the below groups

- Internal catering
- Contract catering (internal)
 - Off-site kitchen by provider, internal contract arrangement
- Contract catering (external)
 - on-site kitchen contract kitchen staff and management

Internal Catering

Food and cooking ingredients - fresh

Food and cooking ingredients - other

Cooks and chefs (hours)

Food service and food management (hours)

Contract catering (internal)

Central kitchen for multiple facilities (head office staff)

Food and cooking ingredients - fresh

Food and cooking ingredients - other

Cooks and chefs (hours)

Food service and food management (hours)

Contract catering (external)

On-site kitchen – contract kitchen staff and management

Food and cooking ingredients - fresh

Food and cooking ingredients - other

Cooks and chefs (hours)

Food service and food management (hours)

Fresh food and processed food

On-site kitchen – contract kitchen staff and ma	anagement					
Food and cooking ingredients - fresh		\$0.00	\$0.00	\$0.00	\$0.00) Po
Food and cooking ingredients - other		\$0.00	\$0.00	\$0.00	\$0.00	P
Cooks and chets (hours)		0	0	0	0	P
Food service and f	food management (hours)	0	0	0	0	P
Brd party external kitchen	•	\$0.00	\$0.00	\$0.00	\$0.00) P
Other (please specify)		\$0.00	\$0.00	\$0.00	\$0.00	P

Catering

Catering – this is divided up into the below groups

- 3rd party external kitchen
- Other

Contract catering (internal)

Central kitchen for multiple facilities (head office staff)

Food and cooking ingredients - fresh

Food and cooking ingredients - other

Cooks and chefs (hours)

Food service and food management (hours)

Contract catering (external)

On-site kitchen - contract kitchen staff and management

Food and cooking ingredients - fresh

Food and cooking ingredients - other

Cooks and chefs (hours)

Food service and food management (hours)

3rd party external kitchen

Other (please specify)

ort Food and Nutrition Costs

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QFR Submission

- Additional notes:
 - Food costs and staff costs can be split between different catering categories
 - Food Service and Food Management does not include time spent on personal care minutes
- Providers with multiple services to complete them all together in one report.
- The Department will release Explanatory Notes for completing the Food and Nutrition tab

Questions

Reporting questions: nutritioninagedcare@health.gov.au

Part 5

Other Issues and Next Steps

- Latest Quarterly Financial Report, Definitions, Guides and Frequently Asked Questions are located at <u>https://health.formsadministration.com.au/dss.nsf/DSSForms.xsp</u>
- The Portal for submitting QFR will be communicated shortly.
- A discreet external Help Desk will be available to assist with the completion and lodgement of QFR. Its contact details will be communicated shortly.
- In the meantime, please email your questions to the **FFBCONSULTATION@health.gov.au** inbox.

Ageing and Aged Care



Thank you

For more information, please contact the Department of Health.

health.gov.au/aged-care-reforms