# Slide I

Aged Care Service Number	
Aged Care Service Name	
Approved Provider Number	
Approved Provider Name	
Claim Month	

	機能器器	Sported extentions someth
	State de espesis	
	Case excitation pages to	

## **PROVIDER NOTES** Slide 3

# **On April 2015 Medicare Statement**

A new residential web form is available in Aged
Care Online Claiming (ACOC). You can use the form
to record Refundable Accommodation Deposit/
Daily Accommodation Payment information.
For more information visit:
humanservices, gove.au/agedcareproviders.

### PROVIDER NOTES Slide 4

ADJUSTMENTS FOR MONTH ENDING JANUARY 2016 ITR - INCOME TESTING REFUNDS ADJUSTMENT PERIOD: 01/2016 TOTAL AMOUNT: 47.24, MONTHLY AMOUNT: 47.24 ITSR REVIEW FOR PERIOD 01-01-2016 ADJUSTMENTS FOR MONTH ENDING JANUARY 2016 MTC - ACCOM CONTRIB REVIEW ADJUSTMENT PERIOD: 01/2016 TOTAL AMOUNT: 3264.27, MONTHLY AMOUNT: 3264.27 MTC REVIEW FOR PERIOD 01-01-2016 ADJUSTMENTS FOR MONTH ENDING JANUARY 2016 MTR - MEANS TESTING REVIEW ADJUSTMENT PERIOD: 01/2016 TOTAL AMOUNT: 33.43, MONTHLY AMOUNT: 33.43 MTSR REVIEW FOR PERIOD 01-01-2016

#### RESPITE CARE RECIPIENT DETAILS

Care Recipie nt Surnam e	First Name	Care Recip ient ID	Entry	Departure	BRC Type	SR	АСАТ	Reappr aisal Date	Apprai sal Expiry Date	WC /TP %	Room T ype	RC/ Leave Days	TC Days Left	
			31/12/ 2015	06/01/201 6			Н					42		

#### **PROVIDER NOTES**

#### Slide 5

ADJUSTMENTS FOR MONTH ENDING OCTOBER 2014 ADH - AD HOC ADJUSTMENT ADJUSTMENT PERIOD: 10/2014 TOTAL AMOUNT: 89348.96, MONTHLY AMOUNT: resident's name and client ID..... ITSR IN AUG & SEP 14 CLAIMS SHOULD NOT HAVE OCCURRED (MEANS TESTING ERROR)

## PROVIDER NOTES EXAMPLE JANUARY 2015 Slide 6

ADJUSTMENTS FOR MONTH ENDING JANUARY 2015 ADH - AD HOC ADJUSTMENT ADJUSTMENT PERIOD: 01/2015 TOTAL AMOUNT: -12172.78, MONTHLY AMOUNT: -12172.78 ......resident's name and client ID number - INCORRECT ITF REFUND; AMT TBA (DVA INCOME DETAILS TO DHS ISSUE) AS PER RCA ADJUSTMENTS FOR MONTH ENDING JANUARY 2015 AD1 - AD HOC 1 ADJUSTMENT PERIOD: 01/2015 TOTAL AMOUNT: -11145.86, MONTHLY AMOUNT: -11145.86 resident's name and client ID number - INCORRECT MTCF REFUND (MND CODED ON SPARC INCORRECTLY)

# PERMANENT CARE RECIPIENT DETAILS Slide 7

Care Recipient Surname	First Name	Care Recipient ID	Entry	Departure	BRC Type	SR	ACAT	Reappraisal Date	Appraisal Expiry Date	WC/TP%	Room Type	RC/ Leave Days	TC Days Left
	MARILYN		22/07/2014				R		21/01/2015			52	
	MARIA		19/09/2014	10/12/2014	STD	L	R		18/03/2015				
	DOUGLAS		14/11/2014		STD	L	R	14/11/2015				52	
	DAVID		29/02/2012		STD	S	R	28/02/2013				52	
	BERYL		18/12/2006		STD	A	R	18/12/2009				52	
	DELMA		06/08/2012		STD	S	R	06/02/2014				52	
	ELAINE		25/11/2009		STD		R	25/11/2010				52	
	WARWICK		16/08/2007		NON		R	02/12/2010				52	
	JOSEPH		25/06/2007		STD	C	R	23/09/2012				52	
	CHARLES		01/07/2010		STD	S	R	11/02/2012				52	
	DONALD		16/01/2007		NON		R	18/07/2014				52	
	SADIE		02/04/2012		STD		R	02/04/2013				52	
	MARIA		21/08/2007		STD	C	R	27/10/2011				52	
	BERNARD		01/02/2012		STD	S	R	01/02/2013				52	
	EILEEN		30/12/2011		STD		R	30/06/2013				52	
	EVA		16/09/2014	12/12/2014	STD	L	R		12/12/2014				
	AVICE		09/10/2013		STD	SH	R	09/04/2015				52	7
	AUDERY		25/01/2007		NON	В	R	19/07/2014				52	Y
	GEORGE		18/06/2009		PRO	S	R	23/09/2012				52	

## PERMANENT CARE RECIPIENT DETAILS Slide 8

## **BRCTYPE COLUMN - BASIC RESIDENTIAL CARETYPE COLUMN**

Under new arrangements daily care fee has one rate only – standard.

Under the old arrangements there are 4 different daily care fees, however only 3 different rates (STD and PHA are same rate).

#### 4 Codes:

STD - Standard

PRO - Protected

PHA - Phased

NON - Non

Refer Schedule of Fees and Charges for applicable rates.

For pre-July 2014 residents the Commonwealth advise approved providers by letter of the applicable daily care fee, generally within 2-4 weeks of admission.

## PERMANENT CARE RECIPIENT DETAILS Slide 9

## SUPPORTED RESIDENTS COLUMN

## 7 Codes:

- Low-means care recipient (means tested accommodation supplement)
- LH Low-means care recipient Hardship (means tested accommodation supplement)
- S Supported Resident (accommodation supplement)
- SH Supported Hardship (accommodation supplement)
- C Concessional Resident (concessional supplement)
- A Assisted Resident (concessional supplement)
- B Bond (resident not eligible for pensioner supplement).

## THE 40% RULE Slide 10

The maximum rate of accommodation or concessional supplement is the rate determined by the Minister, currently \$54.29 per day. The highest rate of accommodation or concessional supplement a service receives depends upon:

- if the service is approved for the significantly refurbished/newly built rate. only these approved services are eligible for the maximum rate; and
- whether the service has greater than 40% of residents who are low means, supported, concessional or assisted.

Where equal to or less than 40% a service's highest accommodation or concessional supplement rate is reduced by 25% (except for assisted residents in services that have not met refurbishment/newly built criteria):

- from \$54.29 for refurbished/new services to \$40.72;
- from \$35.37 for non-refurbished/new services to \$26.53.

# **SUPPORTED RESIDENT RATIOS SUMMARY (January 2016)**

# Slide 11

61779.59

Total

Day	% Achieved for Service	% Achieved post 2008 Reforms	Day	% Achieved for Service	% Achieved post 2008 Reforms
01	59.16 (71/120)	58.62 (68/116)	16	58.33 (70/120)	57.75 (67/116)
02	59.16 (71/120)	58.62 (68/116)	17	58.33 (70/120)	57.75 (67/116)
03	59.16 (71/120)	58.62 (68/116)	18	57.85 (70/121)	57.26 (67/117)
04	58.67 (71/121)	58.11 (68/117)	19	57.85 (70/121)	57.26 (67/117)
05	57.85 (70/121)	57.26 (67/117)	20	57.85 (70/121)	57.26 (67/117)
06	57.85 (70/121)	57.26 (67/117)	21	58.19 (71/122)	57.62 (68/118)
07	57.85 (70/121)	57.26 (67/117)	22	58.19 (71/122)	57.62 (68/118)
08	57.85 (70/121)	57.26 (67/117)	23	58.19 (71/122)	57.62 (68/118)
09	57.85 (70/121)	57.26 (67/117)	24	58.67 (71/121)	58.11 (68/117)
10	57.85 (70/121)	57.26 (67/117)	25	58.67 (71/121)	58.11 (68/117)
11	57.85 (70/121)	57.26 (67/117)	26	58.67 (71/121)	58.11 (68/117)
12	58.33 (70/120)	57.75 (67/116)	27	58.67 (71/121)	58.11 (68/117)
13	58.33 (70/120)	57.75 (67/116)	28	59.01 (72/122)	58.47 (69/118)
14	58.33 (70/120)	57.75 (67/116)	29	59.01 (72/122)	58.47 (69/118)
15	58.33 (70/120)	57.75 (67/116)	30	58.53 (72/123)	57.98 (69/119)
			31	58.53 (72/123)	57.98 (69/119)
			Accommod	lation Supplement	56772.47
			Concess	sional Supplement	5007.12
			Assisted Res	sident Supplement	0.00
4					1

	SUPPORTED RESII	DENT RATIOS SUMI	MARY (S	September 2015 )	Slide 12
Day	% Achieved for Service	% Achieved post 2008 Reforms	Day	% Achieved for Service	% Achieved post 2008 Reforms
01	32.43 (12/37)	33.33 (12/36)	16	31.70 (13/41)	32.50 (13/40)
02	32.43 (12/37)	33.33 (12/36)	17	32.50 (13/40)	33.33 (13/39)
03	31.57 (12/38)	32.43 (12/37)	18	32.50 (13/40)	33.33 (13/39)
04	31.57 (12/38)	32.43 (12/37)	19	32.50 (13/40)	33.33 (13/39)
05	31.57 (12/38)	32.43 (12/37)	20	32.50 (13/40)	33.33 (13/39)
06	31.57 (12/38)	32.43 (12/37)	21	32.50 (13/40)	33.33 (13/39)
07	33.33 (13/39)	34.21 (13/38)	22	32.50 (13/40)	33.33 (13/39)
08	33.33 (13/39)	34.21 (13/38)	23	32.50 (13/40)	33.33 (13/39)
09	32.50 (13/40)	33.33 (13/39)	24	32.50 (13/40)	33.33 (13/39)
10	32.50 (13/40)	33.33 (13/39)	25	32.50 (13/40)	33.33 (13/39)
11	32.50 (13/40)	33.33 (13/39)	26	32.50 (13/40)	33.33 (13/39)
12	32.50 (13/40)	33.33 (13/39)	27	32.50 (13/40)	33.33 (13/39)
13	32.50 (13/40)	33.33 (13/39)	28	33.33 (13/39)	34.21 (13/38)
14	31.70 (13/41)	32.50 (13/40)	29	33.33 (13/39)	34.21 (13/38)
15	31.70 (13/41)	32.50 (13/40)	30	33.33 (13/39)	34.21 (13/38)
	•		Aco	commodation Supplement	8343.00
				Concessional Supplement	0.00
			Assi	sted Resident Supplement	
				Total	8343.00

#### SUPPORTED RESIDENT RATIOS SUMMARY TABLE

#### Slide 13

**Column 1** impacts upon all residents admitted to permanent care from October 1997; ie concessional, supported and low-means.

The following residents are not included in a service's total places when calculating the supported resident ratio for:

- Pre-October 1997 residents;
- Extra service residents;
- Respite care residents;
- Vacant places.

**Column 2** impacts upon residents admitted to permanent care from 20 March 2008.; ie supported and low-means only.

In addition to the above categories pre-March 2008 residents replace pre-October 1997 residents when calculating the service's total places.

Day	% Achieved for Service	% Achieved post 2008 Reforms	Day	MARY (December 20 % Achieved for Service	% Achieved post 2008 Reforms
01	39.47 (15/38)	40.54 (15/37)	16	39.47 (15/38)	40.54 (15/37)
02	39.47 (15/38)	40.54 (15/37)	17	39.47 (15/38)	40.54 (15/37)
03	39.47 (15/38)	40.54 (15/37)	18	39.47 (15/38)	40.54 (15/37)
04	39.47 (15/38)	40.54 (15/37)	19	39.47 (15/38)	40.54 (15/37)
05	39.47 (15/38)	40.54 (15/37)	20	39.47 (15/38)	40.54 (15/37)
06	39.47 (15/38)	40.54 (15/37)	21	39.47 (15/38)	40.54 (15/37)
07	39.47 (15/38)	40.54 (15/37)	22	39.47 (15/38)	40.54 (15/37)
08	39.47 (15/38)	40.54 (15/37)	23	39.47 (15/38)	40.54 (15/37)
09	39.47 (15/38)	40.54 (15/37)	24	39.47 (15/38)	40.54 (15/37)
10	39.47 (15/38)	40.54 (15/37)	25	39.47 (15/38)	40.54 (15/37)
11	39.47 (15/38)	40.54 (15/37)	26	39.47 (15/38)	40.54 (15/37)
12	39.47 (15/38)	40.54 (15/37)	27	39.47 (15/38)	40.54 (15/37)
13	39.47 (15/38)	40.54 (15/37)	28	39.47 (15/38)	40.54 (15/37)
14	39.47 (15/38)	40.54 (15/37)	29	39.47 (15/38)	40.54 (15/37)
15	39.47 (15/38)	40.54 (15/37)	30	39.47 (15/38)	40.54 (15/37)
			31	39.47 (15/38)	40.54 (15/37)
				commodation Supplement	
				Concessional Supplement	0.00

Assisted Resident Supplement

Total

0.00

11565.48

Adjustment Month: October 2015 Slide 15

Supported Resident Ratios Adjustment Summary										
Day	% Achieved for Service	% Achieved post 2008 Reforms		Day	% Achieved for Service	% Achieved post 2008 Reforms				
01	38.46 (8/39)	39.47 (8/38)		16	38.46 (8/39)	39.47 (8/38)				
02	38.46 (8/39)	39.47 (8/38)		17	38.46 (8/39)	39.47 (8/38)				
03	38.46 (8/39)	39.47 (8/38)		18	38.46 (8/39)	39.47 (8/38)				
04	38.46 (8/39)	39.47 (8/38)		19	38.46 (8/39)	39.47 (8/38)				
05	38.46 (8/39)	39.47 (8/38)		20	38.46 (8/39)	39.47 (8/38)				
06	38.46 (8/39)	39.47 (8/38)		21	40.00 (8/40)	41.02 (8/39)				
07	38.46 (8/39)	39.47 (8/38)		22	40.00 (8/40)	41.02 (8/39)				
08	38.46 (8/39)	39.47 (8/38)		23	40.00 (8/40)	41.02 (8/39)				
09	39.47 (8/38)	40.54 (8/37)		24	40.00 (8/40)	41.02 (8/39)				
10	39.47 (8/38)	40.54 (8/37)		25	40.00 (8/40)	41.02 (8/39)				
11	39.47 (8/38)	40.54 (8/37)		26	40.00 (8/40)	41.02 (8/39)				
12	39.47 (8/38)	40.54 (8/37)		27	40.00 (8/40)	41.02 (8/39)				
13	38.46 (8/39)	39.47 (8/38)		28	40.00 (8/40)	41.02 (8/39)				
14	38.46 (8/39)	39.47 (8/38)		29	40.00 (8/40)	41.02 (8/39)				
15	38.46 (8/39)	39.47 (8/38)		30	41.02 (8/39)	42.10 (8/38)				
				31	/1 02 (8/30)	12 10 (8/38)				

ANDERSON, Adjusted MARY Subsidy: LLI	18/12/2016	17	90.63	1540.71
Adjusted Subsidy: MH	H 18/12/2016	14	181.10	2535.40
Accomm Sup	20/09/2015	31	53.84	1669.04
Adjustments for Claim Period	November 2015			
Accomm Sup		-6	40.38	-242.28
Accomm Sup		-24	53.84	1292.16
Accomm Sup	20/09/2015	30	53.84	1615.20
Adjustments for Claim Period	October 2015			
Accomm Sup		-31	40.38	1251.78
Accomm Sup	20/09/2015	16	40.38	646.08
Accomm Sup	20/09/2015	15	53.84	807.60
				6027.81

ent	Name	Care Recipi ent ID	-	Departure	BRC Type	SR	ACAT	isal	Apprais al Expiry Date	1	Room Type	RC/ Leave Days	TC Days Left
	FRITZ		31/12/201 5	06/01/2016			Н					42	
	IAN		21/12/201 5				Н					11	
	PHYLLIS		12/01/201 6				L					43	
	VALMA		09/09/201 5				Н					0	
	ROSEND A		24/12/201 5				Н					24	
	ELIZAB ETH		19/01/201 6	29/01/2016			Н					19	
	HELMU T												
	VICTORI E		29/01/201 6				Н					60	
	JEAN		08/12/201 5	27/01/2016			Н					0	
	MOLLY		22/09/201 5	04/01/2016			Н					1	

30

30

30

30

30

TOTAL Amount Due

1300.32

280.64

1580.96

6342.00

1052.40

7394.40

6342.00

164.70

-54.90

6451.80

211.40

35.08

211.40

5.49

-1.83

	<u> </u>	<u>ERMA</u>	NENT	<u>CARE</u>	REC	IPIENT	I PAYN	MENT	<u>S</u>	Slide	18		
CARE RECIPIENT				Approisal	LEAVE D Paid Days			Unpaid		Paid	Non	RATE	Т
ID	Surname, First Name	Payment Type	Date	Payment Indicator	Social Leave	Hosp	TC Leave	Leave	TC Leave	Care		Per Day	A D
	1 -	Adjusted Subsidy: MMH	30/05/2012							8		162.54	
		Accomm Supp	23/11/2015							8		35.08	

06/05/2016

06/05/2015

01/10/2016

20/09/2015

27/10/2015

Adjusted

Subsidy:

ННН

Means Tested Accommo

dation Supplemen

Adjusted

Subsidy:

Accomm Top Up

ННН

Supp

Income

Tested Red

Fred

Nerks

BUNTIN

E, MARGO

1117204

## PERMANENT CARE RECIPIENT PAYMENTS Slide 19

## "PAYMENT TYPE" column

For rates refer Aged Care Subsidies and Supplements Schedule.

Under the New Arrangements many supplements abolished – Concessional Resident Supplement, Charge Exempt Resident Supplement, Pensioner Supplement, Transitional Supplement, Transitional Accommodation Supplement, Accommodation Charge Top-Up Supplement, Resident Contribution Top Up Supplement (RCTU), Ex-Hostel Supplement. Dementia Supplement ceased 07/07/14 and Payroll Tax supplement ceased 31/12/14.

Approved Provider should receive for all residents an ACFI or RCS Saved and where eligible Primary (eg oxygen, enteral feeding, veterans) and/or Other Supplements (means tested accommodation, viability).

Under the new arrangements supplements have been reclassified under Primary or Other – for instance accommodation supplement is a Primary Supplement under the old arrangements and the means tested accommodation supplement is an Other Supplement under the new arrangements.

## **Means Tested Reductions**

Residents may be required to pay a means tested care fee (MTCF) under the new arrangements.

Medicare deduct the equivalent of the MTCF amount from the ACFI subsidy and Primary Supplements paid for that resident (Means Tested Reduction), irrespective of whether the resident is charged or pays the MTCF.

The MTCF and Means Tested Reduction cannot be greater than the sum of the ACFI subsidy and Primary Supplements and can not be deducted from Other Supplements.

The MTCF is calculated by Department of Social Services (DSS) based on Centrelink/DVA assessment of the resident's assets and income (Means Tested Amount). and subsequently through quarterly reviews. DSS advise the Approved Provider and resident/nominee of any applicable MTCF.

Upon admission to permanent care the Approved Provider may charge residents an interim MTCF where the income and asset assessment notification is not available. The interim MTCF rate is set by the Approved Provider and must be adjusted accordingly upon advice from the DSS of the applicable MTCF.

### **Means Tested Reductions**

### Slide 21

Lifetime and annual caps apply on the amount of MTCF that a resident can be charged.

Cap rates in DSS Schedule of Resident Fees and Charges.

A resident's CAP thresh holds those that applied upon permanent admission.

DHS advise the Approved Provider of when these caps are met and adjust Means Tested Reductions accordingly.

### **Means Tested Reductions**

Slide 22

Means Not Disclosed – MT reduction rate is \$241.92 (pre-20/03/16 rates) which is the total of an ACFI HHH, oxygen supplement and enteral feeding supplement.

Anyone who has left/died can retrospectively be charged the MTCF from day of entry except where no letter issued after 6 months.

Adjustments of MT reductions are normally resolved the following quarterly review period.

#### PERMANENT CARE RECIPIENT PAYMENTS Slide 23

## **Income Tested Fee (ITF) and Income Tested Reductions**

Introduced March 1998, ITFs only apply to residents classified under the Aged Care (Transitional Provisions) Act 1997 and who are self funded or on a part pension. The ITF is calculated by Department of Social Services (DSS) based on Centrelink/DVA income assessment. DSS advises the Approved Provider and resident/their nominee of any applicable ITF. Centrelink/DVA undertake quarterly reviews of residents' income.

Medicare deduct the equivalent of the ITF fee from the ACFI subsidy and Primary Supplements received for that resident (Income Tested Reduction), irrespective of whether the Approved Provider charges or the resident pays the ITF. The ITF and Income Tested Reduction can not be greater than the ACFI subsidy and Primary Supplements and can not be deducted from Other Supplements. Upon admission to permanent care the Approved Provider may charge residents a provisional ITF as the DSS ITF notification is not available until after admission. The interim ITF rate is set by the Approved Provider and must be adjusted accordingly upon advice from the DSS of the applicable ITF.

ITF's are capped at a daily amount (currently \$76.64 per day) but unlike MTCF do not have a life-time cap; ie resident can pay maximum ITF fee for their entire residency.

Individual residents may claim financial hardship where they can not afford care and/or accommodation fees or payments.

Where approved, the Approved Provider receives additional payments thereby enabling resident payments to be reduced by equivalent amount.

For example, a resident unable to pay their accommodation payment for a reason such as an inability to sell their primary assets may be approved for hardship (likely LH in SR column).

Under the new arrangements extra service residents may apply and be approved for financial hardship – extra service residents under the old arrangements are not eligible to receive financial hardship.

Hardship usually approved for a maximum of I years.

Under the new arrangements a financial hardship application can be made for period prior to application [Section 38-5 of the Fees and Payments Principles 2014 (No. 2)].

## Financial Hardship criteria

## Slide 25

## Note financial thresholds may have changed values

## Financial Hardship criteria include:

- Less than 15% of maximum single rate of pension (\$118.26) left per fortnight after paying essential expenses
- Less than \$33,813 in assets to assist them.
- Residents who gift more than \$10,000 in the previous 12 months or more than \$30,000 in previous 5 years are not eligible for financial hardship.

Information from Department of Human Services letter dated 4 February 2016 advising of a financial hardship assessment result (and on DSS website)

# PERMANENT CARE RECIPIENT PAYMENTS

Slide 26

MAVIS	Adjusted Subsidy: MHM	28/06/20 15				31	160.55	4977.05
	Accomm Supp	20/09/20 15				31	26.96	835.76
	Hardship (Accom m)	20/09/20 15				31	26.88	833.28
Adjustments for Cla	im Period	November	2015	 1	 	 		
	Accomm Supp					 -6	20.22	-121.32
	Accomm Supp					-24	26.96	-647.04
	Hardship (Accom m)					-6	20.16	-120.96
	Hardship (Accom m)					-24	26.88	-645.12
	Hardship (Accom m)					30	26.88	806.40
	Accomm Supp	20/09/20 15				30	26.96	808.80

Adjustments for Claim Period October 2015

#### Slide 27

## **EFFECTIVE DATE COLUMN**

Different meanings for different subsidies; eg

- ACFI indicates when reappraisal is due;
- Accommodation Supplement indicates when subsidy rate last increased;
- Concessional is from date of admission;
- Income and means tested care subsidy reductions (to be charged as a resident income or means tested care fee), provides effective date for applying fee;
- Adjustments provides the date from which the relevant adjustment applies.

## PERMANENT CARE RECIPIENT PAYMENTS Slide 28

## **ADJUSTMENTS ROW**

This row is specific to a resident.

Adjustments are where Medicare has paid or deducted subsidy or supplement payments for previous month(s) because the Approved Provider:

- was either eligible for that subsidy or supplement and had not been paid or was not eligible for that subsidy or supplement and had been paid; or
- was paid an incorrect rate, for instance during the ACFI default period, quarterly review means or income tested deductions or subsidy/supplement rate changes (eg where the means tested accommodation supplement varies due to the 40% rule).

Adjustments simply adjust subsidy or supplements to the correct type and rate.

The **Effective Date** column will indicate when the subsidy or supplement being adjusted applies from.

# PERMANENT CARE RECIPIENT PAYMENTS

Slide 29

CARE	Appraisa								Non		DATE			
RECI	PIENT	Payment	Effective	Appraisa	Paid Days	S		Unpaid		Paid	Non Clm	RATE Per	TOTAL	
ID	,Surname First Name	Type	Doto	Payment Indicator	Social	l	TC Leave	Social Leave	TC Leave	Care Days	Days	Day	Amount Due	
	John	Adjusted Subsidy: MLM	31/01/20 16							31		133.14	4127.34	
		1	31/07/20 14							31		34.79	1078.49	
Adjus	tments for C	laim Peri	od June 20	015							<u> </u>			
			31/07/20 14							30		34.79	1043.70	
	tments for C												-	
Adjus	tments for C		od Septen	nber 2014		Γ		1	1	1	1	1	, , , , , , , , , , , , , , , , , , ,	
	Accon	s Tested nmodatio plement	31/07/20 14							19		34.20	649.80	
	Accon n Supj	s Tested nmodatio plement	31/07/20 14							11		34.56	380.16	
Adjus	tments for C	Claim Peri	od July 20	)14			1	T	T	Τ	T	T	1.700 5	
													16788.76	

# **PERMANENT CARE RECIPIENT PAYMENTS** Slide 30

MIL	LAN Means	Tested Reduction							31	-118.49	-3673.19
	Adjuste	d Subsidy: LMH	22/08/2015						31	118.49	3673.19
Adjustments for Claim Period December 2014				•	•	•	•	•		•	
	MT RE	V							31	-127.68	-3958.08
	MT RE	V	20/09/2014						-31	-208.68	6469.08
Adjustments for Claim Period November 2014											
	MT RE	V							30	-127.68	-3830.40
	MT RE	V	20/09/2014						-30	-208.68	6260.40
Adjustments for Claim Period October 2014											
	MT RE	V							31	-127.68	-3958.08
	MT RE	V	20/09/2014						-31	-208.68	6469.08
Adjustments for Claim Period September 2014											
	MT RE	V							30	-127.68	-3830.40
	MT RE	V	19/08/2014						-19	-62.60	1189.40
	MT RE	V	20/09/2014						-11	-208.68	2295.48
Adjustments for Claim Period August 2014								•		•	
	MT RE	V							3	-44.74	-134.22
	MT RE	V							10	-127.68	-1276.80
	MT RE	V	19/08/2014						-13	-62.60	813.80
											6509.26

## PERMANENT CARE RECIPIENT PAYMENTS Slide 31

### "APPRAISAL PAYMENT INDICATOR" column

Codes:

**DR** - Default rate. Where ACFI appraisal or reappraisal due, not yet lodged but within lodgement period.

**DNA** – default no ACFI. ACFI appraisal/reappraisal has not been received by Medicare and lodgement period has expired.

DNA is a financial danger signal, usually resulting in income loss if not addressed. DNA may also indicate no ACAT approval.

**DEFAULT** indicates nil subsidy payments ????

**LATE** where ACFI lodged outside lodgement period, resulting in reduction of subsidy by \$25 per day for period to actual lodgement date. If ACFI lodged more than 3 months after expiry of lodgement period, then zero ACFI subsidy until lodgement date plus loss of supplements.

**HOSP** where resident on extended hospital leave, resulting in ACFI reduction of 50%. As of 1/1/14 hospital leave commences after 28 days (was 30 days).

# **PERMANENT CARE RECIPIENT PAYMENTS**

# Slide 32

ROY	Adjusted Subsidy: HHM	17/12/2015	LATE			16		163	3.40	2614.4
	Adjusted Subsidy: HHM	17/12/2015			15		188	3.40	2	826.00
	Payroll Tax Supp	01/12/2014			15		9	.19		137.85
Adjus	tments for Claim Period N	November 20	)14					•		
	Adjusted Subsidy: DR				-30	)		54.68	3 -1	640.40
	Adjusted Subsidy: HHM	17/12/2015	LATE		30		1	63.40	4	902.00
	Payroll Tax Supp				-30	)		9.19	-	275.70
Adjus	tments for Claim Period C	October 2014								
	Adjusted Subsidy: DR				-22	2		54.68	3 -1	202.96
	Adjusted Subsidy: HHM	17/12/2015	LATE		22		1	63.40	) 3	594.80
	Payroll Tax Supp				-22	2		9.19	-	202.18
									10	753.81

# PERMANENT CARE RECIPIENT PAYMENTS Slide 33

SI	•	1		7
	ш.	П	Δ	- ★・
	ш	·		_ /_

		LIXIVIAIN.				ן אַנוּדוּ	IAIN		) 	Silue	<i>33</i>		
CARES					LEAVE	E DAYS				$\overline{}$		D 4 FFF	 
CARE RI	ECIPIENT	-Payment	Effective	Appraisal	Paid Da			Unpaid		Paid	Non Clm	RATE Per	TOTAL
ID	Surname, First Name	-	Date	Payment Indicator	Social Leave	Hosp Leave	TC Leave	Leave	TC Leave	Care Days	Days	Day	Amount Due
	Ad HN	justed Subsidy: IH	14/12/2 013			23				7		190.36	5710.80
	Ox	ygen Supp	01/06/2 015									329.72	329.72
	Ac	comm Supp	20/03/2 015							30		34.79	1043.70
													7084.22
		ljusted bsidy: MHH	14/12/ 2013	HOSP		30						89.39	2681.70
	Ac	comm Supp	20/03/ 2015							30		34.79	1043.70
													3725.4 0
	Ad DN	justed Subsidy:	04/11/20 16	DEFAULT							12	0.00	0.00
	Ad MN	justed Subsidy: NH	04/11/20 16							19		145.44	2763.36
	Acc	ans Tested commodation oplement	04/11/20 15							19		33.22	631.18
													3394.54

# **PERMANENT CARE RECIPIENT PAYMENTS**

Slide 34

	1			П	П		1	
LEONARD	Adjusted Subsidy: DR	10/12/2014				21	54.68	1148.28
	Adjusted Subsidy: HNM	10/12/2014		8			153.20	1225.60
	Adjusted Subsidy: HNM	10/12/2014	HOSP	2			76.60	153.20
	Payroll Tax Supp	01/12/2014				31	9.19	284.89
Adjustments for Claim Period	d November 2014							
	Adjusted Subsidy: HNM	10/12/2014				-30	153.20	-4596.00
	Adjusted Subsidy: HNM	10/12/2014		20		10	153.20	4596.00
								2811.97

- Hospital leave is unlimited;
- Extended hospital leave from 28 days subsidy reduced by 50% and ACFI reappraisal compulsory upon return from leave;
- Social leave 52 days per financial year;

Loss of subsidy where social leave days greater than 52 days per financial year, resident can be charged equivalent of any lost subsides and supplements.

Pre-entry leave – up to 7 days immediately preceding admission.

As of 1/07/15 nil subsidy is paid for pre-entry.

On I/I/I4 ACFI subsidy for pre-entry was reduced to 30% of the applicable subsidy rate and no other supplements paid (other supplements were paid prior to I/I/I4).

Means or income tested care subsidy reductions were deducted from pre-entry leave subsidy up to 30/06/15 - ie resident was liable to pay a means or income tested care fee during pre-entry.

# PERMANENT CARE RECIPIENT PAYMENTS

Slide 36

CARER	ECIDIENT				LEAVE	DAYS							
CARE R	ECIPIENT	Payment		Appraisal	Paid Day	/S	1	Unpaid		Paid	Non Clm	RATE Per	TOTAL
ID	Surname, First Name		Doto	Payment Indicator		Hosp Leave	TC Leave	Leave	TC Leave	Care Days	Days	Day	Amount Due
	SHIRLEY	Adjusted Subsidy: HNH	22/05/2016		1	6				24		175.74	5447.94
Adjustme	ents for Clain	n Period Nover	nber 2015						1	1	I	ı	<u> </u>
		Adjusted Subsidy: DR	22/05/2016							-8		55.39	-443.12
		Adjusted Subsidy: HNH	22/05/2016							8		175.74	1405.92
													6410.7

# **RESPITE CARE RECIPIENT PAYMENTS** Slide 37

CARE			LEA	VE DAY	S								
RECIPIE	ENT				Paid	Days		Unpaid			Non	RATE	
ID	Surn ame, First Nam e	Payment Type	Effective Date	Appraisal Payment Indicator	Soc ial Lea ve	Hosp Leave	TC Leave	Leave	TC Leave	Paid Care Days	Clm Days	Per Day	TOTAL Amount Due
		Adjusted Subsidy: H								1		177.28	177.28
	•	Respite Incentive	31/12/2015							1		36.27	36.27
													213.55

# **RESPITE CARE RECIPIENT PAYMENTS** Slide 38

LEAVE DAYS Paid Non RATE TOTAL **CARE RECIPIENT** | Appraisal |

		Payment Effective Payment Paid Days Unpaid	Care I		are Clm	Per	Amount						
ID	Surname,	Туре	Date	Indicator	Social			Social		Days	Days	Day	Due
110	First Name				Leave	Leave	Leave	Leave	Leave		·	ľ	
	ALLAN	Adjusted Subsidy: H								21	10	174.90	3672.90
													3672.90
	JAMES	Adjusted Subsidy: H								2		174.90	349.80
													349.80
	MARJORIE												
Adjustn	nents for Claim Period	d October 2014											
		Adjusted Subsidy: H								13		174.90	2273.70
		Payroll Tax Supp								13		9.19	119.47
Adjustn	nents for Claim Period	d September 2014											
		Adjusted Subsidy: H								5		174.90	874.50
		Payroll Tax Supp								5		9.19	45.95
													3313.62
	DOUKAN	Adjusted Subsidy: H								31		174.90	5421.90
Adjustn	nents for Claim Period	d December 2014											
		Adjusted Subsidy: H								10		174.90	1749.00
		Payroll Tax Supp								10		9.19	91.90
													7262.80
1267074	4 SMITH, PHILLIPA	Adjusted Subsidy: L								3		80.54	241.62
													241.62

## **RESPITE CARE SUMMARY**

# Slide 39

Respite Care Allocation	2920
Respite Care Usage	214
Respite Care Year To Date	1515
Incentive Payment	
Period Start	01/01/2015
Period End	31/12/2015
Residential Respite Incentive Allocation	2920
Residential Respite Incentive Usage	2718
Residential Respite % Achieved	93.08

# **RESPITE CARE SUMMARY**

# Slide 40

Respite Care Allocation	2920
Respite Care Usage	167
Respite Care Year To Date	1257
Incentive Payment	
Period Start	01/02/2014
Period End	31/01/2015
Residential Respite Incentive Allocation	2920
Residential Respite Incentive Usage	1458
Residential Respite % Achieved	49.93

# **PAYMENT SUMMARY**

SI	id	le	4	I
31	IU	Œ	4	ı

Substitute Colombated	Permanent	237,694.04
Subsidy as Calculated	Respite Care	
A divistmenta for massions alains nonia da	Permanent	14,299.21
Adjustments for previous claim periods	Respite Care	
Accommodation Supplement		30,330.17
Accommodation Charge Top Up Supplement		397.11
Clean Energy Supplement		
Dementia Supplement		
Veterans Supplement		207.39
Workforce Supplement		
Homeless Supplement		
Concessional/Assisted Resident Supplement		2,816.78
Payroll Tax Supplement		11,772.39
Ex-Hostel Supplement		
	R.A	
Hardship Supplement	Individual	
	Classes	
Transitional Supplement		
Viability Supplement		2,369.85
Charge Exempt Supplement		
Conditional Adjustment Payment		34.22
Transitional Accommodation Supplement		162.13
Pensioner Supplement		486.08
Resident Contribution Top Up Supplement		
Residential Respite Incentive		
Oxygen Supplement		
Enteral Feeding Supplement		
Adjustments		
Hardship Supplement - Class C ARREARS		
Income Tested Subsidy Review REFUND		
Income Tested Subsidy Reduction Amount		-90,982.84
Means Tested Accommodation Supplement		
Means Tested Subsidy Reduction Amount		

Accommodation Contribution REFUND	
Means Tested Subsidy Review REFUND	
Outstanding Balance From June	
Subsidy/Supplement SUBTOTAL	209,586.53
Less Advance	245,265.58
2nd Payment Due/Payment Heldover	-35,679.05
Grant Related Additional Funding	
Capital Transition Payment	
Total Amount Calculated	
TOTAL AMOUNT PAID TO PROVIDE	R

# **PAYMENT SUMMARY** Slide 42

Subsidy as Calculated	y as Calculated  Permanent 232,063.32  Respite Care 2 973.30		
Substay as Calculated	Respite Care	2,973.30	
A divistments for pravious alaim nericele	Permanent		
Adjustments for previous claim periods	Respite Care	349.99	
Accommodation Supplement		81,333.24	
Accommodation Charge Top Up Supplement		397.11	
Clean Energy Supplement			
Dementia Supplement			
Veterans Supplement		207.39	
Workforce Supplement			
Homeless Supplement			
Concessional/Assisted Resident Supplement		1,683.63	
Payroll Tax Supplement		11,425.34	
Ex-Hostel Supplement			
	R.A		
Hardship Supplement	Individual		
	Classes		
Transitional Supplement			
Viability Supplement		2,301.93	
Charge Exempt Supplement			
Conditional Adjustment Payment		-23.87	
Transitional Accommodation Supplement		163.68	
Pensioner Supplement		491.04	
Resident Contribution Top Up Supplement			
Residential Respite Incentive			
Oxygen Supplement			
Enteral Feeding Supplement			
Adjustments		89 348 96	

Hardship Supplement - Class C ARREARS	
Income Tested Subsidy Review REFUND	
Income Tested Subsidy Reduction Amount	-575.05
Means Tested Accommodation Supplement	1,644.24
Means Tested Subsidy Reduction Amount	-130.78
Accommodation Contribution REFUND	
Means Tested Subsidy Review REFUND	
Outstanding Balance From August	-35,679.05
Subsidy/Supplement SUBTOTAL	387,974.42
Less Advance	234,877.39
2nd Payment Due/Payment Heldover	153,097.03
Grant Related Additional Funding	
Capital Transition Payment	
Total Amount Calculated	153,097.03
TOTAL AMOUNT PAID TO PROVIDE	153,097.03

## **PAYMENT SUMMARY** Slide 43

	Permanent	660,814. 76
Subsidy as Calculated		28,925.2
	Respite Care	28,923.2
A 1: 4 - 4 C - 4 - 1 : 4 - 1 : 1	Permanent	6,366.79
Adjustments for previous claim periods	Respite Care	1,749.00
1.1.6.1	•	125,173.
Accommodation Supplement		22
Accommodation Charge Top Up		397.11
Supplement		397.11
Clean Energy Supplement		
Dementia Supplement		
Veterans Supplement		
Workforce Supplement		
Homeless Supplement		
Concessional/Assisted Resident		53,599.7
Supplement		0
Payroll Tax Supplement		137.85
Ex-Hostel Supplement		
	R.A	
Hardship Supplement	Individual	
	Classes	
Transitional Supplement		
Viability Supplement		
Charge Exempt Supplement		
Conditional Adjustment Payment		
Transitional Accommodation Supplement		245.52
Pensioner Supplement		1,473.12
Resident Contribution Top Up		
Supplement		
Residential Respite Incentive		
Oxygen Supplement		329.72
Enteral Feeding Supplement		

Adjustments	23,318.6 4
Hardship Supplement - Class C ARREARS	
Income Tested Subsidy Review REFUND	13,545.9 6
Income Tested Subsidy Reduction Amount	12,244.7 8
Means Tested Accommodation Supplement	6,665.11
Means Tested Subsidy Reduction Amount	6,492.00
Accommodation Contribution REFUND	0.10
Means Tested Subsidy Review REFUND	45,143.0 2
Outstanding Balance From November	5,297.2
Subsidy/Supplement SUBTOTAL	897,214 11
Less Advance	719,011 86
2nd Payment Due/Payment Heldover	178,202 25
Grant Related Additional Funding	
Capital Transition Payment	
Total Amount Calculated	178,202 25

TOTAL AMOUNT PAID TO PROVIDER

178,202.

25

# **DAILY SUBSIDY LEVELS**

# Slide 44

	Assessment Type	Assessment Level	Amt Per Day Certified	Amt Per Day Non-Certified	Bed Days Current			
Date of Effect					Full	Late	Adj Sub Red.	Ext. Hosp Red.
20/09/2014	Respite	Low	44.21		3			
		High	123.97		164			
		Suppl. Low	36.33	28.31	3			
		Suppl. High	50.93	42.91	164			
01/07/2014	Permanent	S2	143.90		31			
	ADL	High	107.52		2276			
		Medium	77.61		1354			31
		Low	35.65		31			
	ВЕН	High	35.20		2308			31
		Medium	16.88		1012			
		Low	8.14		310			
		No Pymt	0.00		31			
	СНС	High	65.96		2084			31
		Medium	45.68		1272			
		Low	16.04		244			
		No Pymt	0.00		61			
				Total Days	3890			