



<b>Aged Care Service Number</b>	
<b>Aged Care Service Name</b>	
<b>Approved Provider Number</b>	
<b>Approved Provider Name</b>	
<b>Claim Month</b>	

# PROVIDER NOTES

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

## RESPIRE CARE RECIPIENT DETAILS

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
	ALLAN		22/12/2014				H					21	
	LAUREL		31/10/2014				H					1	
	ALLAN		01/12/2014	12/12/2014			H					52	
	HEATHER		08/12/2014	15/12/2014			L					56	
	GEORGE		29/12/2014	31/12/2014			H					61	
	RONALD		13/10/2014	14/12/2014			L					1	
	IVAN		12/12/2014	24/12/2014			L					51	
	SILVA		04/12/2014				H					35	
	PHILLIPA		09/12/2014				L					40	
	ANGELINA		17/10/2014				H					8	

# PERMANENT CARE RECIPIENT DETAILS

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	
	AUDERY		25/01/2007		NON	B	R	19/07/2014				52	
	GEORGE		18/06/2009		PRO	S	R	23/09/2012				52	

## PERMANENT CARE RECIPIENT DETAILS

### BRC TYPE COLUMN – BASIC RESIDENTIAL CARE TYPE COLUMN

Under new arrangements standard care fee has one rate only.

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

The Commonwealth would have advised approved providers by letter of the applicable daily care fee – assume this practice will continue with transferring continuous residents.

Refer Schedule of Fees and Charges for applicable rates.

# PERMANENT CARE RECIPIENT DETAILS

## SUPPORTED RESIDENTS COLUMN

7 Codes:

- L 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).

## **SUPPORTED RESIDENTS COLUMN**

### **LOW-MEANS (L), SUPPORTED (S), CONCESSIONAL (C) AND ASSISTED (A) RESIDENTS**

L, S, C and A all relate to residents who are financially disadvantaged.

If L, approved provider receives means tested accommodation supplement and resident liable to pay an accommodation contribution with rate between zero and maximum means tested accommodation supplement.

If S, approved provider receives accommodation supplement and resident pays zero unless part supplement in which case resident liable to pay a proportionately reduced accommodation bond or accommodation charge.

If C, approved provider receives concessional supplement and resident pays zero.

If A, approved provider receives part concessional supplement and resident liable to pay reduced accommodation bond or accommodation charge.

If no L, resident liable to pay an accommodation payment.

If no S or C, resident liable to pay an accommodation bond or full accommodation charge.

## TRANSFERS OF RESIDENTS WITH S, C OR A

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Continuous residents S, C, A status transfers with them to the new service (ie new RAC ID) except:

- where resident was assessed as concessional/assisted prior to July 2005 (introduction of FAT – Fairer Asset Testing); or
- where there has been a 28 plus day break between permanent admissions; or
- where resident elects to undertake a reassessment.

In these instances the transferring resident needs to lodge a new Centrelink/DVA asset (and income) assessment form for provider to be eligible to receive the accommodation or concessional supplement.

Department of Human Services recently advised the asset assessment form under the old arrangements has been discontinued with continuous residents to use the income and asset assessment form (new arrangements form).

Conflicting advice re whether L status transfers with the resident if transfer outside the income and asset approval period (120 days).



## THE 40% RULE

The highest rate of Means Tested Accommodation Supplement, Accommodation Supplement or Concessional Supplement a service is eligible to receive is only paid where that service has greater than 40% of residents who are low means, supported, concessional or assisted.

Where equal to or less than 40% the highest supplement rate is reduced by 25% (except for assisted residents in older services that have not met refurbishment criteria).



# SUPPORTED RESIDENT RATIOS SUMMARY

Day	% Achieved for Service	% Achieved post 2008 Reforms		Day	% Achieved for Service	% Achieved post 2008 Reforms
01	51.28 (20/39)	51.35 (19/37)		16	50.00 (20/40)	50.00 (19/38)
02	51.28 (20/39)	51.35 (19/37)		17	50.00 (20/40)	50.00 (19/38)
03	51.28 (20/39)	51.35 (19/37)		18	50.00 (20/40)	50.00 (19/38)
04	51.28 (20/39)	51.35 (19/37)		19	50.00 (20/40)	50.00 (19/38)
05	51.28 (20/39)	51.35 (19/37)		20	50.00 (20/40)	50.00 (19/38)
06	51.28 (20/39)	51.35 (19/37)		21	50.00 (20/40)	50.00 (19/38)
07	51.28 (20/39)	51.35 (19/37)		22	50.00 (20/40)	50.00 (19/38)
08	51.28 (20/39)	51.35 (19/37)		23	50.00 (20/40)	50.00 (19/38)
09	51.28 (20/39)	51.35 (19/37)		24	50.00 (20/40)	50.00 (19/38)
10	51.28 (20/39)	51.35 (19/37)		25	50.00 (20/40)	50.00 (19/38)
11	51.28 (20/39)	51.35 (19/37)		26	50.00 (20/40)	50.00 (19/38)
12	51.28 (20/39)	51.35 (19/37)		27	50.00 (20/40)	50.00 (19/38)
13	50.00 (20/40)	50.00 (19/38)		28	50.00 (20/40)	50.00 (19/38)
14	50.00 (20/40)	50.00 (19/38)		29	50.00 (20/40)	50.00 (19/38)
15	50.00 (20/40)	50.00 (19/38)		30	50.00 (20/40)	50.00 (19/38)
				31	50.00 (20/40)	50.00 (19/38)
Accommodation Supplement						27388.50
Concessional Supplement						0.00
Assisted Resident Supplement						1644.24
Total						29032.74

# SUPPORTED RESIDENT RATIOS SUMMARY

Day	% Achieved for Service	% Achieved post 2008 Reforms	Day	% Achieved for Service	% Achieved post 2008 Reforms
01	48.36 (59/122)	49.12 (56/114)	16	48.76 (59/121)	49.55 (56/113)
02	48.36 (59/122)	49.12 (56/114)	17	48.76 (59/121)	49.55 (56/113)
03	48.36 (59/122)	49.12 (56/114)	18	48.76 (59/121)	49.55 (56/113)
04	48.36 (59/122)	49.12 (56/114)	19	48.76 (59/121)	49.55 (56/113)
05	48.36 (59/122)	49.12 (56/114)	20	48.36 (59/122)	49.12 (56/114)
06	48.36 (59/122)	49.12 (56/114)	21	48.36 (59/122)	49.12 (56/114)
07	48.36 (59/122)	49.12 (56/114)	22	48.36 (59/122)	49.12 (56/114)
08	48.36 (59/122)	49.12 (56/114)	23	48.76 (59/121)	49.55 (56/113)
09	48.36 (59/122)	49.12 (56/114)	24	48.76 (59/121)	49.55 (56/113)
10	48.36 (59/122)	49.12 (56/114)	25	48.76 (59/121)	49.55 (56/113)
11	48.36 (59/122)	49.12 (56/114)	26	48.76 (59/121)	49.55 (56/113)
12	48.36 (59/122)	49.12 (56/114)	27	48.76 (59/121)	49.55 (56/113)
13	48.76 (59/121)	49.55 (56/113)	28	48.76 (59/121)	49.55 (56/113)
14	48.76 (59/121)	49.55 (56/113)	29	48.76 (59/121)	49.55 (56/113)
15	48.76 (59/121)	49.55 (56/113)	30	48.76 (59/121)	49.55 (56/113)
			31	48.76 (59/121)	49.55 (56/113)
<b>Accommodation Supplement</b>					<b>45026.26</b>

# PERMANENT CARE RECIPIENT PAYMENTS

CARE RECIPIENT		Payment Type	Effective Date	Appraisal Payment Indicator	LEAVE DAYS					Paid Care Days	Non Clm Days	RATE Per Day	TOTAL Amount Due
					Paid Days			Unpaid					
					Social Leave	Hosp Leave	TC Leave	Social Leave	TC Leave				
	Surname, First Name	MARGARET	Adjusted Subsidy: MLN	30/01/2015						31		85.75	2658.25
		Payroll Tax Supp	01/12/2014							31		9.19	284.89
													<b>2943.14</b>
	MARIA	Adjusted Subsidy: HHH	18/03/2015							9		208.68	1878.12
		Means Tested Accommodation Supplement	01/12/2014							9		34.56	311.04
		Payroll Tax Supp	01/12/2014							9		9.19	82.71
Adjustments for Claim Period November 2014													
		Means Tested Accommodation Supplement								30		34.56	1036.80
Adjustments for Claim Period October 2014													
		Means Tested Accommodation Supplement								31		34.56	1071.36
Adjustments for Claim Period September 2014													
		Means Tested Accommodation Supplement								1		34.20	34.20
		Means Tested Accommodation Supplement								11		34.56	380.16
													<b>4794.39</b>
	DOUGLAS	Adjusted Subsidy: HHM	14/11/2015							31		188.40	5840.40
		Means Tested Accommodation Supplement	14/11/2014							31		34.56	1071.36
		Payroll Tax Supp	01/12/2014							31		9.19	284.89

# PERMANENT CARE RECIPIENT PAYMENTS

## “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.

# PERMANENT CARE RECIPIENT PAYMENTS

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## **Means Tested Reductions**

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

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). Centrelink/DVA undertake quarterly reviews of residents' income and assets. DSS advise the Approved Provider and resident/nominee of any applicable MTCF.

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.

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.



## PERMANENT CARE RECIPIENT PAYMENTS

### 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.

## FINANCIAL HARDSHIP SUPPLEMENTS

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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 may be approved for a maximum of 1-2 years?





# PERMANENT CARE RECIPIENT PAYMENTS

## ADJUSTMENTS COLUMN

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

	MILAN	Means Tested Reduction								31		-118.49	-3673.19
		Adjusted Subsidy: LMH	22/08/2015							31		118.49	3673.19
<b>Adjustments for Claim Period December 2014</b>													
		MT REV								31		-127.68	-3958.08
		MT REV	20/09/2014							-31		-208.68	6469.08
<b>Adjustments for Claim Period November 2014</b>													
		MT REV								30		-127.68	-3830.40
		MT REV	20/09/2014							-30		-208.68	6260.40
<b>Adjustments for Claim Period October 2014</b>													
		MT REV								31		-127.68	-3958.08
		MT REV	20/09/2014							-31		-208.68	6469.08
<b>Adjustments for Claim Period September 2014</b>													
		MT REV								30		-127.68	-3830.40
		MT REV	19/08/2014							-19		-62.60	1189.40
		MT REV	20/09/2014							-11		-208.68	2295.48
<b>Adjustments for Claim Period August 2014</b>													
		MT REV								3		-44.74	-134.22
		MT REV								10		-127.68	-1276.80
		MT REV	19/08/2014							-13		-62.60	813.80
													<b>6509.26</b>



# PERMANENT CARE RECIPIENT PAYMENTS

## 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

“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).









## LEAVE TYPES

- 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 subsidies and supplements.

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

As of 1/1/14 only 30% of ACFI subsidy paid for pre-entry and no other supplements paid.

Means or income tested care subsidy reductions deducted from pre-entry leave subsidy - ie resident is liable to pay a means or income tested care fee during pre-entry.

## RESPIRE CARE RECIPIENT DETAILS

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
	ROSEMARY		05/01/2015	10/01/2015			H					58	
	ALLAN		22/12/2014				H					0	
	JAMES		30/01/2015				H					61	
	MARJORIE		26/09/2014	14/10/2014			H						
	DOUKAN		22/12/2014				H					22	
	TREVOR		16/01/2015				H					20	
	GLADYS		19/01/2015				H					50	
	LEO		21/01/2015				H					52	
	KENNETH		16/01/2015				H					47	
	PEGGY		22/12/2014				H					22	
	SILVA		03/02/2015				H						
	PHILLIPA		09/12/2014	04/01/2015			L					37	
	ANGELINA		17/10/2014	19/01/2015			H					11	

# RESPITE CARE RECIPIENT PAYMENTS

CARE RECIPIENT		Payment Type	Effective Date	Appraisal Payment Indicator	LEAVE DAYS					Paid Care Days	Non Clm Days	RATE Per Day	TOTAL Amount Due
					Paid Days			Unpaid					
ID	Surname, First Name				Social Leave	Hosp Leave	TC Leave	Social Leave	TC Leave				
	ALLAN	Adjusted Subsidy: H								21	10	174.90	3672.90
												<b>3672.90</b>	
	JAMES	Adjusted Subsidy: H								2		174.90	349.80
												<b>349.80</b>	
	MARJORIE												
Adjustments for Claim Period October 2014													
		Adjusted Subsidy: H								13		174.90	2273.70
		Payroll Tax Supp								13		9.19	119.47
Adjustments for Claim Period September 2014													
		Adjusted Subsidy: H								5		174.90	874.50
		Payroll Tax Supp								5		9.19	45.95
												<b>3313.62</b>	
	DOUKAN	Adjusted Subsidy: H								31		174.90	5421.90
Adjustments for Claim Period December 2014													
		Adjusted Subsidy: H								10		174.90	1749.00
		Payroll Tax Supp								10		9.19	91.90
												<b>7262.80</b>	
1267074	SMITH, PHILLIPA	Adjusted Subsidy: L								3		80.54	241.62
												<b>241.62</b>	



## RESPITE CARE SUMMARY

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

## RESPIRE CARE SUMMARY

Respite Care Allocation	365
Respite Care Usage	14
Respite Care Year To Date	159
<b>Incentive Payment</b>	
Period Start	01/01/2014
Period End	31/12/2014
Residential Respite Incentive Allocation	365
Residential Respite Incentive Usage	370
Residential Respite % Achieved	101.36

# PAYMENT SUMMARY

Subsidy as Calculated	Permanent	232,063.32
	Respite Care	2,973.30
Adjustments for previous claim periods	Permanent	
	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		
Hardship Supplement	R.A	
	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
<b>TOTAL AMOUNT PAID TO PROVIDER</b>	<b>153,097.03</b>

# PAYMENT SUMMARY

Subsidy as Calculated	Permanent	237,694.04
	Respite Care	
Adjustments for previous claim periods	Permanent	14,299.21
	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		
Hardship Supplement	R.A	
	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	
<b>TOTAL AMOUNT PAID TO PROVIDER</b>	



# PAYMENT SUMMARY

Subsidy as Calculated	Permanent	660,814.76
	Respite Care	28,925.22
Adjustments for previous claim periods	Permanent	6,366.79
	Respite Care	1,749.00
Accommodation Supplement		125,173.22
Accommodation Charge Top Up Supplement		397.11
Clean Energy Supplement		
Dementia Supplement		
Veterans Supplement		
Workforce Supplement		
Homeless Supplement		
Concessional/Assisted Resident Supplement		53,599.70
Payroll Tax Supplement		137.85
Ex-Hostel Supplement		
Hardship Supplement	R.A	
	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		-23,318.64
Hardship Supplement - Class C ARREARS		
Income Tested Subsidy Review REFUND		13,545.96
Income Tested Subsidy Reduction Amount		-12,244.78
Means Tested Accommodation Supplement		6,665.11
Means Tested Subsidy Reduction Amount		-6,492.06
Accommodation Contribution REFUND		0.10
Means Tested Subsidy Review REFUND		45,143.62
Outstanding Balance From November		-5,297.21
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

<b>TOTAL AMOUNT PAID TO PROVIDER</b>	<b>178,202.25</b>
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# DAILY SUBSIDY LEVELS

Date of Effect	Assessment Type	Assessment Level	Amt Per Day Certified	Amt Per Day Non-Certified	Bed Days Current			
					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			
	BEH	High	35.20		2308			31
		Medium	16.88		1012			
		Low	8.14		310			
		No Pymt	0.00		31			
	CHC	High	65.96		2084			31
		Medium	45.68		1272			
		Low	16.04		244			
		No Pymt	0.00		61			
				<b>Total Days</b>	3890			