



StewartBrown

Integrity + Quality + Clarity

Aged Care Financial Performance Survey

Registration Kit 2020



Thank you for your interest in participating in our Aged Care Financial Performance Surveys. We are pleased to provide you with this Registration Kit and look forward to your future participation in this survey process.

The Registration Kit contains all of the information that you will need to understand the survey process, the outcomes of the survey as well as the responsibilities of each of the parties to the survey. You are encouraged to read the documentation contained in this kit carefully. Please contact us if there is something that you need clarified. We encourage all of our participants to be completely aware of the processes and responsibilities prior to signing on for the survey. The majority of these are set out within the terms and conditions of the program.

KIT CONTENTS

This Registration Kit consists of the following documents:

1. Application form
2. Survey Timetable
3. Terms and Conditions of the Survey
4. Price Structure
5. Contact Details

Once you have registered to participate in our survey you will be provided with a Participant's Kit. This contains all the forms in both a hard copy and electronic format to be able to provide us with your data in the proper format. You are also provided with a detailed line-by-line description of what should be included (and what should be excluded) in any particular data line item. This helps us to ensure that the data that we are comparing and analysing is actually comparable.

If you have any questions regarding this survey or either of the kits you can contact any of the following people for assistance:

Robert Krebs
Senior Business Analyst & Benchmark Services
robert.krebs@stewartbrown.com.au

Vicky Stimson
Survey Administration
vicky.stimson@stewartbrown.com.au

They can also be contacted by telephone on **(02) 9412 3033** during normal business hours. Further contact details are included in this registration kit.

BACKGROUND & PURPOSE OF SURVEY

It is important for all participants to understand some of the background and purpose of the survey and its outcomes. This service grew out of a need by management to be able to compare and contrast their operations to that of other facilities within the industry. This was to assist them in improving the financial performance of their operations and to ultimately adopt best practice. Over a number of years, the format of the results of the survey has changed. However, at all times the predominant purpose has remained the same, that is, to provide a tool to assist management to improve financial performance.

The results of the survey may also be used for other purposes. It is likely that summary data will be used by industry bodies to lobby Government and in the formulation of policy. If data is provided to outside parties, at no time are the results of individual participating organisations identified. The only data supplied is in a summary format.

APPLICATION FORM

ORGANISATION DETAILS

Name of Organisation:
Name of Group (if part of a network or group):
Operating Turnover of Organisation 2019:
ABN: Not-for-profit or For-profit (please circle)

CONTACT DETAILS

Street Address:
City: State: Post Code:
Postal Address:
City: State: Post Code:
Phone: (.....) Fax: (.....)

Main Contact (for all general survey queries and administration)

Name: Phone: (.....)
Position: Email:

Contacts for data collection (if not sure same as above)

Name: Phone: (.....)
Position: Email:
Name: Phone: (.....)
Position: Email:

Distribution list for receipt of the organisation's facility & home care benchmark reports

Name: Phone: (.....)
Position: Email:
Name: Phone: (.....)
Position: Email:
Name: Phone: (.....)
Position: Email:

Distribution list for receipt of written analysis report

Name: Phone: (.....)
Position: Email:
Name: Phone: (.....)
Position: Email:
Name: Phone: (.....)
Position: Email:

RESIDENTIAL CARE FACILITIES

Please provide the following information for each residential aged care facility. If you have a number of facilities please either take a copy of this page and complete one for each facility or provide the relevant details in a spread sheet.

GENERAL

Name of Facility: Telephone: (.....)

Address:

City: State: Post Code:

Does this facility support / care for any specific ethnic or community group? **YES / NO**

If yes, please provide details:

NUMBER OF RESIDENT PLACES

General Places: Extra Service: Respite: Unfunded:

Transitional Care: Other: Total Places:

SERVICE CHARACTERISTICS

How old is this facility? (years) Year facility was built?

Years since last major upgrade / addition: (years)

Is this facility classed as significantly refurbished?.....

Single Storey / Multi-storey? If Multi-storey, how many levels?

Number of single bed rooms: Number of multi bed rooms:

Total beds:

Average size of room (sq. m)

Single: Double: Other:

Dedicated Dementia Unit/Wing? If Yes, number of places:

Is facility: Stand alone? Co-located with another RACF?

Co-located with ILU village?

Part of a campus combination of other RACF, ILU and other services?

Catering Outsourced: **YES / NO** Cleaning Outsourced: **YES / NO** Laundry Outsourced: **YES / NO**

Comments:

HOME CARE PROGRAMS

Please provide the following details for each of the programs provided by your organisation. If this form does not have enough space, please take a copy of this page or provide the relevant details for each program in a spread sheet. A program is a certain grouping of your home care packages, an example would be that the program name may be North or South based on the location or Homeless or Greek based on a certain characteristic.

PROGRAM 1

Name of Program:
Address:
City: State: Post Code:
Number of funded packages:
Comments:

PROGRAM 2

Name of Program:
Address:
City: State: Post Code:
Number of funded packages:
Comments:

PROGRAM 3

Name of Program:
Address:
City: State: Post Code:
Number of funded packages:
Comments:

PROGRAM 4

Name of Program:
Address:
City: State: Post Code:
Number of funded packages:
Comments:

PROGRAM 5

Name of Program:
Address:
City: State: Post Code:
Number of funded packages:
Comments:

PROGRAM 6

Name of Program:
Address:
City: State: Post Code:
Number of funded packages:
Comments:

PROGRAM 7

Name of Program:
Address:
City: State: Post Code:
Number of funded packages:
Comments:

PROGRAM 8

Name of Program:
Address:
City: State: Post Code:
Number of funded packages:
Comments:

PROGRAM 9

Name of Program:
Address:
City: State: Post Code:
Number of funded packages:
Comments:

REGISTRATION DECLARATION

I have read and understood the terms and conditions of participating in the StewartBrown Aged Care Financial Performance Surveys and agree to accept those terms and conditions as outlined in this application form.

Signed for and on behalf of:
(Name of Organisation)

By: Signature:
(Print Name)

Position: Date:

COMPLETED FORMS

Please send the completed application form to us by one of the following methods:

Email to:

Vicky Stimson
StewartBrown

vicky.stimson@stewartbrown.com.au or benchmark@stewartbrown.com.au

Post to:

Vicky Stimson
StewartBrown

PO Box 5515
CHATSWOOD NSW 2067

Facsimile to:

Vicky Stimson
StewartBrown

(02) 9411 3242

SURVEY TIMETABLE

| Quarter | Forms to be completed (where applicable) | Deadline for data submission | Due date for individual benchmark report distribution | Due date for analysis report distribution |
|------------------|---|------------------------------|---|---|
| <u>September</u> | <ul style="list-style-type: none"> Residential Financial Data Home Care Bed days Wages | 31 October | 10 December | 20 December |
| <u>December</u> | <ul style="list-style-type: none"> Residential Financial Data Home Care Bed days Wages Organisational Profile Data | 31 January | 28 February | 20 March |
| <u>March</u> | <ul style="list-style-type: none"> Residential Financial Data Home Care Bed days Wages | 30 April | 31 May | 20 June |
| <u>June</u> | <ul style="list-style-type: none"> Residential Financial Data Home Care Bed days Wages Organisational Profile Data Ad-hoc year-end data | 20 August | 30 September | 20 October |

Note: The reason for the delay in submission of the June data is that we have found that organisations require extra time to complete their year-end accounts. It is critical that deadlines be adhered to by all participants to allow for the timely entering of data and distribution of reports. If any organisation finds that they cannot meet these deadlines, please let us know as soon as possible.

TERMS AND CONDITIONS

The terms and conditions of participating in this survey cover the following matters:

- I. Role and responsibility of StewartBrown
- II. Role and responsibility of participating organisations/facilities
- III. Data collection methods
- IV. Details of data to be collected
- V. Reports to be produced and method of distribution
- VI. Privacy policy
- VII. Confidentiality of information
- VIII. Copyright matters
- IX. Quality assurance

ROLE AND RESPONSIBILITY OF STEWARTBROWN

As the provider of the Financial Performance Surveys service, StewartBrown will:

- a) Provide all participants with data collection aids in an electronic and hard copy format;
- b) Continue to develop the service to meet the needs of participants;
- c) Provide initial and ongoing training to participating organisations that require such training;
- d) Provide guidelines to all participants to ensure they are able to complete data collection forms;
- e) Provide a report on the survey results including a general analysis of results across all facilities and a report comparing industry results and the results of each participating facility within the participating organisation.;
- f) Provide reports in the format requested by participant (electronic or hard copy);
- g) Provide the survey on a quarterly basis;
- h) Facilitate contact between like organisations, where possible, at the request of a participant so that participating organisations can investigate further where they may be able to improve their financial performance. This will only be done with the express permission of parties involved;
- i) Have in place procedures to ensure, as much as possible, that the data provided by the participants is consistent with the guidelines given to participants;
- j) Distribute reports in accordance with the Survey Timetable;
- k) Ensure the privacy and confidentiality of the information provided by participants.

ROLE AND RESPONSIBILITY OF PARTICIPANTS

Organisations participating in the Financial Performance Surveys will:

- (a) Provide the data to StewartBrown in the format set out in the Participant's Kit (as amended from time to time), and by the deadline as set out in the Survey Timetable provided to participants;
- (b) Enter the data into the data collection forms using the definitions set out in the Participant's Kit;
- (c) Advise StewartBrown of any changes in details of a facility that are likely to or have affected the results of the facility in a significant manner. Examples of such matters might include changes to number of approved places, redevelopment work on the facility, sanctions being placed on the facility by the Government and decisions to change between providing services using in-house staff to provide those services using contractors;
- (d) Respect and abide by the privacy and copyright standards set out in these Terms and Conditions in relation to all materials and reports provided to participants as part of the survey process;
- (e) Respect the privacy and confidentiality of any information provided by another participant as a result of StewartBrown facilitating contact between two or more participants.
- (f) Advise StewartBrown of any changes in details regarding the contact details for the data collection and for the receipt of survey reports.

DATA COLLECTION METHODS

StewartBrown will provide each participant with a Participant's Kit that will contain, among other things, the following:

- (a) Line item definitions for each item included in the survey in the same format as the data collection forms;
- (b) An electronic copy of the data collection forms which will be in the form of a series of Excel work-sheets.

We will work with participants to develop reports produced by their accounting system in the format required by the survey so as to minimise work involved in completing the data collection forms. We will accept electronic files containing the data in the correct format by way of e-mail or Zip file.

DATA TO BE COLLECTED

The survey will collect financial data for the following operations:

- Residential Care Facilities (quarterly)
- Home Care (quarterly)
- Employee hours by major category (quarterly)
- Occupied bed days (Residential Care) (quarterly)

Details of the individual line items for which data is collected and the definitions of each of these line items are included in the Participant's Kit. For residential care facilities the line items will be collected under the following major headings:

- Care Income
- Direct Care expenses
- Catering expenses
- Cleaning expenses
- Laundry expenses
- Utilities
- Administration and Support Services expenses
- Accommodation Income
- Accommodation expenses
- Provider income
- Provider expenses
- Accommodation bonds/Refundable Accommodation Deposits

Bed day statistics collected will include the occupied bed days based on the subsidy Medicare Payment Statements and the number of Available Beds. All data collected will be on a year-to-date basis unless otherwise stated.

REPORTS PRODUCED & METHOD OF DISTRIBUTION

Each quarter participants will be issued with the following reports:

- A generic report based upon the overall results of the survey. This report will analyse the results, include summary tables of data and a number of graphics illustrating trends and highlights from the survey. This report is dynamic in style and content and we will always look to participants for suggestions for information to be included in the report.
- A report specific to each facility/home care program that compares the results of that facility/program against all other facilities/programs as well as against the facilities/programs of a similar resident mix and size as the participating facility/program.

Where there is a special survey, an addendum report will be provided on the results of that survey. Examples of a special survey include: administration costs, catering in-house against contract catering, similarly with laundry and cleaning.

Reports will be delivered by the following method:

- Electronic copy by e-mail (in excel/PDF format)
- Via access to the StewartBrown Financial Benchmarking website (main delivery method)

PRIVACY POLICY

StewartBrown will be collecting financial data from organisations with the purpose of providing benchmarks and other summary reports to participants and industry bodies. We will not be collecting personal information, but rather corporate data and as such we are not bound by the National Privacy Principles or the Privacy Act 1998. We will however still be abiding by these National Privacy Principles with respect to the data and other information collected, as we are committed to ensuring the highest level of privacy over the information collected. In accordance with these principles:

- (a) No report received by a participant will identify other participants by name. In general, all comparative information will be in aggregate format, that is, it will be an average of a number of other participating organisations.
- (b) Any information provided to third parties such as industry groups will only be in aggregate format and can only be used for the purpose of policy development or lobbying Government agencies.
- (c) Only data and other information necessary to produce the survey will be collected from participants
- (d) All information collected will be stored in a secure manner
- (e) Where information is shared between participating organisations as a result of contact being facilitated by StewartBrown, such sharing will be done on the understanding that the terms and conditions relating to Privacy and confidentiality are adhered to by the parties involved.

CONFIDENTIALITY OF INFORMATION

StewartBrown and all participants will abide by the following with respect to confidentiality of information collected or produced as part of the survey:

- (a) For training and marketing purposes, StewartBrown has the right to publish data resulting from the survey as examples of the benchmarking process. However, such examples will not identify any of the participating organisations.
- (b) All data and material provided by participants shall be kept confidential by StewartBrown at all times.
- (c) Any material provided to third parties such as industry groups under contract to any such group will not identify any individual participant.
- (d) Any report or material provided to participants as part of the survey process will be kept confidential by the participant.

Where StewartBrown facilitates contact between participants to discuss the survey results, such discussions and any information shared between participants will be kept confidential by the participants.

COPYRIGHT ISSUES

Unauthorised copying of any material or report produced by StewartBrown as part of the survey process is not permitted. Copying and distribution of such material will only be permitted after receiving the express written permission of StewartBrown.

The materials and reports deemed to be included in the survey process include, but are not limited to:

- Registration Kit
- Participant's Kit
- Training material
- Promotional material
- Line item definitions
- Quarterly or special reports
- Data collection forms

Participants can copy the quarterly or special reports for internal distribution to management and Directors as long as the recipients are made aware of the privacy, confidentiality and copyright provisions of these terms and conditions and they agree to abide by them.

QUALITY ASSURANCE

All parties to this survey process should be committed to the quality of information provided and the continuous improvement of the service. To this end:

- StewartBrown will ensure that procedures are in place to safeguard the integrity of the information produced in the survey process.
- StewartBrown will continue to provide means of receiving feedback from participants in the survey and will endeavour to act upon that feedback where considered practicable and useful to participants as a whole.
- Participants should endeavour at all times to safeguard the integrity of information provided by following the definitions for data entry set out in the Participant's Kit.
- StewartBrown will continue to work with participants to develop the service through feedback and discussion.

PRICE STRUCTURE

The fees for participating in the Aged Care Financial Performance Surveys in the year ending 30 June 2020 are as follows:

One-off Joining Fee

The one-off Joining Fee is based on the total number of residential aged care facilities (RACF) and home care packages of each organisation. The fees shown below do not include GST.

| | SMALL | MEDIUM | LARGE |
|---|--------------------|-------------------------|---------------------------------|
| Number of facilities or home care packages | 1 to 5 1 to 250 | 6 to 10 251 to 1,500 | More than 10 More than 1,500 |
| Joining Fee | \$400 | \$695 | \$990 |

The joining fee includes the provision of the Participant's Kit and training of the staff providing the data for the survey. It also includes the set-up of these programs on our systems and access to our benchmarking website.

Participation Fees

The survey Participation Fees exclude GST and are expressed as a cost per annum (includes 4 surveys). These fees are based on the number of RACF or Home Care packages. The fees are, as follows:

| | RESIDENTIAL (RACF) | SUMMARY OF FEES (RACF) |
|--------------------------------------|------------------------|--------------------------------|
| Participation Fee per Service | Per Annum \$ | \$ |
| First (1) | 700.00 | \$ 700 |
| Second to Fourth (2 – 4) | 580.00 | \$ 700 + \$580 ea (2nd-4th) |
| Fifth to Tenth (5 – 10) | 500.00 | \$2,440 + \$500 ea (5th-10th) |
| Eleventh to Twentieth (11 – 20) | 460.00 | \$5,440 + \$460 ea (11th-20th) |
| Twenty-First & thereafter (21+) | 420.00 | \$10,040 + \$420 ea (21st +) |

| Participation Fee per Package | HOME CARE | | SUMMARY OF FEES |
|---|-------------------|-----------------|------------------------------|
| | Per package \$ | Per Annum \$ | \$ |
| Up to Five (1-5) | 28 | 140.00 | \$ 140 |
| Six to Twenty (6-20) | 18 | 270.00 | \$ 140 + \$18 ea (6-20) |
| Twenty-One to Fifty (21-50) | 9 | 270.00 | \$ 410 + \$ 9 ea (21-50) |
| Fifty-One to Two-Hundred (51-200) | 7 | 1,050.00 | \$ 680 + \$ 7 ea (51-200) |
| Two-Hundred & One to Four-Hundred (201-400) | 6 | 1,200.00 | \$1,730 + \$ 6 ea (201-400) |
| Four-Hundred & One to Seven-Hundred & Fifty (401-750) | 5 | 1,750.00 | \$2,930 + \$ 5 ea (401-750) |
| Seven-Hundred & Fifty-One to Two Thousand (751-2000) | 3 | 3,750.00 | \$4,680 + \$ 3 ea (751-2000) |
| Two Thousand & One & thereafter (2001+) | 0 | 0 | \$8,430 (2001+) |

The fee for each additional facility/package decreases as the total number of facilities/packages increases. In this way, all organisations will pay the same fee for their “first” facility/package. Please find below an example of the participation fees to join the residential and home care surveys:

Residential Fees Example

The annual fee for an organisation with four facilities to join the survey would be calculated as follows:

| | |
|--|------------|
| First facility charge is \$700.00 | \$700.00 |
| Second to fourth facility is \$580.00 each | \$1,740.00 |
| One-off joining fee is \$400.00 | \$400.00 |
| Total initial participation fee | \$2,840.00 |

Home Care Fees Example

The annual fee for an organisation with twenty-five home care packages to join the survey would be calculated as follows:

| | |
|--|----------|
| First five packages is \$140.00 | \$140.00 |
| Packages six to twenty is \$18.00 each | \$270.00 |
| Packages twenty-one to twenty-five are \$9.00 each | \$45.00 |
| One-off joining fee | \$400.00 |
| Total initial participation fee | \$855.00 |

Please note: If an organisation has residential and home care packages there is only **one** one-off joining fee.

The Participation Fees are reviewed annually. The next review will apply from the September 2020 Survey.

CONTACT DETAILS

Postal Address:

Attention: Vicky Stimson
StewartBrown
PO Box 5515
CHATSWOOD NSW 2067

Street Address:

Attention: Vicky Stimson
StewartBrown
Level 2, Tower 1
495 Victoria Avenue
CHATSWOOD NSW 2067

Phone: (02) 9412 3033

Web: www.stewartbrown.com.au

Email: benchmark@stewartbrown.com.au

PROJECT CONTACTS

Grant Corderoy

Project Partner

grant.corderoy@stewartbrown.com.au

Robert Krebs

Project Manager

robert.krebs@stewartbrown.com.au

Vicky Stimson

Administration

vicky.stimson@stewartbrown.com.au

**AGED CARE FINANCIAL PERFORMANCE SURVEY
DEFINITIONS FOR DATA INPUT - RESIDENTIAL AGED CARE**

| Residential Financial Data Definitions | Definition & description Inclusions | Exclusions |
|--|---|---|
| CARE SECTION | | |
| INCOME | | |
| RESIDENTS | | |
| Basic daily fee | Includes basic daily fee and/or respite fees paid by the resident | Excludes accommodation charges (which are in lieu of entry contributions); means-tested care fee; extra/optional services charges |
| Fees for additional services and extra or optional service fees | Additional daily fees charged to residents in an extra services place and/or for additional services purchased by the resident. DO NOT use this line for other/sundry income. Sundry/other income is to be included in Provider income. | Show "claw-back" by Government under subsidies. |
| Income - residents | Total facility care income received from residents | |
| GOVERNMENT | | |
| Government subsidies - care | Care related government subsidies and supplements. Please refer to Appendix A tab for detailed listing of subsidy and supplements to be included here | This should exclude all accommodation, concessional, supported or assisted resident supplements and top-up supplements as well as the transitional accommodation supplement paid to low care residents who have entered a facility post 20 March 2008. Please make sure these are included in the accommodation income supplement area below. |
| Means-tested care fee | Includes income and means tested fees charged to residents (offset against ACFI subsidy). Income Tested Subsidy review refunds and means tested subsidy review refunds paid to the provider for refunds owed to residents based on recent income and means testing assessments can be included here (<i>Technically, this refund received should have a nil impact as the refund is paid back to the residents</i>) | Excludes income and means tested fees reductions, these are to be included in the Government subsidies - care line as per Appendix A |
| Grants - not capital | Government grants of a non-capital nature. Some examples are training grants and other expense reimbursement type of grant. | Capital grants of a capital nature (refer provider income) |
| Income - government | Total facility care income received from the government | |
| CARE TOTAL INCOME RECEIVED (RESIDENTS AND THE GOVERNMENT) | | |
| TOTAL CARE INCOME | | |
| EXPENDITURE | | |
| CARE SERVICES | | |
| Labour costs | | |
| Care management | Wages, allowances, uniform costs, leave, fringe benefits, superannuation, workers compensation excesses and wages paid to, or in respect of, care management staff. Typically this would be the DON, DDON, Facility Manager, Clinical Manager and in some cases a specialist position relating to care plans or ACFI assessments. This would also include an allocation of the costs of this position should it be shared between facilities but typically these would be included as part of the administration recharge. DO NOT allocate between administration wages and care management. Total cost of facility manager should be allocated to this position. | Share of workers compensation premium |
| Registered nurses | Wages, allowances, uniform costs, leave, fringe benefits, superannuation, workers compensation excesses and wages paid to, or in respect of, registered nurses. | Share of workers compensation premium |
| Enrolled and licensed nurses (<i>registered with the NMBA</i>) | Wages, allowances, uniform costs, leave, fringe benefits, superannuation, workers compensation excesses and wages paid to, or in respect of, Enrolled and other licensed nurses who are registered with the Nursing and Midwifery Board of Australia (NMBA) | Share of workers compensation premium |
| Other unlicensed nurses/personal care staff | Wages, allowances, uniform costs, leave, fringe benefits, superannuation, workers compensation excesses and wages paid to, or in respect of, other nursing and/or personal care staff who are not licensed with the Nursing and Midwifery Board of Australia (NMBA). | Share of workers compensation premium |
| Allied health & lifestyle | Wages, allowances, uniform costs, leave, fringe benefits, superannuation cost, workers compensation excesses and wages paid to, or in respect of, diversional therapy, physiotherapy, podiatry and other allied health professionals, recreational officers and concierge staff. Includes agency or contracted professionals. | Share of workers compensation premium |

**AGED CARE FINANCIAL PERFORMANCE SURVEY
DEFINITIONS FOR DATA INPUT - RESIDENTIAL AGED CARE**

| | Inclusions | Exclusions |
|--|---|--|
| Agency staff | Total cost of all direct care agency staff | Excludes allied health & lifestyle agency. |
| Workers' compensation - care services | Workers compensation premium paid for staff employed at the facility in care services positions - if available - if not readily available please include all costs in "worker's compensation- other" and this will be allocated out in proportion to labour costs | |
| Total labour costs | | |
| Medical, personal care & nutritional supplements | Cost of incontinence systems and supplies and cost of medication and other medical supplies such as bandages, ointments, as well as the cost of packaging and distributing the medication such as Webster or similar system. Includes costs of nutritional supplements. Also include cost of medical gases and enteral feeding costs. | |
| Chaplaincy/ Pastoral care | Cost of providing a chaplain or religious or pastoral services to residents. | |
| Other resident care | Other sundry items relating to resident care - include cost of therapy supplies, activity costs, unrecovered cost of bus hire, public telephone cost, entertainment etc. | |
| Expenditure - care services | Total care services expenditure - (Labour and Other Costs) | |
| Care costs as a % of ACFI & supplements | The total care costs over the combined sum of the government subsidies care and means tested care fee lines | |
| Care costs as a % of care income | The total care costs over the total care income | |
| HOTEL SERVICES | | |
| CATERING | | |
| Labour costs | Wages, allowances, uniform costs, leave, fringe benefits, superannuation, workers compensation excesses and wages paid to, or in respect of, catering staff | Workers compensation premium. |
| Consumables | Cost of all consumable supplies used in the preparation and serving of resident, staff and visitor meals. Includes crockery and cutlery, and cooking utensils. | Paper products and cleaning products used in the kitchen. Nutritional supplements. |
| Contract catering | Cost of contract catering services where this service is contracted to a third party. This will include the costs when the contractor uses an in-house kitchen and employs the kitchen staff under the contract. This also includes the situation where a shared kitchen provides catering services to multiple facilities in the organisation and allocates costs as if it was a contract service. | |
| Income from sale of meals | Income received from sale of meals to staff, visitors and others (usually a credit amount) | |
| Total catering | Total Catering Costs | |
| CLEANING | | |
| Labour costs | Wages, allowances, uniform costs, leave, fringe benefits, superannuation, workers compensation excesses and wages paid to, or in respect of, cleaning staff | Workers compensation premium |
| Consumables | All cleaning materials including solvents, liquid and powder cleansers, brooms, mops, buckets, paper towels, toilet rolls etc. | |
| Contract cleaning | Cost of permanent or casual contract cleaning services, if applicable. Include carpet cleaning and window cleaning services. | |
| Total cleaning | Total Cleaning Costs | |
| LAUNDRY | | |
| Labour costs | Wages, allowances, uniform costs, leave, fringe benefits, superannuation, workers compensation excesses and wages paid to, or in respect of, cleaning staff | Workers compensation premium |
| Consumables | Cost of all consumables used in washing and drying clothes and bedding as well as replacement bedding and linen items. | |
| Contract laundry | Cost of contract laundry service, if applicable. | |
| Total laundry | Total laundry Costs | |
| Workers' compensation - hotel services | Workers compensation premium paid for staff employed at the facility in hotel services areas - if available - if not readily available please include all costs in "worker's compensation- other" and this will be allocated out in proportion to labour costs | |
| Expenditure - hotel services | Total expenditure for the hotel services - (Catering, Cleaning and Laundry) | |

**AGED CARE FINANCIAL PERFORMANCE SURVEY
DEFINITIONS FOR DATA INPUT - RESIDENTIAL AGED CARE**

| | Inclusions | Exclusions |
|--|---|---|
| UTILITIES | | |
| Electricity | Electricity costs associated with the facility -An apportionment of total electricity cost is appropriate if one bill is shared among a number of facilities. | |
| Gas | Cost of gas including that used by kitchen. | Medical gases such as oxygen. |
| Rates | All council rates including land and water. | Garbage removal and tip fees. |
| Rubbish removal | Garbage removal, hazardous materials and toxic waste removal, including council and other third party contractors. Include tip fees. | |
| Expenditure - utilities | Total expenditure for utilities | |
| ADMINISTRATION AND SUPPORT SERVICES | | |
| Administration recharges | Apportionment of administration costs from the Organisation's administration cost centre and/or corporate head office - if applicable. | |
| Labour costs - Administration | Wages, allowances, uniform costs, leave, fringe benefits, superannuation, workers compensation excesses and wages paid to, or in respect of, administration and clerical staff employed directly by or charged directly to the residential care facility. | Workers compensation premium. Labour costs associated with the facility/care management as this should appear in Care management labour costs as part of resident care expenses. For facility manager/care manager no allocation should be made against administration. |
| Other administration costs | Includes all other administration line items including, advertising for staff, accounting fees, accreditation costs, audit fees, computer expenses including maintenance contracts on hardware and software, consulting fees, general expenses, legal fees, postage & courier, printing & stationery, recruitment costs, safety management (OH&S), subscription & library costs, telephone, travel & accommodation. | Administration recharges, workers compensation premiums. |
| Workers' compensation - administration staff | Workers compensation premium paid for staff employed at the facility excluding care and hotel services staff - if unable to split over care services and hotel services then please include all costs here and this will be allocated out in proportion to labour costs | Care and hotel services workers compensation |
| Quality & education - labour costs | Wages, allowances, leave, fringe benefits, superannuation, workers compensation excesses and wages paid to, or in respect of personnel carrying our duties such as education, quality control, quality improvement, policy development and WH&S. | Wages and associated costs of those attending education sessions, quality or OH&S meetings etc. These should be included in the wage cost area normally associated with the attendees. |
| Quality & education - other | All other costs associated with areas such as education, quality control and improvement, policy development and WH&S. This will include the cost of consultants, materials, software (not capitalised) or course costs for courses run by 3rd parties. | |
| Insurances | All insurances except workers compensation. | Workers compensation insurance |
| Expenditure - other services | Total expenditure - administration & support services | |
| TOTAL EXPENDITURE | TOTAL CARE EXPENDITURE - CARE SERVICES, HOTEL SERVICES, ADDITIONAL SERVICE COSTS, UTILITIES & ADMIN & SUPPORT SERVICES EXPENDITURE | |
| CARE RESULT | TOTAL CARE INCOME LESS TOTAL CARE EXPENDITURE | |

**AGED CARE FINANCIAL PERFORMANCE SURVEY
DEFINITIONS FOR DATA INPUT - RESIDENTIAL AGED CARE**

| | Inclusions | Exclusions |
|--------------------------------------|---|---|
| ACCOMMODATION SECTION | | |
| INCOME | | |
| RESIDENTS | | |
| Accommodation charges | Accommodation charges received | |
| Daily accommodation payments | Income received from the daily accommodation payments from clients | This does not include interest received on investments, investment interest should be included in the Provider income section |
| Bond - retentions | Retention income from accommodation bonds. Also include periodic bond payments (including the interest portion if this is not separately allocated) | Excludes income received via daily accommodation payments (DAPs), please include this on the Daily accommodation payments line above |
| Bond - interest income | Interest charged to residents on late bonds (these amounts should be reducing as facilities reduce number of old bonds held) | This does not include interest received on investments, investment interest should be included in the Provider income section |
| <i>Income - residents</i> | Total accommodation income received from residents | |
| GOVERNMENT | | |
| Government supplements - accom. | Accommodation related government supplements. Please refer to appendix A tab for full listing of accommodation related supplements | If it is a significantly refurbished facility then the accommodation supplement amount and all Government accommodation supplement amounts are entered in the significant refurbishment supplement line below |
| Significant refurbishment supplement | If the facility is classed as significantly refurbished this is full amount received for the accommodation supplement and all Government accommodation supplements | |
| <i>Income - government</i> | Total accommodation income received from the government | |
| TOTAL ACCOMMODATION INCOME | ACCOMMODATION TOTAL INCOME RECEIVED (RESIDENTS AND THE GOVERNMENT) | |
| EXPENDITURE | | |
| Labour costs | Wages, allowances, uniform costs, leave, fringe benefits, superannuation, workers compensation excesses and wages paid to, or in respect of, maintenance and grounds staff. | Workers compensation premium |
| Repairs & maintenance | Materials and other third party costs in maintaining and repairing the assets of the facility. Contract labour for repairs and maintenance (under one-off arrangement). This should also include costs of any long term maintenance contracts. Will also include items such as fire protection, pest control, gardens, security, minor asset purchases/minor capital works or replacements. | |
| Motor vehicle expenses | All costs associated with operating, maintaining and repairing the organisation's motor vehicles. | |
| Depreciation - building | Building depreciation | |
| Depreciation - non building | Depreciation expense relating to plant, equipment, furniture, fittings and other non-fixed items of a capital nature including motor vehicles and computer equipment. | Depreciation of buildings and impairment charges |
| Property rental | Property rent paid by the aged care facility for the use of offices or other buildings utilised by the facility. | Income received from rental property should be included in the sundry income line in the Provider section |
| Refurbishment | These are the costs associated with repairing a room when a person leaves or has been in a room for a long period where these costs have not been capitalised. They would include re-painting, some carpet replacement, replacement of light fittings and other minor replacements. Also commonly described as room changeover costs. | These costs should not include the cost of major re-modelling or re-fits to rooms such as major upgrades of bathrooms or other structural changes. Such costs would generally be capitalised. |
| Bond/RAD interest expense | This is the interest paid to outgoing residents or their estates in compliance with the Aged Care Act with respect to the regulated delay in paying out their bonds/RAD's. | Interest paid on borrowings, please include this below in the Provider section expenses |
| <i>Expenditure - accommodation</i> | Total expenditure - accommodation | |
| ACCOMMODATION RESULT | TOTAL ACCOMMODATION INCOME LESS TOTAL ACCOMMODATION EXPENDITURE | |

**AGED CARE FINANCIAL PERFORMANCE SURVEY
DEFINITIONS FOR DATA INPUT - RESIDENTIAL AGED CARE**

| | Inclusions | Exclusions |
|---|---|--|
| PROVIDER SECTION | | |
| INCOME | | |
| Donations, bequests & fundraising | Large donations and bequests where money has been received specifically for a particular facility. Also include bequest or donated funds that has been used to "subsidise" the operations of a facility. Some facilities may have a significant fundraising operation including income from fundraising balls and other such events or schemes. Income from these sources, where they are attributable to a specific facility should be included here. All fundraising income that can be attributable to an individual facility. | Large donations and bequests that were made to the organisation generally rather than a specific facility and fundraising. |
| Grants - capital | Government grants of a capital nature | Government grants of a non-capital nature (refer care section government income) |
| Investment income - interest | Interest on investments that can be attributable to the facility. If it is the practice to allocate interest to facilities then please include it here. This is to assist in reconciling this form to your normal profit and loss account. This income will be excluded from our EBITDA calculation. | Interest charged on late bonds |
| Investment income - other | All other investment income that is allocated to the facility. May include profit from sale of investments, fair value adjustments on shares, distributions from managed funds and dividend income. In all likelihood these items will not be allocated to an individual facility but if they are then they should be included at this line item. | |
| Sundry income | All other sundry income. Will include profit on sale of property, plant & equipment, insurance, property rent received and other recoveries. | |
| Income - provider | Total Income - provider | |
| EXPENDITURE | | |
| Interest expense - other | Interest paid on any borrowings or credit facilities. This would include commercial borrowings as well as borrowings from related parties. | Interest paid on accommodation bonds paid to departing residents, please include this in the Bond/RAD interest expense line |
| Other provider expenses | Will include board expenses, fundraising expenses, losses on sale of property, plant and equipment etc. | "Capital" administration charge. All administration re-charges should now be allocated to the Administration recharge line item. |
| Impairment | Impairment charge against the facility's assets | |
| Expenditure - provider | Total Expenditure - provider | |
| PROVIDER RESULT | TOTAL (INCOME - PROVIDER) LESS (TOTAL EXPENDITURE) - PROVIDER | |
| FACILITY RESULT | TOTAL OF CARE and ACCOMMODATION RESULTS | |
| TOTAL RESULT FOR THE PERIOD | TOTAL OF CARE, ACCOMMODATION and PROVIDER RESULTS | |
| Supported resident ratio if significant refurbished facility | If the facility is classed as significantly refurbished then please supply the supported resident ratio as at the end of the survey period from the Medicare payment statement | |
| Accommodation Payments - please complete whatever information you have available | | |
| Number of FULL bonds & RADs/RACs held at reporting date | Number of FULL accommodation bonds and RAD/RACS held at reporting date i.e. where there is no associated DAP | |
| Total value of FULL bonds & RADs/RACs held at reporting date | Total value of all FULL accommodation bonds and RAD/RACS held at reporting date i.e. where there is no associated DAP | |
| Number of PART bonds & RADs/RACs held at reporting date | Number of PART accommodation bonds and RAD/RACS held at reporting date where there is also an associate DAP – i.e. combination payments | |
| Total value of PART bonds & RADs/RACs held at reporting date | Total value of PART accommodation bonds and RAD/RACS held at reporting date where there is also an associate DAP – i.e. combination payments | |
| Number of new FULL RADs / RACs (current financial year) | Number of new FULL RADs & RACs as at reporting date for residents with an entry date after 30 June 2019 | |
| Value of new FULL RADs / RACs (current financial year) | The actual dollar value of new FULL RADs as at reporting date taken during the current financial year i.e. for residents with an entry date after 30 June 2019 | This should not be the movement between opening and closing bond/RAD/RAC values. |
| Number of FULL DAP / DAC payers (current financial year) | Number of full DAP / DAC payers as at reporting date for residents with an entry date after 30 June 2019 | |
| Number of COMBINATION DAP / DAC payers (current financial year) (should be equal to the number of new PART RADs / RACs) | Number of combination DAP / DAC payers as at reporting date (number of new PART RADs & RACs) as at reporting date for residents with an entry date after 30 June 2019 | |
| Value of new PART RADs / RACs (current financial year) | The actual dollar value of new PART RADs as at reporting date taken during the current financial year i.e. combination payments for residents with an entry date after 30 June 2019 | |

| |
|--|
| |
| |

Input cell
Calculated cell

STEWARTBROWN
AGED CARE FINANCIAL PERFORMANCE SURVEY
BED DAY INPUT SHEET FOR CARE FACILITIES

Residential Bed days for the Three Months ended 30 September 2019

Bed days for residents on RCS saved rate & ACFI

IF LISTING MULTIPLE FACILITIES IT WOULD BE APPRECIATED IF THEY COULD BE ENTERED IN THE SAME ORDER AS THE FINANCIAL DATA WORKSHEET

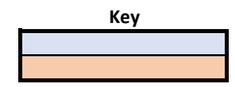
| | Total Number of Occupied Bed days |
|----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Facility Name | Facility Name 1 | Facility Name 2 | Facility Name 3 | Facility Name 4 | Facility Name 5 | Facility Name 6 | Facility Name 7 |
| Number of approved places | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| July | | | | | | | |
| August | | | | | | | |
| September | | | | | | | |
| | - | - | - | - | - | - | - |
| October | | | | | | | |
| November | | | | | | | |
| December | | | | | | | |
| | - | - | - | - | - | - | - |
| January | | | | | | | |
| February | | | | | | | |
| March | | | | | | | |
| | - | - | - | - | - | - | - |
| April | | | | | | | |
| May | | | | | | | |
| June | | | | | | | |
| | - | - | - | - | - | - | - |
| Cumulative totals | | | | | | | |
| 1st quarter | - | - | - | - | - | - | - |
| 2nd quarter | - | - | - | - | - | - | - |
| 3rd quarter | - | - | - | - | - | - | - |
| 4th quarter | - | - | - | - | - | - | - |
| Occupancy Rate | 0.0% |

Occupancy Reason (if required)

Input instructions

A separate column must be submitted for each facility.
The number of approved places must be submitted for each facility
 The number of bed days entered should be the total number of occupied bed days.

Input cell
 Calculated cell



Please ensure that your occupancy rate is correct before submitting

If occupancy is abnormal for any reason please enter an explanation - e.g. facility undergoing refurbishment or new facility not yet fully occupied.

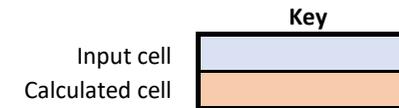
STEWARTBROWN
AGED CARE FINANCIAL PERFORMANCE SURVEY
RRESIDENTIAL CARE WAGES

Please remember to enter the facility name. Each facility should be entered in a separate table, if more tables are needed please copy and paste the table before entering any data.

Allocation of hours should align with allocation of dollars in the financial data - please use same data definitions for each category.

This form should be completed for each survey with year to date amounts.

- Normal Hours* **Hours worked** by the employee (**excluding overtime hours**)
- Overtime Hours* Includes **time and one half and double time hours**
- Other Hours* Includes **any other hours worked or paid**, including training and all forms of leave
- Agency Hours* Includes all hours worked by agency staff (agency staff are usually for a short term replacement of staff)
- Contracted Hours* Includes all hours worked by contract staff (services that are contracted out)



| Facility Name: | Paid Hours | | | | | TOTAL HOURS |
|---|------------|----------|--------|----------|-------|-------------|
| (Enter Name) | Normal | Overtime | Agency | Contract | Other | |
| Three Months ended 30 September 2019 | | | | | | |
| Care Management (Include Facility Manager, DON, DDON, Care Manager where directly attributable to facility. No apportionment should be made between this category and RN or Administration) | | | | | | - |
| Registered Nurses | | | | | | - |
| Enrolled and licensed nurses (registered with the NMBA) | | | | | | - |
| Other unlicensed nurses/personal care staff | | | | | | - |
| Allied health & lifestyle | | | | | | - |
| Hotel Services (catering, cleaning and laundry staff) | | | | | | - |
| Property & maintenance | | | | | | - |
| Administration Staff (staff directly employed for administrative purposes in the facility - should align with \$ allocations to administration wages) | | | | | | - |
| Quality and Education | | | | | | - |
| Totals | - | - | - | - | - | - |

**AGED CARE FINANCIAL PERFORMANCE SURVEY
DEFINITIONS FOR DATA INPUT - HOME CARE PACKAGES**

| Home Care Financial Data Definitions | Definition & description | |
|--|--|--|
| | Inclusions | Exclusions |
| Number of funded packages/places as at survey period end | Total number of funded packages run by the organisation for this program as at the date the current survey ends | |
| Number of funded packages/places as at end of previous financial year survey period - please complete if a new participant or an existing participant and did not supply package numbers in a previous survey | Total number of funded packages run by the organisation for this program as at the end of the previous financial year survey period | |
| Number of paid care days as at the end of current survey period | Total number of paid care days for all clients in the program as per Medicare summary as at the end of the current survey period | |
| REVENUE | | |
| Direct services | All income from services provided directly by the provider-this may include surplus funds from discharged clients | |
| Sub-contracted services | Income from services provided by third parties | |
| Care management | Income derived from care management where this is invoiced separately to the clients | |
| Package administration | Income derived from package administration where this is invoiced separately to the clients | |
| TOTAL REVENUE | Total revenue received | |
| EXPENDITURE | | |
| Direct service costs | | |
| Staff costs | Wages, allowances, leave, fringe benefits, superannuation, workers compensation excesses and wages paid to, or in respect of, persons involved in providing services to clients. | |
| Agency costs | Total cost of agency staff involved in providing services to clients where they are replacing normal staff on a temporary basis | |
| Consumables | All consumables used in providing services to clients | Items purchased for clients, please include this in sub-contracted costs |
| Transport expenses | Include travel allowance as well as motor vehicle expenses for staff involved in providing services to clients. | Exclude any capital purchases of motor vehicles |
| Other direct service costs | Any other costs from providing services to clients | |
| <i>Total direct service costs</i> | Total direct service costs expenditure | |

**AGED CARE FINANCIAL PERFORMANCE SURVEY
DEFINITIONS FOR DATA INPUT - HOME CARE PACKAGES**

| Home Care Financial Data Definitions | | |
|---|---|--|
| | Definition & description | |
| | Inclusions | Exclusions |
| Sub-contracted costs | Total expenditure of sub-contracted services for provision of direct client services, this can include items purchased for the client | |
| Care Management | | |
| Staff costs | Wages, allowances, leave, fringe benefits, superannuation, workers compensation excesses and wages paid to, or in respect of, persons involved in the care management for the clients. | Co-ordination and administration staff costs involved with activities such as rostering, scheduling and other administration support services. |
| Agency costs | Total costs of agency staff involved in the care management for the clients | |
| Transport expenses | Include travel allowance as well as motor vehicle expenses for staff involved in the care management of providing services to clients. | Exclude any capital purchases of motor vehicles |
| <i>Total care management</i> | Total care management expenditure | |
| Administration & support | | |
| Corporate recharge | Apportionment of administration costs from the Organisation's administration cost centre and/or corporate head office - if applicable. | |
| Staff costs | Wages, allowances, leave, fringe benefits, superannuation, workers compensation excesses and wages paid to, or in respect of, staff directly associated with co-ordination and administrative duties. | Care manager wage costs, workers compensation premium |
| Workers compensation insurance | Workers compensation premiums paid with respect to all home care staff. | |
| Education & quality control expenses | All costs associated with areas such as education, quality control and improvement, policy development and WH&S - will include the cost of wage and on-cost of any trainers, consultants, materials, software (not capitalised) or course costs for courses run by 3rd parties. | Wages of staff attending courses still fall in respective line item |
| General insurances | All insurance premiums with exception of workers compensation | Workers compensation insurance premiums |
| Rent | Office rental or similar | |
| Telecommunications | Telephone line rental, mobile phone costs and other communication costs | |
| IT expenses | Hardware , software, implementation costs, IT provider costs, etc. | Exclude any capital purchases |
| Utilities | All utility costs | |
| Other administration & support costs | All other administration and support costs | |
| <i>Total administration & support</i> | Total administration & support expenditure | |

**AGED CARE FINANCIAL PERFORMANCE SURVEY
DEFINITIONS FOR DATA INPUT - HOME CARE PACKAGES**

| Home Care Financial Data Definitions | | Definition & description | |
|--|---|-------------------------------------|--|
| | Inclusions | Exclusions | |
| Depreciation | Depreciation & amortisation of any property, plant & equipment used in the conduct of providing home care packages | | |
| TOTAL EXPENDITURE | Total direct service costs + sub-contracted costs + care management + administration & support + depreciation | | |
| RESULT FOR THE YEAR | Total revenue - total expenditure | | |
| Unspent funds at current survey period end | Total of any unspent funds as at the end of the current survey period - including any contingency funds | | |
| Unspent funds at end of previous financial year survey period - please complete this if you are a new participant or an existing participant and have not supplied this data previously | Total of any unspent funds as at the end of the previous financial year survey period - including any contingency funds | | |
| Unspent funds at period end refunded to clients & the Department | Total of any unspent funds as at the end of the current survey period that have been refunded to clients and the Department | | |
| CLIENT EXIT DATA | | | |
| Number of exits to residential care (current financial year) | Number of clients that have exited to residential care during the current financial year | | |
| Number of exits to other home care service providers (current financial year) | Number of clients that have exited to other home care service providers during the current financial year | | |
| Number of exits to clients that have passed away (current financial year) | Number of clients that have passed away during the current financial year | | |
| Number of exits for other reasons (current financial year) | Number of clients that have exited for other reasons during the current financial year | | |
| TOTAL NUMBER OF EXITS (current financial year) | Total clients exited in current financial year | | |
| | Input cell | | |
| | Calculated cell | | |

STEWARTBROWN
AGED CARE FINANCIAL PERFORMANCE SURVEY
HOME CARE WAGES

| | |
|---|----------|
| Program Name: | |
| <i>(Enter Name)</i> | |
| Three Months ended 30 September 2019 | Billable |
| Direct client service staff | |
| Care Management | |
| Administration & support | |
| TOTAL HOURS | - |

| Paid Hours | | | | | TOTAL HOURS |
|------------|----------|--------|----------|-------|-------------|
| Normal | Overtime | Agency | Contract | Other | |
| | | | | | - |
| | | | | | - |
| | | | | | - |
| - | - | - | - | - | - |

Instructions

This form should be completed for each survey with year to date amounts.

A separate form must be submitted for each Program.

- Billable Hours* includes hours for which the client is charged, excludes all forms of travel
- Normal Hours* Includes hours worked by the employee
- Overtime Hours* Includes time and one half and double time hours
- Other Hours* Includes any other hours worked or paid, including training and all forms of leave
- Agency Hours* Includes all hours worked by agency staff (agency staff are usually for a short term replacement of staff)
- Contract Hours* Includes all hours worked by contract staff (services that are contracted out)

Key

Input cell
Calculated cell

| |
|--|
| |
| |

Appendix A

Government supplements and subsidies to be included under - Care Government Subsidies

Care Related Subsidy:

- ACFI care subsidy (ADL, BEH, CHC)
- Daily RCS subsidy for grand parented residents
- Interim care subsidy rate for new residents with ACAT approval awaiting an application for classification
- Daily respite subsidy
- Transitional aged care place subsidy
- Short term restorative aged care place subsidy
- Conditional adjusted payments
- Income tested subsidy reduction amount (*Reduces ACFI – Residents pay the offset under means-tested care fees*)
- Means tested subsidy reduction amount (*Reduces ACFI – Residents pay the offset under means-tested care fees*)
- Extra service subsidy reductions

Care Related Supplements:

- Oxygen supplement
- Enteral feeding supplement
- Adjusted subsidy reduction supplement
- Viability supplements
- Veterans supplement
- Homeless supplement
- Workforce supplement
- Clean energy supplement
- Basic Daily Fee supplement
- Hardship supplement – (If hardship supplement is for assistance for accommodation fees then please place into accommodation supplements line)
- Respite incentive supplement
- Transitional supplement
- Resident contribution top up supplement

Government supplements to be included under - Government Accommodation supplements

Accommodation Government Supplements inclusions:

- Concessional/ Assisted residents supplement
- Accommodation supplement
- Accommodation charge top up supplement
- Pensioner supplement
- Ex hostel supplement
- Charge exempt supplement
- Hardship accommodation supplement
- Transitional accommodation supplement
- Means tested accommodation supplement
- Accommodation contribution refund - *(Department review assesses partially supported residents are owed a refund for their contribution towards their daily accommodation payments. The provider receives this refund and then repays the residents. Technically this should be an in and out transaction with a nil impact, assuming no timing differences)*