

# Form S5: Monthly Return—Residential Services

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## Reporting Requirements

A significant change to the reporting requirements timeframe of the S5 Residential Services return has occurred from 1 July 2004. The reporting timeframe has been increased from seven working days to the 21<sup>st</sup> day after the end of the reporting period to assist agencies in meeting the Department's data requirements and to improve data quality. For further information please refer to the document *Revisions to AIMS Data Collections for 1 July 2004* page 8 and *AIMS2005 Public Hospital Data Collections- Revised Schedule For Submission of Returns* available at <http://www.health.gov.au/aims>.

From July 2004, the S5 Residential Services return will be used to collect data for both high and low care services for generic and aged persons mental health services. Aged persons mental health places are included in the total number of State residential aged care places. However, Australian Government approved residential aged care places that are specifically used for/identified as aged persons mental health places and are funded either by the psychogeriatric nursing home or hostel supplement, have previously not been required to be reported on to the Aged Care Branch. The return reflects the data being sought for both internal Department of Human Services reporting requirements and external agencies.

From July 2002, individual residential aged care service reporting has been required. Previously data for all residential aged care services was reported cumulatively under the relevant hospital/agency. This resulted in the inability to disaggregate data for the purposes of analysis and feedback. The revised reporting arrangement enhances transparency and accountability of the residential aged care service.

The registered name of the residential aged care service is that used by the Australian Government Department of Health and Ageing (DHA). The Australian Government Approved Provider number is used for the purposes of identification.

## Return of Forms

Completed returns are due to be submitted to the Department by the 21<sup>st</sup> day after the end of the reporting period.

From July 2004, agencies are encouraged to submit data from the Australian Government Department of Health and Ageing (DHA), 'Explanation of Payment of Care Recipients in Approved Residential Aged Care Services' report also known as the 'Monthly Claim' and 'Payment' form. Recent comparisons of data have revealed inconsistency between the two sources for the same data field.

A tick in the *Completed* field indicates to the department that the form is complete with all validation rules satisfied and appropriate approvals for release obtained.

Printouts of the original signed forms must be retained by the hospital and be available to officers of the Department upon request.

## Correction of Forms

Where an error is detected for any data item previously submitted to the Department, then a correction must be submitted. A correction can be made at any time during the reporting year.

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## Data Items

### Residents (at end of month)

Count the number of residents remaining in the service at the end of the month for which the return is prepared. Agencies will need to refer to the Australian Government 'Explanation of Payment of Care Recipients in Approved Residential Aged Care Services' report also known as the 'Monthly Claim' and 'Payment' form to derive the numbers of residents (at end of month) corresponding to the relevant resident classification scale (RCS) levels and data fields.

Note: The total number of residents can never exceed the number of places that a residential aged care service has approval to operate. This data item does not include resident throughput.

### Residents Days (during month)

Count the number of resident days accrued during the month for which the return is prepared. Agencies should submit the same data for resident days (during the month) on the S5\_return, as that found in the Australian Government's 'Explanation of Payment of Care Recipients in Approved Residential Aged Care Services' report also known as the 'Monthly Claim' and 'Payment' form. This data can be found within the table 'Daily Subsidy Levels' under the 'Bed Days Current' column.

Resident days provide throughput data during the month and are reflective of the occupancy of the residential aged care service. A resident's day of entry and day of leaving are counted as one day. Under the current system, all Approved Providers are paid for the resident's first day of care, as was previously the case for low care services.

Note: The number of resident days cannot exceed the number of places multiplied by days in the month. For example, 20 places x 30 days in April = maximum (100%) of 600 resident days.

### High Care and Low Care Services

High care services, previously known as nursing homes, provide high-level care to residents who are within the residential classification scale (RCS) 1–4 ranges. Low care services, previously known as hostels, provide low-level care to residents who are classified within the RCS 5–8 ranges.

### Resident Classification Scale

Resident Classification Scale (RCS) is the term for the category that has been determined for the purposes of funding by the Australian Government. It is a relative resource location instrument and provides a ranking ranging from people with the highest care needs to those with the lowest care needs.

The subsidy level paid by the Australian Government varies according to the RCS level.

Information on the RCS is available on the Australian Government Department of Health and Aged Care internet site at: [www.health.gov.au/acc/rcspage/rcsindex.htm](http://www.health.gov.au/acc/rcspage/rcsindex.htm) or contact the Aged Care Information Line on 1800 500 853.

Residents whose RCS categories are 1–4 in low care services will be 'Ageing in Place' residents.

### **New Permanent Residents**

New permanent residents are newly admitted permanent residents whose assessment is being undertaken to determine their appropriate residential classification scale category. These residents were previously reported as uncategorised.

Note: Three New Permanent Resident categories are available to allow separate figures to be submitted for high care services, low care services and complex care high care services. Item 9 high care services must exclude complex care high care residents reported in item 21.

### **Respite Care**

Respite care is care given as an alternate care arrangement with the primary purpose of giving the carer or care recipient a break from their usual care arrangement. Residents must be approved by an authorised officer from an Aged Care Assessment Team as either eligible for high or low level residential respite care and should be recorded correctly against the relevant data field.

### **Concessional or Assisted Residents**

Concessional or assisted residents include full or part pensioners who have not owned their own home in the past two years and who have assets of less than 2.5 times the amount of the current annual single aged care pension.

Assisted residents must meet the same criteria as concessional residents however their financial status differs in that they must not have assets of less than 2.5 times or in excess of four times the amount of the current annual single aged care pension.

Additional supplements are payable by the Australian Government for concessional and assisted residents where these residents cannot afford to pay accommodation bonds (low care) or accommodation charges (high care). Up-to-date information on the definition of concessional and assisted residents is contained on the DHA web site at [www.health.gov.au/acc/publicat/qcoa/10info.htm](http://www.health.gov.au/acc/publicat/qcoa/10info.htm).

### **Complex Care Services**

Complex care services are provided to a limited number of residents whose need cannot be met through more general residential aged care services. Only services with State approved complex care places should report this item. Where a complex care resident's RCS level is below the RCS 1–4 range, agencies should report against the relevant data fields in Part A High Care Services.

### **Rural Small Nursing Home Supplements**

Rural Small Nursing Home Supplements are provided by the State for high care public sector residential aged care services of up to 30 places located in rural Victoria. Reporting of resident days for services eligible to receive state Rural Small Nursing Home Supplements is required to provide accountability.

The number of total resident days should equal the total number resident days being reported for items 1–10.

For example, where services report in items 32, 33 or 34, the sum should equal the total number of resident days reported for the facility for high care services (item 11).

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**Resident's Indigenous Status**

Resident's indigenous status ascertains the number of Aboriginal or Torres Strait Islander residents. An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives.

**Resident's Country of Birth**

Resident's country of birth information seeks to ascertain the number of residents that were not born in Australia. Residents from culturally and linguistically diverse backgrounds are those residents who identify themselves as being of a specific (or minority) ethnic, cultural or linguistic background.

**Residents whose main language is not English**

Residents whose main language is not English seeks to ascertain the number of residents who use another main language other than English on a regular basis to communicate with other residents, staff and regular visitors to the residential aged care service.