

Form S5: Monthly Return—Residential Services

Contents

Form 129/S5: Monthly Return—Residential Services	2
Reporting Requirements	2
Return of Forms.....	2
Correction of Forms.....	2
Data Items	2
Residents (at end of month).....	2
Residents Days (during month).....	2
High Care and Low Care Services	2
Resident Classification Scale	3
New Permanent Residents.....	3
Respite Care	3
Concessional or Assisted Residents	3
Complex Care Services.....	3
Transitional Supplements.....	4
Resident’s Indigenous Status.....	4
Resident’s Country of Birth.....	4
Residents whose main language is not English.....	4
Form 115/S5: Monthly Return—Non-Acute Admitted Patient and Residential Client.....	5
Reporting Requirements	6
Return of Forms.....	6
Correction of Forms.....	6
Data Items.....	7
Separations	7
Hospital Based Rehabilitation.....	7
Extended Care Inpatient Services	7
Total Hospital Non-Acute Admitted Patients.....	7
Designated Community Care Unit	7
Designated Nursing Home	7
Total Community Residential Clients.....	7
Other Admitted Patient	8
Total Separations	8
Patient Days	8
Average Available Beds for the Period	8
Signature of the Chief Executive Officer and Date.....	8

Aged and Home Care

Form 129/S5: Monthly Return—Residential Services

Output Group 129	Aged and Home Care
Form S5	Monthly Return—Residential Service

Reporting Requirements

The residential aged care return (Form 129/S5) is used to report data for residents of both high care and low care residential aged care facilities. 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 facility reporting is required. Previously data for all residential aged care facilities was reported cumulatively under the relevant hospital/agency. This resulted in the inability to disaggregate data for the purposes of analysis and feedback. The new reporting arrangements will enhance transparency and accountability of the residential aged care facility.

The registered name of the residential aged care facility is that used by the Commonwealth Department of Health and Aged. The Commonwealth provider number is used for the purposes of identification.

Return of Forms

Agencies are to submit data to the Department via the AIMS OnLine Entry System *within seven working days* following the end of the month.

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.

Data Items

Residents (at end of month)

Count the number of residents remaining in the facility at the end of the month for which the return is prepared.

Residents Days (during month)

Count the number of resident days accrued during the month for which the return is prepared.

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. 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 Commonwealth varies according to the RCS level.

Information on the RCS is available on the Commonwealth Department of Health and Aged Care internet site at: www.health.gov.au/acc/rcspage/rcsindex.htm or contact the Commonwealth 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 patients were previously reported as uncategorised patients.

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.

Respite care refers to the designated supplementary nursing home benefit care claimed on and paid by the Commonwealth for the Commonwealth approved respite care benefit, as specified in the Health Service Agreement.

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 Commonwealth 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 Commonwealth web site at www.health.gov.au/acc/publicat/gcoa/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 facilities with State approved complex care places should report this item.

Transitional Supplements

Transitional Supplements are provided by the State for high care public sector residential aged care facilities of up to 30 places located in rural Victoria. Reporting of occupied resident days for facilities eligible to receive state transitional supplements is required to provide accountability.

Only public sector residential aged care facilities in rural Victoria with up to 30 high care places are eligible to receive State transitional supplements. The number of total resident days should equal the total number resident days being reported for items 1–10.

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. This new information is required for Parliamentary reporting purposes.

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. It is anticipated that this new information will be required for future Parliamentary reporting purposes.

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 facility.

Mental Health Services

*Form 115/S5: Monthly Return—Non-Acute Admitted
Patient and Residential Client*

Output Group 115	Mental Health Services
Form S5	Monthly Return—Non-Acute Admitted Patient & Residential Client

Reporting Requirements

The 115/S5 form is used for reporting data on non-acute admitted patient and residential services purchased by Mental Health Services. For example, psychogeriatric nursing homes, continuing care units, community residential facilities and non-acute psychiatric services provided through a hospital.

Services provided to non-acute admitted patients and residential clients are enumerated at a 'Corporation' level (that is, services provided at a hospital and all its associated community residential service programs).

Data reported on Form 115/S5 must *exclude*:

- separations and patient days for admitted psychiatric patients in acute beds funded by Mental Health Services. These patients should be reported on Form 115/S1.
- data for psychiatric patients receiving non-admitted Mental Health Services. These services should be reported on Form 115/S2.

Return of Forms

Hospitals are to submit data to the Department via the AIMS OnLine Entry System immediately following *the weekend after the tenth working day*, following the month for which the return is prepared.

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.

Output Group 115	Mental Health Services
Form S5	Monthly Return—Non-Acute Admitted Patient & Residential Client

Data Items

Separations

The number of separations, accrued during the month for which the return is prepared, for patients in the various categories listed. Includes *formal* and *statistical* separations.

Separations are to be divided into three sections:

- Hospital Non-Acute Inpatients;
- Community Residential Clients; and
- Other Admitted Patients.

Hospital Based Rehabilitation

Hospital Based Rehabilitation refers to programs that aim to alleviate the disabilities and handicaps that may be associated with a psychiatric disorder. Programs offered are time limited and structured. There should be a clear expectation for programs in this category that the client will move on from the program within twelve months to a more independent living arrangement.

Extended Care Inpatient Services

Extended Care Inpatient Services provide intensive treatment and support for clients who have unremitting and severe symptomatology together with an associated significant disturbance in behaviour that inhibits the client's capacity to live in the community.

Total Hospital Non-Acute Admitted Patients

Item 3

The sum of separations listed in items 1 and 2 accrued during the month for which the return is prepared.

Item 11

The sum of patient days listed in items 9 and 10 accrued during the month for which the return is prepared.

Designated Community Care Unit

Refers to programs which are designated as a Community Residential Facility (CRF) or a 24 hour staffed Continuing Care Unit (CCU) in the Health Service Agreement. These services may also be known as hostels or group homes.

Designated Nursing Home

Refers to programs designated as psychogeriatric nursing homes in the Health Service Agreement.

Total Community Residential Clients

Item 6

The sum of separations listed in items 4 and 5 accrued during the month for which the return is prepared.

Output Group 115	Mental Health Services
Form S5	Monthly Return—Non-Acute Admitted Patient & Residential Client

Item 14

The sum of patient days listed in items 12 and 13 accrued during the month for which the return is prepared.

Other Admitted Patient

Refers to programs that are not classified as acute for the purpose of the 115/S1 report or are not reported through items 1 to 5 inclusive. Examples are neuropsychiatric units, medical surgical units and brain trauma units.

Total Separations

The sum of all non-acute admitted patients listed in items 3, 6 and 7 accrued during the month for which the return is prepared.

Patient Days

The number of patient days accrued by patients during the month for which the return is prepared, in the various categories.

Includes patient days for same day patients.

Information on completion of patient day data (Items 9 to 16 inclusive) are described under 'Separations'.

Note:

- 1 Patient days are to be reported in whole days. This also applies to same day stay patients.
- 2 Patient days are to be reported as they are accrued; that is, do not wait until the patient is separated before reporting patient days for that patient.

Average Available Beds for the Period

An average over each day in the period, including weekends and public holidays, of available beds for each category. Calculate as follows:

$$\text{Average Available beds for period} = \frac{\text{Sum of available beds on each day of the period}}{\text{Number of days in the period}}$$

The number of available beds on each day is defined as:

- Occupied beds at midnights
- + unoccupied but staffed beds at midnights

Signature of the Chief Executive Officer and Date

The hospital's Chief Executive Officer should sign and date each form submitted, acknowledging the data contained on the form and the accuracy of these data.