

Form S5: Monthly Return—Residential Services

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Aged Care Services

Form 113/S5: Monthly Return—Residential Services

Output Group 113	Aged Care Services
Form S5	Monthly Return—Residential Service

Reporting Requirements

Form 113/S5 is used to report data on the dependency levels of residents from nursing home/high care and hostel/low care residential services funded by Aged Care Program.

Return of Forms

Agencies are to submit electronic data to the Department *within seven working days* following the end of the month.

Rural hospitals are to submit data to their regional office via email or diskette.

Agencies in the metropolitan regions are to send data to the Management Information Unit, Acute Health using one of the following methods:

- email: send to aimsmail@aims.dhs.vic.gov.au
- diskette: send to AIMS Collection Officer, Management Information Unit, Acute Health Division, 4/555 Collins Street, Melbourne, 3000, or
- modem: contact Management Information Unit Helpline 9616 8595 to obtain the modem number.

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. The AIMS Agency Module transmits all data for the current financial year, that is, from 1 July onwards, therefore if a correction is made to the July data whilst preparing the October return, it will be resent with the October export file.

Definitions

Resident Classification Scale

This is the single classification instrument introduced by the Commonwealth to assess resident care needs. The subsidy level paid by the Commonwealth varies according to Resident Classification Scale (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.

Concessional Residents

Concessional 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 \$24,500. Assisted residents must meet the same criteria as concessional residents but can have assets of more than \$24,500 and less than \$39,500. Daily care fee(s) also apply.

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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/qcoa/10info.htm.

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Instructions for Completing Form 113/S5

Hospital, Agency

The registered name of the metropolitan health service or public hospital and the hospital site/campus that is submitting the return.

Agency Code

The AIMS identification number of the agency submitting the return. For example, the code for Maryborough District Health Service is 3312.

Month, Year

Calendar month and year for which the return is prepared.

Nursing Home/High Care Services—Resident Classification Scale

RCS Category 1

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved high care beds classified as Resident Classification Scale Category 1.

RCS Category 2

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved high care beds classified as Resident Classification Scale Category 2.

RCS Category 3

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved high care beds classified as Resident Classification Scale Category 3.

RCS Category 4

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved high care beds classified as Resident Classification Scale Category 4.

RCS Category 5

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved high care beds classified as Resident Classification Scale Category 5.

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RCS Category 6

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved high care beds classified as Resident Classification Scale Category 6.

RCS Category 7

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved high care beds classified as Resident Classification Scale Category 7.

RCS Category 8

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved high care beds classified as Resident Classification Scale Category 8.

Uncategorised Patient Days

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, for new residents not yet assessed against the Resident Classification Scale, in approved high care beds.

Total Residents and Resident Days

The total number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved high care beds (items 1–9).

Nursing Home/High Care Services—Supplementary Information

These figures are included in the above figures.

Complex Care Support

The number of complex care support residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved high care beds.

Respite Care

The number of respite care residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved high care beds. 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 Residents

The total number of concessional or assisted residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved high care services.

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Hostel/Low Care Services—Resident Classification Scale

RCS Category 1

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved low care beds classified as Resident Classification Scale Category 1.

RCS Category 2

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved low care beds classified as Resident Classification Scale Category 2.

RCS Category 3

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved low care beds classified as Resident Classification Scale Category 3.

RCS Category 4

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved low care beds classified as Resident Classification Scale Category 4.

RCS Category 5

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved low care beds classified as Resident Classification Scale Category 5.

RCS Category 6

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved low care beds classified as Resident Classification Scale Category 6.

RCS Category 7

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved low care beds classified as Resident Classification Scale Category 7.

RCS Category 8

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved low care beds classified as Resident Classification Scale Category 8.

Uncategorised Patient Days

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared for new residents not yet classified under the Resident Classification Scale, in approved low care beds.

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Total Residents and Resident Days

The total number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved low care beds (items 14–22).

Hostel/Low Care Services—Supplementary Information

These figures are included in the above figures.

Respite Care

The number of respite care residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved low care beds. 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 Residents

The total number of concessional or assisted residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved low care services.

Signature of 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.

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 funded 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 send electronic data to the Department immediately following *the weekend after the tenth working day*, following the month for which the return is prepared.

Rural hospitals are to submit data to their regional office via email or diskette.

Hospitals in the metropolitan regions are to send data to the Management Information Unit, Acute Health using one of the following methods:

- email: send to aimsmail@aims.dhs.vic.gov.au
- diskette: send to AIMS Collection Officer, Management Information Unit, Acute Health Division, 4/555 Collins Street, Melbourne, 3000, or
- modem: contact Management Information Unit Helpline 9616 8595 to obtain the modem number.

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. The AIMS Agency Module transmits all data for the current financial year, that is, from 1 July onwards, therefore if a correction is made to the July data whilst preparing the October return, it will be resent with the October export file.

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

Instructions for Completing AIMS Form 115/S5

Hospital, Agency

The registered name of the metropolitan health service or public hospital and for hospital site/campus that is submitting the return.

Agency Code

The AIMS identification number of the agency that is submitting the return. For example, the code for Maryborough District Health Service is 3312.

Month, Year

Calendar month and year of the return being prepared.

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.

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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 which are designated as a psychogeriatric nursing home 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.

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 which 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.

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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.