

COST RECOVERY IMPLEMENTATION STATEMENT

**Applications for aged care approved provider status**

**2024-25**

Charging for regulatory activity involves government entities charging individuals or organisations in the non-government sector some or all of the minimum efficient costs of a specific government activity. The Cost Recovery Policy along with the Australian Government Charging Framework (the Charging Framework) sets out the policy under which government entities design, implement and review charging for regulatory activities. The CRIS is the public document to ensure the transparency and accountability for the level of the charging and to demonstrate that the purpose for charging, as decided by Government, is being achieved.

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# INTRODUCTION

## Purpose

This Cost Recovery Implementation Statement (CRIS) provides information on how the Aged Care Quality and Safety Commission implements cost recovery charging for applications for aged care approved provider status. It reports actual financial and non-financial performance information for applications for aged care approved provider status and contains financial and demand forecasts for FY2024-25 and three forward years. The Aged Care Quality and Safety Commission will maintain the CRIS until the activity or cost recovery for the activity has been discontinued.

## 1.2. Context for cost recovery

The Australian Government Cost Recovery Policy (CRP) sets out the overarching framework under which government entities design, implement and review cost recovered activities. Government entities must document cost recovered activities in a CRIS as required by the Charging Policy.

Cost recovery by the Commission aligns with the Government’s overarching cost recovery policy that, where appropriate, non-government recipients of specific government activities should be charged some or all of the costs of those activities. The CRP sets out the overarching framework under which government entities design, implement and review cost recovered activities.

## 1.3. Description of the regulatory charging activity

On 1 January 2019, the Commission was established by the Aged Care Quality and Safety Commission Act 2018. The Commission has regulatory responsibility for aged care, including approval of aged care providers, accreditation, monitoring, compliance functions, resolution of complaints and monitoring of Commonwealth funded aged care providers.

Under the *Aged Care Quality and Safety Commission Act 2018* (the Act), organisations seeking to provide aged care services subsidised by the Australian Government are required to be an ‘approved provider.’ To become an approved provider, organisations must make a written application which is assessed by the Commission to determine if they meet, or have the ability to meet, the matters that must be considered as set out under the Act.

Applicants must comply with four legislative rules under the Commission Act:

* Use the approved form;
* be a corporation;
* be suitable to provide aged care; and
* do not have any disqualified individuals as key personnel.

Assessing that a business is suitable to provide aged care involves a significant assessment process.

From 1 January 2020, businesses have been applying to the Commission to be assessed for suitability to become an approved provider (i.e., to enter the aged care market). Prior to 1 January 2020, businesses applied to the Department of Health and Aged Care for this assessment.

## 1.4. Activities being cost recovered

In the 2021-22 Budget, the Government decided that businesses seeking to apply to become an approved provider of aged care will be charged a fee to recover the costs of the assessment of their application. Additionally, further costs will be recovered from applicants who fail to provide all evidence requested prior to the application being submitted.

Government organisations, while required to apply using an approved form, do not undergo a significant assessment process as legislation deems them to be approved.

Section 3 describes the types of applications and process where fees will be charged. Charging commenced on 15 November 2021.

## 1.5. Appropriateness of cost recovery

Consistent with the Australian Government Charging Framework (the Charging Framework), since 15 November 2021 applicants have been charged application fees, as they create a need for the regulatory activity through the desire to supply aged care services through an aged care business. Applicants lodging their application have been required to pay an application fee at the time they submit their application.

The Commission is required to conduct a review of the charging model and fee levels on an annual basis before each new financial year begins. The fee levels have been updated and are effective from 03 July 2024.

# POLICY AND STATUTORY AUTHORITY TO CHARGE (COST RECOVER)

## Government policy approval to charge for this regulatory activity

In the 2021-22 Budget, the Government decided that businesses seeking to apply to become an approved provider of aged care will be charged fees to recover the costs of the assessment. Fees commenced on 15 November 2021. A reduced fee structure was approved for applicants seeking to operate, or already operating in thin markets. An indexation rate has been applied to the fees for the 2024-25 financial year as it is a requirement under the Australian Government’s cost recovery framework to review fees charged for cost recovered activities and amend them based on changes to the cost of undertaking the activity.

## Statutory authority to charge

Section 23 of the Act provides for the charging of fees for services provided by the Commissioner in performing their functions. Furthermore, section 63B of the Act provides that applications for approval as a provider of aged care must be accompanied by any fee specified by the Commissioner.

An instrument specifying the amount of the fees to be charged must be in place before charging commenced.

# CHARGING (COST RECOVERY) MODEL

## Outputs and business processes of the activity

The objective of this regulatory charging activity is to improve the efficiency, productivity and responsiveness of the application assessment and decision process, and accountability for the submission of approved provider applications. Approval must be sought from the delegate of the Commissioner, via the Application for approved provider process before a provider can receive a subsidy from the Commonwealth Government for providing aged care[[1]](#footnote-2). The delegate must make a decision within 90 days of receiving the application. Applications are assessed against the legislation and a recommendation is made to the delegate. There are three types of applications made:

1. **New Applicants:** Organisations that are not currently approved to provide any type of aged care services under the Act, including home care, residential care and/or flexible care.

**Existing approved providers:** Organisations that are existing approved aged care providers and are seeking approval to provide an additional type of care. For example, if an organisation is already approved to provide residential care, it may apply for approval to provide home care, flexible care, or both. Note: if an organisation is currently only providing services under the Commonwealth Home Support Programme (CHSP) and would like to apply to become an approved provider, it must apply as a new applicant. Existing approved aged care providers are expected to provide full substantiation of their claims for new areas of care and are not automatically deemed to be suitable (that is, without assessment) due to the different requirements across care types.

1. **Government Organisations:** States, territories, authorities of a state or territory and local government authorities are taken (deemed) to be approved in respect of all types of aged care. Because of this, a simplified application form has been developed for government organisations. The information collected from the form enables a record to be created and subsidies paid to the organisation. There is no assessment conducted on this information, with information captured for record creation purposes only. Where a government organisation is approved for residential care, they will still be required to apply for accreditation or reaccreditation regarding individual residential aged care service/s.

Each application to become an approved provider may seek approval for one (1) or three (3) care types:

* **Residential care** – Residential care is provided in aged care facilities on a permanent or respite (short-term) basis.
* **Home Care** – Home care assists older people to continue living at home whilst being provided with personal and support services, and clinical care. Home care relates to home care packages and does not include home support provided under other government funded aged care programs.
* **Flexible Care** – Flexible care (in the form of Short-Term Restorative Care (STRC)) caters for older people who need a different type of care from that offered by mainstream home care and residential care services. STRC services may be delivered in a home care setting, a residential care setting, or a combination of both.

Application complexity does not vary between new or existing providers, and each care type has individual suitability requirements under the Act, which modelling has shown do not differ in their complexity. This has meant that the key difference between applications is the number of care types applied for, not whether a provider is new or existing.

The key business processes to assess all care types are:

* accept, register and undertake a pre-assessment check of the application;
* issue a request for further information if a complete application has not been provided;
* assessment of the application;
* issue a request for further information if suitability information has not been completely provided; and
* provide notifications and explanation to applicants.

For the financial year 2024-25 (FY2024-25), the Commission has estimated the volume of applications and requests for information from applicants which are specified in Table 1. These volumes are the basis of revenue and expense forecasts in Table 5 (section 3.3.).

**Table 1: Volume forecasts used in determining the outputs for FY2024-25**

|  |  |
| --- | --- |
| The volume of all applications per year, consisting of: | 130 |
| The volume of home care (only) applications per year | 106 |
| The volume of residential care (only) applications per year | 6 |
| The volume of flexible care (only) applications per year | 1 |
| The volume of two care type applications per year | 12 |
| The volume of three care type applications per year | 5 |
| The volume of pre-assessment request for information notices issued to applicants per year | 26 |
| The volume of assessment request for information notices issued to applicants per year (one) | 55 |
| The volume of assessment request for information notices issued to applicants per year (subsequent) | 16 |
| The volume of waivers expected to be granted per year | 2 |

## Costs of the regulatory activity

The approach used to determine the costs of this regulatory charging activity is a marginal Activity-Based Costing (ABC) methodology for the allocation of all direct and indirect costs to the assessment activities. Direct and indirect costs have been estimated based on the average time required to assess one application of each type. Direct costs are those costs that can be directly attributed to the regulatory charging activity, such as staffing costs. Indirect costs are those costs which are difficult to link to individual activities, such as business overhead costs. All indirect costs were disaggregated and spread throughout the model to provide the full cost of each activity, on the basis of full-time staff equivalents involved in the activity.

The main cost driver for the activity is staff costs to manage the volume of applications. The model assumes that each single care type application takes the same (average) amount of time to assess. Staff from Australian Public Service (APS) Level 4 to Executive Level 2 or equivalent are involved in the process, with the bulk of the work taking place at the APS 4 to Executive Level 1 levels or equivalent. The Commission determined the amount of time required at each staffing level to assess an application through detailed modelling of current activity. These time allocations were used to calculate direct costs for the activity, being the total of salaried and associated on-costs. Table 2: Estimated unit cost per application FY2024-25.

The fees for FY2024-25 include indexation. Although an indexation rate has been applied to both application and request for information fees, there has been a decrease to the application fees outlined in the table below due to a decrease in the indirect costs per application. The new and old fees are detailed in table 2 below.

**Table 2: Estimated unit cost per application FY2024-25**

| **Estimated Unit**  **Cost per**  **Application**  **FY2024-25** | **Direct Costs ($)** | **Indirect Costs ($)** | **Total Cost ($)** | **NEW Fee**  **($) effective 3**  **July 2024** | Previous Fee ($) |
| --- | --- | --- | --- | --- | --- |
| Home Care Applications | 6,958 | 2,113 | 9,072 | 9,070 | 9,260 |
| Residential Applications | 6,958 | 2,113 | 9,072 | 9,070 | 9,260 |
| Flexible  Applications | 6,958 | 2,113 | 9,072 | 9,070 | 9,260 |
| Multiple  Applications - 2 care types | 8,132 | 2,394 | 10,526 | 10,530 | 10,680 |
| Multiple  Applications - 3 care types | 9,520 | 2,748 | 12,268 | 12,270 | 12,370 |
| Pre-Assessment  RFI | 177 | 55 | 232 | 235 | 220 |
| Home Care  Evaluation 1st RFI | 929 | 242 | 1,171 | 1,170 | 1,145 |
| Residential  Evaluation 1st RFI | 929 | 242 | 1,171 | 1,170 | 1,145 |
| Flexible  Evaluation 1st RFI | 929 | 242 | 1,171 | 1,170 | 1,145 |
| Multiple - 2 care type Evaluation 1st RFI | 1,134 | 295 | 1,429 | 1,430 | 1,390 |
| Multiple - 3 care type Evaluation 1st RFI | 1,397 | 364 | 1,760 | 1,760 | 1,720 |
| Home Care  Evaluation 2nd RFI | 392 | 99 | 491 | 490 | 475 |
| Residential  Evaluation 2nd RFI | 392 | 99 | 491 | 490 | 475 |
| Flexible  Evaluation 2nd RFI | 392 | 99 | 491 | 490 | 475 |
| Multiple - 2 care type Evaluation 2nd RFI | 469 | 118 | 587 | 585 | 570 |
| Multiple - 3 care type Evaluation 2nd RFI | 590 | 149 | 739 | 740 | 720 |

Time spent on preparation of notices to applicants where their applications have not been approved is considered not recoverable. Time spent on submissions where it has been determined that no further action is required is not recoverable.

## Design of the regulatory charge

The Government’s policy decision provides authority for the Commission to fully cost recover administration of the application assessment process by charging cost recovery fees to corporations applying to become a new approved provider, or to become an approved provider in a new care type and applying an indexation rate to the fees annually. The fees reflect the efficient cost of the service provided by the Commission.

The intention is for applicants to pay a fee at just one point: the time they apply.

Additional fees may be incurred by the applicant if they do not supply all mandatory evidence as identified on the application form or fail to fully outline their suitability to provide aged care. The Commission provides comprehensive supplementary information and prompts in the application form to support applicants through this process. The new application fees applying from 3 July 2024 (specified in Table 5) will be subject to an annual adjustment based on indexation. These fees do not incur GST.

The fees are defined by the number of care types being applied for, and any request for further information during the assessment process.

**Table 3: Application fees**

| Application category | Description |
| --- | --- |
| Single care type application | Applicant may be new or existing, and making an application for approved provider status in one care type e.g., home care only. |
| Multiple – 2 care type application | Applicant may be new or existing, and making an application for approved provider status in two care categories e.g., home care and residential care. |
| Multiple – 3 care type application | Applicant is new and making an application for approved provider status in all care types i.e., home care, residential and flexible care. |
| Government Applications | Applicant is a state, territory or local government business and making application for approved provider status. Under the Act the application is deemed to be approved and only basic assessment is undertaken. |
| Identified special market | Applicant may be new or existing, and making an application for approved provider status for any care type. The applicant will be providing services in a market area that is underserviced and may also target a special category of consumer. |

**Table 4: Additional fees potentially incurred**

|  |  |
| --- | --- |
| Additional Fee types | Description |
| Request for information – pre-assessment | Only payable when applicant has made an application and has not answered a question or provided all the required evidence. The Commission is requesting completion of form and evidence. |
| Request for information – assessment  (first) | Only payable when applicant has made an application and has not provided enough information to allow the ACQSC to make a decision. The Commissions requesting more information to substantiate claims of suitability. |
| Request for information – assessment (subsequent) | Only payable when applicant has been asked to provide further information and has not provided information to allow the Commission to make a decision, however the Commission believes they may be able to substantiate suitability. The Commission is requesting more information to substantiate claims of suitability. |

**Table 5: Application fee rates for FY2024-25**

| Fee title | Type | Rate | Estimated volume | Estimated total revenue | Output | Business process |
| --- | --- | --- | --- | --- | --- | --- |
| Single care type application | Fee | $9,070 | 113 | $1,024,910 | Single care type application | Home Care applications  Residential applications  Flexible applications |
| Multiple – 2 care type application | Fee | $10,530 | 12 | $126,360 | Multiple – 2 care type application | Multiple applications – 2 care types |
| Multiple – 3 care type application | Fee | $12,200 | 5 | $61,000 | Multiple – 3 care type application | Multiple applications – 3 care types |
| Request for information pre-assessment | Fee | $230 | 26 | $5,980 | Request for information pre-assessment | Pre-assessment RFI |
| Request for information – assessment (initial) | Fee | $1,170 | 46 | $53,820 | Request for information – assessment (initial) | Home Care evaluations 1st RFI  Residential evaluation 1st RFI  Flexible evaluation 1st RFI |
| Request for information – assessment (initial) | Fee | $1,430 | 7 | $10,010 | Request for information – assessment (initial) | Multiple – 2 care type evaluation 1st RFI |
| Request for information – assessment (initial) | Fee | $1,760 | 2 | $3,520 | Request for information – assessment (initial) | Multiple – 3 care type evaluation 1st RFI |
| Request for information – assessment (subsequent) | Fee | $490 | 13 | $6,370 | Request for information – assessment (subsequent) | Home Care evaluation 2nd RFI  Residential evaluation 2nd RFI  Flexible evaluation 2nd RFI |
| Request for information – assessment (subsequent) | Fee | $565 | 2 | $1,130 | Request for information – assessment (subsequent) | Multiple – 2 care type evaluation 2nd RFI |
| Request for information – assessment (subsequent) | Fee | $740 | 1 | $740 | Request for information – assessment (subsequent) | Multiple – 3 care type Evaluation 2nd RFI |

## 3.4. Fee waivers

Waivers of all fees (the initial fee and any “Request for Information” fees) are available to applicants who intend to provide either all or at least 85% of the services covered by their approved provider application to consumers located in the Modified Monash Model areas 6 and 7 (regions that are remote or very remote). Applicants must be able to provide substantial evidence to support any application for a fee waiver.

Information on the Modified Monash Model, fee waiver application process and evidence usefully provided in support of a waiver application can be found on the Commission’s website.

# RISK ASSESSMENT

The initial Charging Risk Assessment rated the cost recovery activity as 'Medium’ following careful consideration of issues raised by consultation respondents prior to implementation in November 2021 (most notably about the potential for charges to restrict market entry), the likely contribution of fee arrangements to policy objectives (principally, the encouragement of quality applications), the waiver arrangements (including the transparency and procedural simplicity of related processes).  The Charging Risk Assessment is regularly reviewed.

A post-implementation review was conducted in June 2023 to consider the impact of the cost recovery arrangements on the volumes of approved applications (market entry), application quality and fee waiver arrangements. The review found that the approval rate has been higher following the implementation of fees, and Commission staff have made fewer requests for further information from applicants. This indicates that the introduction of fees has positively influenced applicants’ behaviour by encouraging improved quality of applications, resulting in an increased rate of approvals. More time is needed for application numbers to stabilise post fee implementation to understand the impact on market entry, and the success of the fee waiver arrangements in incentivising entry into rural and remote areas.

Based on the outcome of the June 2023 review, no changes are currently proposed to the current form of charging or the fee waiver and the Charging Risk Assessment rating for this cost recovery activity remains 'Medium’.

A Charging Risk Assessment was undertaken in May 2024. The outcome of this assessment was an overall risk rating of ‘Medium.’

# STAKEHOLDER ENGAGEMENT

Following the announcement of the introduction of cost recovery, the Commission engaged in stakeholder consultation in 2021-22 prior to the commencement of charging, briefing peak bodies, publishing a consultation paper on its website based on an early version of this CRIS, and inviting feedback. The current CRIS will be used as part of the Commission’s ongoing engagement with stakeholders about cost recovery, and to provide transparency in relation to our financial and non-financial performance.

## 5.2. Introduction of the new Aged Care Act

The Australian Government is developing a new Aged Care Act to strengthen Australia's aged care system. The new Act aims to ensure that people who access aged care services funded by the Australian Government are treated with respect and have the quality of life they deserve. The Commission will consider the impact of the costs of regulatory activities and engage with the sector before any changes to cost recovery arrangements are made. This will include any changes to cost recovery arrangements for organisations seeking market entry associated with the introduction of the new Aged Care Act.

# FINANCIAL PERFORMANCE

## 6.1. Financial Estimates

The number of applications received in the financial year 2023-24 (FY2023-24) has seen a growth of over 50% from the previous financial year. This contrasts with a significant decrease (of up to 55%) in the number of applications for Approved Provider status received in the financial years immediately following the commencement of charging compared with application volumes prior to 2021-22.

**Table 6: Forecast financial performance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Financial Item | 2024-25 | 2025-26 | 2026-27 | 2027-28 |
| **Total expenses** | **$1,337,080** | **$1,804,829** | **$2,425,936** | **$2,905,705** |
| **Total revenue** | **$1,293,840** | **$1,695,850** | **$2,291,730** | **$2,757,775** |
| Balance = revenue - expenses | -$43,240 | -$108,979 | -$134,206 | -$147,930 |
| Cumulative balance | -$37,433 | -$146,412 | -$280,618 | -$428,548 |

The figures in the table above are forward estimates. A review of actual financial performance compared to estimates will be undertaken annually.

## Financial Outcomes

**Table 7: Financial performance**

|  |  |  |  |
| --- | --- | --- | --- |
| Financial Item | 2021-22\* | 2022-23 | 2023-24 |
| Estimates | | | |
| Revenue = X | $1,177,370 | $1,283,970 | $1,093,715 |
| Expenses = Y | $1,264,353 | $1,373,512 | $1,110,971 |
| Balance = X – Y | -$86,983 | -$89,542 | -$17,256 |
| Cumulative balance | -$86,983 | -$176,525 | -$193,781 |
| Actuals | | | |
| Revenue = X | $192,163 | $427,771 | $1,259,530 |
| Expenses = Y | $205,642 | $552,902 | $1,104,233 |
| Balance = X – Y | -$13,479 | -$125,131 | $155,297 |
| Remissions, rebates and adjustments = Z | 0 | 0 | $10,880 |
| Net balance = balance – Z | -$13,479 | -$125,131 | $144,417 |
| Cumulative balance | -$13,479 | -$138,610 | $5,807 |

*\* Charging commenced November 2021 – actuals for November 2021 to June 2023.*

# NON-FINANCIAL PERFORMANCE

The Commission will be monitoring the volume of applications with the expectation of a reduction in inaccurate and incomplete applications (request for information and non-approvals). By charging fees, it is expected this will improve the efficiency and responsiveness of the businesses applying to become an approved provider.

To determine the performance, the Commission will be measuring:

* Number of requests for information at:
  + Pre-assessment
  + Assessment (initial)
  + Assessment (subsequent)
* Number of approved applications

Number of non-approved applications.

**Table 8: Volumes of applications**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Output description** | **Total output volume** | **2021-22** | **2022-23** | **2023-24** | **2024-25** | **2025-26** | **2026-27** | **2027-28** |
| New Provider Applications | Actuals | 62 | 109 | 188 |  |  |  |  |
| Estimated | 122 | 134 | 130 | 130 | 170 | 188 | 207 |
| New Provider Request for Information Pre-assessment | Actuals | 9 | 3 | 25 |  |  |  |  |
| Estimated | 79 | 86 | 26 | 26 | 34 | 38 | 42 |
| New Provider Request for Information Initial | Actuals | 22 | 48 | 122 |  |  |  |  |
| Estimated | 62 | 67 | 55 | 26 | 34 | 38 | 42 |
| New Provider Request for Information Subsequent | Actuals | 0 | 12 | 69 |  |  |  |  |
| Estimated | 15 | 16 | 16 | 71 | 92 | 100 | 109 |
| Approved Applications | Actuals | 21 | 44 | 24 |  |  |  |  |
| Estimated | 35 | 26 | 54 | 25 | 32 | 36 | 39 |
| Non-Approved Applications | Actuals | 169 | 176 | 114 |  |  |  |  |
| Estimated | 35 | 23 | 52 | 105 | 138 | 152 | 168 |

*\* Charging commenced for approved providers on 15 November 2021.*

*\*\* This figure also includes withdrawn and incomplete/invalid applications that were returned to the applicant. An applicant can withdraw its application at any time, or if the applicant fails to provide further information on request by the Commission within legislative timeframes it is withdrawn.*

*Note: Approved decisions and non-approved applications cannot be reflected as a proportion of all received applications, as they may be related to applications received in a previous financial year.*

# KEY FORWARD DATES AND EVENTS

|  |  |
| --- | --- |
| **Event** | **Date** |
| Annual financial outcomes and non-financial performance update for FY2023-24 | October 2024 |

# CRIS APPROVAL AND CHANGE REGISTER

|  |  |  |  |
| --- | --- | --- | --- |
| Date of change | CRIS change | Approver | Basis for change |
| 20/09/2021 | Cost recovery consultation paper published | Accountable authority | Stakeholder consultation |
| 10/11/2021 | Agreement to the CRIS | Minister for Aged Care and Senior Australians | New regulatory charging authority |
| 12/11/2021 | Certification of the CRIS | Commissioner | New regulatory charging activity |
| 21/06/2022 | Certification of the CRIS | Commissioner | Annual financial year update outlining indexed fees and forward financial estimates of revenue and expenses |
| 29/06/2023 | Certification of the CRIS | Commissioner | Annual financial year update outlining indexed fees and forward financial estimates of revenue and expenses.  Consider changes resulting from the comparison of actual and predicted revenue and expenses, and the comparison of actual and volume forecasts. |
| 8/12/2023 | Certification of the CRIS | Commissioner | Insertion of financial performance section 7a |
| 1/07/2024 | Certification of the CRIS | Commissioner | Format update.  Addition of section 5.2. Introduction of the new Aged Care Act.  Annual financial year update outlining indexed fees and forward financial estimates of revenue and expenses. |

1. Information regarding the Application for Approved Provider process is available on the Aged Care Quality and Safety Commission website (https://www.agedcarequality.gov.au/providers/becoming-approved-aged-care-provider). [↑](#footnote-ref-2)