



Australian Government

Aged Care Pricing Commissioner

Application Form

Applying to the Aged Care Pricing Commissioner for accommodation prices that are higher than the maximum amount determined by the Minister.

Submitting your application  or 

Once completed, this application form must be emailed to acpcapplications@acpc.gov.au as a **PDF**. Attachments may also be submitted electronically, or mailed in hard copy to the **Office of the Aged Care Pricing Commissioner, Locked Bag 5, Haymarket NSW 1240**. Any such attachments should be referred to in the covering email.

All information provided for the purposes of an application will be held confidentially by the Aged Care Pricing Commissioner, and will not be shared with any other person or agency, other than as required (or permitted) by the *Aged Care Act 1997*.

Important information

Information about this application

This application form is an approved form for the purposes of an application for a higher than maximum amount of accommodation payment as determined by the Minister.

The Minister has made a determination that the maximum amount that a provider may charge a care recipient without approval from the Aged Care Pricing Commissioner

is \$550,000 as a Refundable Accommodation Deposit or its equivalent. Providers entering into arrangements with care recipients will need to make an application to the Commissioner if they intend to charge an amount greater than \$550,000 as a Refundable Accommodation Deposit or its equivalent.

Filling in the application form

Please refer to the Application Guide when completing this application form. If any further guidance is required on requirements for completing this application form, please contact the Office of the Aged Care Pricing Commissioner on **1300 550 970** or **acpcenquiries@acpc.gov.au**

The application form includes five sections. The objective is that the applicant can demonstrate the quality, condition and amenity of rooms and common areas, other relevant factors such as room size and location, land and building cost or value, a list of Refundable Accommodation Deposit amounts (or the equivalent daily payment) received and any business factors that are relevant to the determination of accommodation prices.

Part 1 seeks background information identifying the facility and the accommodation group for which you seek approval. This information must be supplied.

Part 2 seeks information on the quality, condition, size and amenity of the rooms and the common areas in the facility. This information must be supplied.

Part 3 requires the history of Refundable Accommodation Deposit amounts (or the equivalent Daily Accommodation Payment amounts) actually received, or the amounts agreed to by contracts with residents, (as distinct from accommodation prices that have been published) for all accommodation groups. These may be provided in the form at Part 3, or as an attachment.

Part 4 invites you to include any business or organisational considerations that are relevant to the proposed price. Where you are also making applications for further accommodation groups at the facility, your narrative should support prices for all groups.

Part 5 seeks information on land and building value (for existing facilities) and construction or refurbishment costs (for proposed new and proposed refurbished facilities). This information must be supplied. Applicants may also supply other cost inputs for consideration.

Where your application is for more than one accommodation group, you must, for the second and any subsequent accommodation group, also complete and submit the **Form for Additional Groups**.

Documents that are required to be attached to support this application include:

- A **floor plan** highlighting the location of rooms in the accommodation group, and accessible common areas;
- **Photographs** of representative rooms and common areas;
- An **Extra Service benchmark list** or the relevant section from an Extra Service resident agreement (where relevant).
- Applicants for **proposed new** or **proposed refurbished facilities** must attach to this application form and refer to in this section:
 - **Construction costs from tender documentation or quantity surveyor's estimate of cost** for the construction of a new facility or the refurbishment of an existing facility; and
 - other relevant costs other relevant costs such as preliminary costs, land acquisition, fit out and furnishing costs and financing costs, together with evidence.
- Applicants for **existing facilities** must attach to this application form and refer to in this section:
 - a **land valuation** and an **insurance replacement value** for the facility. If an insurance valuation is not available, applicants may attach a building valuation conducted within the last 3 years by a qualified valuer who is a member of the Australian Property Institute.

It is necessary that your claim is supported by evidence that indicates the proposed accommodation payment is justified. While the Commissioner will not be unduly prescriptive about the form in which information is supplied, a consistent approach to the assessment of these applications will be applied. As provided for under subsection 52G-4(3) of the *Aged Care Act 1997* the Commissioner will seek further information where, in the Commissioner's view, applicants have not provided sufficient detail or evidence to support their claim.

Details of the assessment of applications, the application process and review and appeal rights are contained in the Application Guide. Guidance on the definition of accommodation groups for the purpose of the application is also provided in the Application Guide.

Applicants are reminded that giving false or misleading information is a serious offence.

Application form

1. Background information

1.1 Provider and facility details

Name of Approved Provider

Approved Provider ID number

Service ID number (Residential Aged Care Service ID number, if existing service)

Name of facility

Address of facility

Street number Street name Street type

Suburb/Town State Postcode

Contact name for this application

Contact telephone number (include area code) Email address

Contact name for the organisation for notification of decisions

Organisational contact email

1.2 Application details

1. Does the application relate to rooms in:

☐ An existing facility; ☐ A proposed new facility; ☐ A proposed refurbished facility.

2. If the application relates to rooms in a proposed new facility or a proposed refurbished facility, state the anticipated completion date of the construction or refurbishment (DD/MM/YYYY).

3. Do any critical dates apply to this application (such as completion of construction or refurbishment) which would substantiate this application receiving priority?

Yes ☐ No ☐ If yes, complete date (DD/MM/YYYY)

If a critical date applies to this application, please describe what the critical date relates to:

Accommodation group

Title of accommodation group

Proposed price per resident as a Refundable Accommodation Deposit \$

Number of rooms in accommodation group Total number of rooms in facility

Room numbers/location

Maximum number of residents per room

Size of rooms (including ensuite). Where there is a range of room sizes, please provide the range.

Access to private ensuite Yes ☐ No ☐ Are the rooms offered on an Extra Service basis? * Yes ☐ No ☐

*Where the facility has Extra Service status which applies to the rooms in question, please provide your Extra Service benchmark list or the relevant section from an Extra Service resident agreement in an attachment.

Where rooms in this accommodation group have previously received approval to charge a higher amount, please identify the rooms.

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2. Quality, condition, size and amenity of rooms and common areas

Please describe below the quality, condition, size and amenity of the rooms in the accommodation group, and the common areas in the facility. This information should be comprehensive to support your proposed price. Where you have otherwise supplied this information in supporting narrative or attachments, please indicate below.

Room description

2.1 Describe the quality, condition and size of the rooms, including furniture, fittings, design features and any other factors relevant to resident amenity. This description must be supplemented by photographs of a representative room in the accommodation group.

Common areas

2.2 Describe the quality and condition of the common areas in the facility that would be accessible to these residents. Include where relevant any specific accommodation or design features of the service which are considered relevant to the determination of price. Please also provide an approximate size of common areas. This description must be supplemented by photographs of the relevant common areas.

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2. Quality, condition, size and amenity of rooms and common areas (continued)

Facilities and services

2.3 Describe any facilities or services to residents. Include where relevant any specific design features of the residential aged care facility. Please do not include care and services that are basic care and services specified in the *Quality of Care Principles 1997*. Where care and services are provided through an Extra Services arrangement or another additional care and service arrangement, please indicate this.

3. Refundable Accommodation Deposit amounts

For existing facilities, please provide the Refundable Accommodation Deposit amounts (or the equivalent Daily Accommodation Payment amounts) received for rooms in the accommodation group(s) over the last 12 months. Please do not include or attach resident details. You may provide information in an attachment to this application if it is more convenient.

Accommodation Group and amount received	Date on which amount was received (DD/MM/YYYY)
<input type="text" value="\$"/>	
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<input type="text" value="\$"/>	

Application form

4. Business considerations

This section invites applicants to include, by way of narrative or business case, their considerations supporting the proposed price. Information may be supplied in the table below, or as an attachment. While there are no other prescriptive requirements, general guidance on information that may be included here is at Section 2.1 of the Application Guide. You should include here any information relevant to the support of your proposed price that is not otherwise provided in this application, including any additional matters that you consider to be factors in setting your proposed price at this level.

Applications cannot include, as part of their justification for a proposed price, the cost of care and services which are specified care and services under the *Quality of Care Principles 1997*. This includes maintenance costs.

4.1 Please provide supporting narrative in the text box below, or indicate whether such information has been provided as an attachment.

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5. Cost or value elements

This section requires applicants to provide information relating to components of **either** the cost of accommodation supply **or** land and building value that support the proposed price. Applicants for **proposed new** or **proposed refurbished facilities** must complete the “Cost elements” section. Applicants for **existing facilities** must complete the “Value elements” section. Where applicants for existing facilities also have cost elements that are considered to be relevant, these costs may also be included under “Cost elements”.

(a) Cost elements

It is not envisaged that these cost of supply components comprise **all** elements of the cost of accommodation supply, but are components that are key elements of the cost. Please note that applicants are **not** required to address all matters indicated. Where applicants consider that cost factors are relevant considerations in respect of a proposed price, these should be included.

Guidance on costs (where relevant) is provided at Section 2.2 of the Application Guide. Acceptable evidence is further outlined at Appendix A to the Application Guide.

5.1 Cost component

Capital cost component

	Cost on a whole of facility basis *(\$)
Land costs	<input type="text"/>
Construction costs	<input type="text"/>
Refurbishment costs	<input type="text"/>
Fit outs costs	<input type="text"/>
Furnishing costs	<input type="text"/>
Equipment costs	<input type="text"/>
Other cost components (where applicable)	<input type="text"/>

Recurrent cost component per annum

Financing costs	<input type="text"/>
Leasehold cost (including annual rent and rate of return adopted in the calculation of the capital amount)	<input type="text"/>
Other cost of supply components (where applicable)	<input type="text"/>

* Where cost is not on a whole of facility basis, please indicate the basis on which the cost is provided (such as whether the cost is specific to the accommodation group).

(b) Value elements

Applicants for **existing facilities** must include a **land valuation** and an **insurance replacement value** for the facility. If an insurance valuation is not available, applicants may attach a building valuation conducted within the last 3 years by a qualified valuer who is a member of the Australian Property Institute. Land and insurance replacement or building values are to be supported by documentary evidence. Please include an insurance replacement value, or a building valuation conducted within the last 3 years by a qualified valuer who is a member of the Australian Property Institute, and a land value. Both values are to be supported by documentary evidence.

Land and building value – existing facilities

Land value (evidence to be attached)	<input type="text"/>
Insurance replacement or building value (evidence to be attached)	<input type="text"/>

Declaration

☐

I declare that the information supplied is true and correct and I have not withheld any information likely to affect the assessment of this application.

Name Date

Submitting your application



acpcapplications@acpc.gov.au



Office of the Aged Care Pricing Commissioner,
Locked Bag 5, Haymarket NSW 1240.