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2018-19 ACAR ESSENTIAL GUIDE

Chapter 1 - Introduction
1.1 The Aged Care Approvals Round (ACAR)

The process for planning the allocation and distribution of new aged care places and capital grants is set out in the Aged Care Act 1997 (the Act). The ACAR is the process which implements the requirements of the Act and operates in accordance with:

- Part 2.2 of the Act and the Allocation Principles 2014 (Allocation Principles) - for residential care places and short-term restorative care (STRC) places
- Part 5 of the Act and the Grant Principles 2014 (the Grant Principles) - for capital grants.

The ACAR process enables new and existing Approved Providers of aged care to apply for new subsidised aged care places and Australian Government aged care capital grants in an open, competitive and equitable way. See 1.3.2 - Approved Provider Status for further information.

1.1.1 2018-19 ACAR timeline

The indicative timeframe for the 2018-19 ACAR includes:

- the 2018-19 ACAR Invitation to Apply (ITA) period will open on 2 July 2018
- the ITA will close at 11:59 pm (AEST) on 10 August 2018
- an entire ACAR process can take around eight months to complete, possibly longer if large numbers of applications are received and/or the process is running over an end of year period
- results of the 2018-19 ACAR are expected to be announced by April 2019
- the results will be made available on the Department of Health’s (the department) website, with individual results provided to applicants by post.

1.1.2 ACAR decision making

All ACAR decisions, including the allocation of places and capital grants, are made by the Secretary of the department.

The department makes decisions independently, based on the results of a competitive assessment process, as prescribed in the Act, Allocation Principles, Grant Principles and Chapter 4 - Program Guidelines: Rural, Regional and Other Special Needs Building Fund.

The Minister for Aged Care, and Minister’s Office (or any other Parliamentarian), does not have a role in the assessment or allocation process.

1.1.3 Letters of support not considered

Letters of support from your local Member of Parliament, Senator or any other Parliamentarian(s) are not considered as part of the ACAR decision making process.

1.1.4 What is available in the 2018-19 ACAR?

In the 2018-19 ACAR, nationally, applicants can apply for:

- 13,500 residential care places
- 775 short-term restorative care (STRC) places (350 for 2018-19 and 425 for 2019-20)
- up to $60 million in capital grants.

A breakdown of this is outlined below:

### a. Residential places

A total of 13,500 residential care places will be made available across Australia, as follows:

<table>
<thead>
<tr>
<th>Allocation year</th>
<th>NSW</th>
<th>VIC</th>
<th>QLD</th>
<th>WA</th>
<th>SA</th>
<th>TAS</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018-19</td>
<td>3,349</td>
<td>1,415</td>
<td>4,289</td>
<td>3,295</td>
<td>431</td>
<td>212</td>
<td>360</td>
<td>149</td>
<td>13,500</td>
</tr>
</tbody>
</table>
Please note: The department does not guarantee that the exact number of places will be allocated to each state and territory. The final allocation of places will reflect the best use of all of the available places, based upon the applications received and outcomes of the overall assessment process.

How were residential place numbers determined?
Successive governments have been working towards achieving a national provision level of 125 places for every 1,000 people aged 70 years or over, by 2021-22. This is known as the aged care provision ratio and comprises 78 residential care places, 45 home care places and 2 restorative care places (including transition care and short-term restorative care places).

The number of new places made available for allocation through each ACAR is calculated to meet the target aged care provision ratio for each state/territory, and is also influenced by:
- the funding available in the forward estimates
- population projections provided by the Australian Bureau of Statistics
- current levels of service provision
- newly allocated places not yet operational.

b. STRC places
A total of 775 STRC places for 2018-19 and 2019-20, to be allocated through the 2018-19 ACAR, are as follows:

<table>
<thead>
<tr>
<th>Allocation year</th>
<th>NSW</th>
<th>VIC</th>
<th>QLD</th>
<th>WA</th>
<th>SA</th>
<th>TAS</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018-19</td>
<td>100</td>
<td>90</td>
<td>80</td>
<td>35</td>
<td>15</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>350</td>
</tr>
<tr>
<td>2019-20</td>
<td>135</td>
<td>105</td>
<td>85</td>
<td>40</td>
<td>28</td>
<td>12</td>
<td>10</td>
<td>10</td>
<td>425</td>
</tr>
<tr>
<td>Total</td>
<td>235</td>
<td>195</td>
<td>165</td>
<td>75</td>
<td>43</td>
<td>22</td>
<td>20</td>
<td>20</td>
<td>775</td>
</tr>
</tbody>
</table>

How were STRC place numbers determined?
In the 2015-16 Budget, the Australian Government announced the introduction of the STRC programme. The STRC programme was designed to be phased in, with a schedule of places to be allocated between 2017-18 and 2021-22.

The State and Territory distribution of STRC places were determined taking into account a range of factors, including population projections, operational ratios of aged care provision and information collected via the department's STRC policy consultation process.

Due to the gradually increasing number of places to be made available, and to reduce the administrative burden on applicants, where possible STRC places for two financial years are made available to applicants.

Therefore, in the 2018-19 ACAR, applications are invited for 350 STRC places commencing in 2018-19, and a further 425 STRC places to commence from 1 July 2019, giving a total number of 775 STRC places available.

c. Capital grant funding
Up to $60 million in capital grants will be made available under the Rural, Regional and Other Special Needs Building Fund as part of the 2018-19 ACAR.

Of this total, $11.5 million is earmarked to support access to residential care for older people from
Special Needs Groups, as specified under the Act (see Chapter 4 – Program Guidelines: Rural, Regional and Other Special Needs Building Fund for further information).

1.1.5 What is not available in the 2018-19 ACAR?

a. Home care places
Under the Australian Government’s ‘Increasing Choice in Home Care’ reforms, from February 2017, funding for a home care package follows the consumer. Home care places are no longer applied for and allocated via the ACAR. Further information is available at: Increasing Choice in Home Care.

b. Specialist Dementia Support Unit places
In 2016, the Australian Government announced it would establish Specialist Dementia Care Units (SDCUs). SDCU providers will be selected through competitive selection rounds, which will be held separately from other aged care processes, including the ACAR.

c. $40 million Aged Care Regional, Rural and Remote Infrastructure Grants (ACRRRIG)
In the 2018-19 Budget, Government announced $40 million for building improvements, maintenance and infrastructure expansion for regional, rural and remote aged care providers, under the More Choices for a Longer Life Ageing and Aged Care package. This funding is separate to the capital funding available under the ACAR. Further details regarding the eligibility and scope for the ACRRRIG will be available in coming months and be will be communicated to the sector well ahead of the opening of the round.

d. Multi-Purpose Services (MPS) program places
The MPS program is a joint initiative of the Australian and state and territory governments. It provides integrated health and aged care services for small rural and remote communities that could not support stand-alone hospitals or aged care homes. MPS places are not allocated via the ACAR.

1.1.6 Probity
The department is required to ensure that all potential applicants are treated in a fair and equitable manner, and that no unfair advantage is given to any applicant.

Strict probity and ethics guidelines govern the assessment of the 2018-19 ACAR applications. These guidelines are in accordance with the APS Code of Conduct (described in Section 13 of the Public Service Act 1999) that requires ‘an APS employee must disclose, and take reasonable steps to avoid, any conflict of interest (real or apparent) in connection with APS employment’.

Providers of any advice external to the department on matters associated with the ACAR are bound by the same requirements.

1.2 What is new in the 2018-19 ACAR?

1.2.1 Priority for regional, rural and remote areas (residential care places)
In the 2018-19 ACAR, the department will give priority to assessing and allocating places to suitable applications for residential care places to services located in regional, rural and remote areas. While this is priority for the 2018-19 ACAR, residential care places will remain available for allocation nationally, including metropolitan areas.

Suitable applications in regional, rural and remote areas will be considered and allocated places before metropolitan areas (please note that you must still demonstrate your ability to provide quality care and operationalise places in a timely manner, to be rated as ‘suitable’).

Please note: This doesn’t mean you are guaranteed places simply because you are located in a regional, rural or remote area.
As well as presenting an application which demonstrates you can provide quality care in a timely manner, other factors which make an application ‘suitable’ for an allocation of places include your category of prioritisation, any targeting identified and/or addressed, the need in the relevant area, any case built by you for need, other applications received in the same area, as well as current levels of service provision, demographics and any other information relevant to individual areas.

Relevant Information to consider includes:

1.9.1 – What is assessed
1.9.2 – How is the assessment undertaken

Chapter 6 – Distribution and targeting of places

Additionally, please note: Applications specifically addressing Special Needs Groups (defined in the Act) and Key Issues (particularly dementia and residential respite) are encouraged from all locations: metropolitan, regional, rural or remote. Likewise, applications for mainstream metropolitan services are still encouraged.

1.2.2 Prioritisation of assessment and allocation for residential places

Applications from all areas of Australia are sought for the 2018-19 ACAR and all valid* applications will be considered.

*Please note: Relevant information to consider includes 1.4.9 – Invalid applications

However, the level to which applications are sought will now be given a category of prioritisation, from Category 1 (highest priority) down to Category 6 (lowest priority). Further information on how priority is determined is included in Chapter 6 – Distribution and targeting of places.

The new six level categorisation takes into account a range of factors including the priority for regional, rural and remote applications, current levels of service provision including progress against the national target aged care provision ratio and submissions made to the stakeholder consultation to identify unmet needs in residential care.

For the 2018-19 ACAR, if you are applying in an area which is not highly prioritised, your application may not be fully assessed or considered for an allocation of places. The assessment and allocation of places will start with the most highly prioritised areas and work its way down as follows:

<table>
<thead>
<tr>
<th>Priority No.</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority 1</td>
<td>Assessment of all Category 1 applications and allocation of places to those suitable*</td>
</tr>
<tr>
<td>Priority 2</td>
<td>If places remain available, assessment of all Category 2 applications and allocation of places to those suitable</td>
</tr>
<tr>
<td>Priority 3</td>
<td>If places remain available, assessment of all Category 3 applications and allocation of places to those suitable</td>
</tr>
<tr>
<td>Priority 4</td>
<td>If places remain available, assessment of all Category 4 applications and allocation of places to those suitable</td>
</tr>
<tr>
<td>Priority 5</td>
<td>If places remain available, assessment of all Category 5 applications and allocation of places to those suitable</td>
</tr>
<tr>
<td>Priority 6</td>
<td>If places remain available, assessment of all Category 6 applications and allocation of places to those suitable</td>
</tr>
</tbody>
</table>

Therefore, if you are applying in a lower level Category (particularly 5 to 6) you should be aware that, if the process exhausts the supply of places, it is possible your application may not be fully assessed.

Regardless of the above, you may still submit an application in any area and/or for any group/issue for which you can make a case for need.
1.2.3 Prioritisation of assessment and allocation for STRC places

Due to the limited number of places available, applications for STRC places are not subject to the same prioritisation of category as applications for residential care.

However, you should note that preference may be given to applications in Aged Care Planning Regions which do not currently have access to STRC places. Details of existing STRC allocations can be found in the ‘Short-Term Restorative Care place allocations’ documents located on the department’s website.

The assessment and allocation process will then seek to achieve an even geographical spread of STRC place availability, based on the merit of applications.

In addition, you should be aware that your application for STRC places may not be fully assessed if your timeframe to operationalise places is not competitive, particularly where you are seeking STRC places in the 2018-19 financial year.

Given the level of competition for STRC places in the 2016-17 ACAR, you are strongly encouraged to consider the general feedback provided for unsuccessful applicants in that process. This information explains where less competitive applications could have been strengthened.

1.2.4 Grant priority targeting expanded to all Special Needs Groups under the Act

In 2013, the Australian Government committed to earmark $11.5 million per year, over four years (ending 2016-17) from the Rural, Regional and Other Special Needs Building Fund to support residential care for older people from culturally and linguistically diverse (CaLD) backgrounds. This commitment has now ended.

Instead, in the 2018-19 ACAR, $11.5 million (of the total $60 million available for capital grants) will be made available for suitable proposals which specifically aim to increase or ensure access to care for any of the range of Special Needs Groups under the Act, in areas where there is an unmet need from that group. This will continue to include CaLD.

The Special Needs Groups under the Act:

(a) people from Aboriginal and Torres Strait Islander communities (ATSI);
(b) people from culturally and linguistically diverse backgrounds (CaLD);
(c) people who live in rural or remote areas (R-R);
(d) people who are financially or socially disadvantaged (FSD);
(e) veterans (VET);
(f) people who are homeless or at risk of becoming homeless (HOM);
(g) care leavers (CLV);
(ga) parents separated from their children by forced adoption or removal (PSC);
(h) lesbian, gay, bisexual, transgender and intersex people (LGBTI).
See Chapter 4 – Program Guidelines: Rural, Regional and Other Special Needs Building Fund for further information.

1.2.5 Land tenure and approved use

For the 2018-19 ACAR, for residential care you are asked to identify the status of ownership or contractual arrangements (long term lease, option to purchase, etc) on the land on which you propose to provide aged care. You are also asked to provide details concerning the zoning and approved use of your identified site, development application progress and any issues.

The Part B application form now includes a table to identify the status of relevant land. See Chapter 3 - Part B: Q 4.1(a) Provide the status of your acquisition of land and zoning, for full details on completing this table.

Where the department decides to allocate a grant in respect of a project that will be undertaken on leased land, it will be a condition of the funding agreement that the lessor agrees to the proposal and guarantees operation of the premises as a residential care service for a period of up to 20 years following the completion of the capital works. These conditions will form part of the Grant Agreement and require a Deed of Acknowledgement between the lessor and the Commonwealth.

Please note: This question does not apply to applications for STRC places.

1.2.6 Combined places &/or capital grants form

For the 2018-19 ACAR, the residential care places and capital grants forms have been amalgamated. The combined form now operates in stages, dependent on what you are applying for:

<table>
<thead>
<tr>
<th>Seeking</th>
<th>No capital works*</th>
<th>Capital works**</th>
<th>Complete Sections:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Places</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Places</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Places and capital grant</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Capital grant only</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

Please note:

*No capital works: if all the places you are seeking will be operationalised immediately, and you are attaching a corresponding Certificate of Occupancy (see 1.2.7 below).

**Capital works: whether self-funded or the subject of a capital grant application.

1.2.7 Less Part B questions for places immediately available

If all the places you are applying for will be made available (operationalised) immediately, you are only required to complete Sections 1, 2 and 3 in the Part B application form. This is a significant reduction in the amount of service level financial information you are required to provide.

To qualify for this reduced requirement, you must attach a copy of the Certificate of Occupancy* (Certificate) relating to all of the places you are seeking. If some of the places you are seeking will be operationalised at a later date, you must complete Sections 4 and 5.

Please note: Relevant information to consider includes: Chapter 3, Part B: Residential and Capital, Q 1.4 for definition of places.
You must supply a copy of the Certificate at the time you submit your application.

*An occupation certificate, or equivalent, verifies that your relevant principal certifying authority (eg. Council or a Private Certifier) is satisfied that the building is suitable to occupy or use in terms of the requirements of the Building Code of Australia and relevant Development Consent. In some jurisdictions the Certificate of Occupancy may be known as a ‘Certificate of Classification’ or equivalent. To qualify for this option attach a copy of the relevant document for your jurisdiction.

If you are not able to attach a Certificate, you must complete Sections 4 and 5. If you don’t attach a Certificate AND do not complete Sections 4 and 5, the department will not request this information. In this instance, your application will be deemed incomplete and not assessed.

1.2.8 One Part C – STRC application form per service

In the 2018-19 ACAR, you will only need to submit one Part C application per service. You may nominate multiple Aged Care Planning Regions (ACPRs) in your application, if your service will provide care across more than one ACPR.

This is a change from the 2016-17 ACAR process which requested a separate application for each ACPR.

1.2.9 No individual feedback will be provided

Starting with the 2018-19 ACAR process, the department will no longer provide individual feedback to you on your application(s).

Following the announcement of the 2018-19 ACAR outcomes, the department will provide a generic feedback document directly to you, along with notification of your results. This document will also be available on the department’s website.

The generic feedback document will provide general information on what constituted a suitable answer for each question. You will be able to compare your submission with this information to determine areas which can be strengthened.

1.3 Information for applicants

1.3.1 Definition of ‘Applicant’

The ACAR Applicant must be the Approved Provider, or potential Approved Provider*, of the service for which the application is made. This is because the Approved Provider is the entity which will receive the subsidy for places, or funding for a grant, and is subject to responsibilities under the Act in regard to quality of care, user rights and accountability.

Where application forms or this Guide refer to ‘you’ this means the applying organisation which is or will be the Approved Provider for the places or capital funding sought.

*Please note: Allocations of places and/or capital grants can only be made to organisations which are Approved Providers under the Act. While you can submit an ACAR application at the same time as you apply to be an Approved Provider, you cannot be allocated places or a grant until you are approved as an Approved Provider. To receive a capital grant, an Approved Provider must also hold an allocation of residential care places at the service for which the grant is sought.

1.3.2 Approved Provider status

You need to be an Approved Provider for a relevant care type (residential or flexible care) under the Act in order to receive an allocation of places or a capital grant.

You must be an Approved Provider, or have applied to be an Approved Provider of:

- Residential Care – for residential care places or capital grants
- Flexible Care – for STRC places.

You can submit an ACAR application for places at the same time as you apply to be an Approved Provider. Your ACAR application will not be disadvantaged if you have not been approved to provide the relevant care type at the time of applying.

However, if your ACAR application is successful, you will not be allocated places until you are approved to provide aged care under the Act for the relevant type of aged care places. This is because an allocation of places and/or a capital grant can only be made to organisations approved under the Act.

You will not be notified of the outcome of your ACAR application(s) until after a decision has been made on your application to become an Approved Provider for residential care or flexible care.

Due to this, and as the Approved Provider application process can take some time, the department encourages you to apply for the relevant Approved Provider status as early as possible.

Further information on applying to become an Approved Provider can be accessed on the department’s website at the following link.

1.3.3 Applying as part of an Approved Provider group
The department has identified a trend where established aged care providers create new Approved Provider entities as part of their ACAR applications. In some cases, applicants created an Approved Provider entity in each state or territory in which they were seeking an allocation of places. Alternatively, some applicants have established a new Approved Provider entity for each new service where aged care places were being sought.

This practice is permissible under the Act, however, there are a number of things you should consider before applying for new aged care places in this way, including:
- how you will demonstrate financial capacity given the limited financial history of the new Approved Provider entity
- where the department identifies Approved Provider entities that are part of a larger group, it may consider all Provisionally Allocated and Offline places held by the larger group, including the past history of bringing those places online, when considering each application.

If your organisation operates such a model, you are asked to consider whether the provision of information at the Approved Provider group level for elements of your operation including financial management and service portfolio would enhance your application.

1.3.4 Use of consultants to apply for ACAR
The department is aware that some applicants engage consultants to complete their ACAR applications. While this is allowable, and entirely a business decision for applicants, there is no evidence that doing so will improve your chances of success.

Ultimately, you, as the provider of care, are best placed to know your service and answer questions about your proposal. The majority of the issues applicants encounter in applying for ACAR could be avoided by careful reading of the guidance provided, particularly in this ACAR Essential Guide.

Most importantly, before submitting your application, check that it is internally consistent – ie. all the numbers add up, the amount of places you are seeking, and what you plan to do, remains the same throughout, and that you have used but not exceeded the word limits.

It is important to note:
- the application forms for the 2018-19 ACAR have been simplified and streamlined
• the ACAR is not an essay-writing competition. Factors such as location, level of need, special needs group/key issue targeting have far more bearing on application results than writing style:
  o for residential places in the 2018-19 ACAR, there is specific prioritisation for need in particular geographic locations (see Chapter 6 – Distribution and targeting of places). If you are applying in a high priority area, and/or for a targeted special needs group/key issue, you will be more competitive
  o the 2018-19 ACAR will give priority to applications from regional, rural and remote areas. If you submit a suitable application for these areas you will be considered for allocation of places before higher ranked metropolitan applications (see Chapter 6, 6.2 Priority for regional, rural and remote areas, for further information), noting that metropolitan applications are still encouraged
• read the relevant parts of the 2018-19 ACAR Essential Guide thoroughly, and then refer back to the guidance on each question, as you complete your application forms.

1.3.5 Consideration of Provisionally Allocated places
Under Section 14-1(3)(a) of the Act, and Sections 27, 28, 30 and 31 of the Allocation Principles, the Secretary considers the number of Provisionally Allocated places you currently hold, as well as your progress towards operationalising those places.

A Provisionally Allocated place is a residential place which was allocated to you in any previous ACAR(s), which has not lapsed or been operationalised. The department is committed to reducing the number of long term un-operationalised places and supporting the delivery of care for older people within reasonable timeframes.

Residential care places are initially allocated for four years with the possibility to extend the initial period for two twelve-month periods subject to approval by the Secretary. During this time, providers are required to operationalise the residential care places. If after six years, the places have not been made operational, further extensions can only be granted where exceptional circumstances for not providing care within this timeframe can be demonstrated. Should Provisionally Allocated residential care places not be operationalised within six years from the date of allocation, and no exceptional circumstances are demonstrated, the Provisionally Allocated residential care places will lapse.

This approach ensures that Approved Providers do not hold Provisionally Allocated places indefinitely, and sets more stringent timeframes within which providers are required to start providing care. Providers that have received multiple allotments of residential care places in recent ACARs are urged to consider their capacity to undertake all existing works prior to submitting any additional proposals in the 2018-19 ACAR.

The Secretary, under the Allocation Principles, will consider situations where you have high numbers of Provisionally Allocated places, and have yet to demonstrate a history of operationalisation. In these instances, the Secretary will have regard to whether further allocations may pose a risk to the timely operationalisation of existing Provisionally Allocated places.

If you do not provide sufficient information on this point, the department may write to you following the closure of the ITA to request further information relating to your past history in making places operational, and the number of provisionally allocated places you currently hold. This information will then be considered along with each application you have submitted for residential care places and/or capital grants before determining whether or not to approve your application(s) as part of the 2018-19 ACAR.

If the information you provide throughout your application, including financial information and any clarification sought, does not clearly demonstrate this, you will not be allocated new places.
1.3.6 Consideration of Offline place numbers and occupancy rates
Under Section 14-1(3)(a) of the Act, and Sections 27, 28, 30 and 31 of the Allocation Principles, the Secretary considers the number of Offline places you currently hold, as well as your progress towards re-operationalising those places.

Offline places are those which are allocated to you, have previously been operational, but are no longer being utilised to provide care (places unavailable to potential residents).

Similarly, the department will consider the current service occupancy levels in determining if any additional places will be allocated.

If you do not provide sufficient information on either of these points, the department may write to you following the closure of the ITA to request further information relating to the number of offline places you currently hold or your occupancy rates. This information will then be considered along with each application you have submitted for residential care places and/or capital grants before determining whether or not to approve your application(s) as part of the 2018-19 ACAR.

1.3.7 Consideration of compliance history
Under Section 14-1(3)(a) of the Act, and Sections 27, 28, 30 and 31 of the Allocation Principles, the Secretary considers the compliance history of applicants who are Approved Providers of care.

You should be aware that all compliance matters, including any compliance issues which occur after you have submitted your 2018-19 ACAR application, will be considered by the Secretary as part of the determination whether or not to approve your application(s) as part of the 2018-19 ACAR.

1.3.8 Proximity to a Multi-Purpose Service (MPS)
The MPS program is a joint initiative of the Australian and state and territory governments. It provides integrated health and aged care services for small rural and remote communities that could not support stand-alone hospitals or aged care homes. MPS places are not allocated via the ACAR.

When applying for residential care places in the 2018-19 ACAR, you are required to consider the availability of other aged care services, particularly residential care, in the location in which you are applying. You will need to demonstrate how your proposed service will compliment these services or fill gaps in provision of care.

In particular, if you are applying for a location where there is an established MPS, you should provide detail regarding:

- discussions you have had with the MPS concerning the aged care needs of the community
- if relevant, how agreement will be formalised with the MPS concerning ongoing aged care service delivery in the area once the proposed service is operationalised, for example a memorandum of understanding with the MPS concerning access and priority of entry issues
- if relevant, any research you have undertaken, or evidence, to demonstrate the need for additional residential aged care in the location.

1.3.9 General feedback from the last ACAR (2016-17 ACAR)
Regardless of whether you applied in the 2016-17 ACAR, you are strongly encouraged to consider the general feedback provided for unsuccessful applicants in that process. This information explains where less competitive applications could have been strengthened.

Reading and understanding this feedback will help you to complete a thorough proposal, however it does not guarantee you success in the 2018-19 ACAR. Please be aware, the relative competitiveness of your proposal may be influenced by the proposed location of the service to which your application
relates. Geographic, Special Needs Groups and Key Issue targeting is outlined in Chapter 6 of this Guide and 2018-19 ACAR Map.

A summary of outcomes from the 2016-17 ACAR including places allocated, applications received, and places sought by state/territory, by Aged Care Planning Region (for STRC places), and by care type, can be accessed on the department’s website at 2016-17 ACAR results.

1.3.10 Questions and Answers
The Questions and Answers (Q&A) document is available on the department’s website.

The Q&A document has been developed to assist you throughout the process, as well as to help new ACAR applicants to understand:
- the aged care industry in Australia
- eligibility and application requirements for the ACAR process
- things to consider when applying in the ACAR
- special needs and key issue service provision/prioritisation
- what the department considers when assessing applications.

This document will be updated as necessary between 7 July 2018 (the date of the Invitation to Apply) and 3 August 2018 (one week before the closing date for applications, 11:59 pm (AEST) 10 August 2018).

Please note: If you phone the department with a query you will be directed to submit the question in writing to ACAR@health.gov.au. This is because, once an ACAR opens, strict probity rules apply to the provision of information, similar to those of a tender process.

These rules mean **all applicants** have access to the same information. It also allows the department to update the publicly available Q&A document.

**Submitting a query**
The department may only provide advice on matters of fact and technical issues related to the completion or submission of your application. If you have any questions of this nature, you must submit them in writing to the department at ACAR@health.gov.au.

The department endeavours to address ACAR inbox queries within 48 hours.

Please note: The department cannot provide assistance or advice to you about your application and business strategy during the application period. Departmental officers will not comment on the content or merit of your application.

1.3.10 Clarification of information
The onus is on you to provide sufficient information in your application and supporting documentation to allow the department to assess your application. There is no requirement for the department to clarify any information provided in your application.

However, where the department does request clarification, it is to allow consideration of your application as it was submitted, and is not an opportunity to supply materially different information. A request to clarify the information provided is not an indication of the likely outcome of your application.

If you receive a request for clarification, you will be allowed a specified amount of time in which to reply. If you do not reply within the timeframe your application will be assessed based on the information you initially provided.
Please ensure that you provide details of both a primary and alternative contact for your application, who will remain available throughout the ACAR process (Part A - Q 1.3 Contact details).

1.3.11 Required attachments
Some questions in the ACAR application forms ask you to provide attachments to enable assessment and/or as evidence that milestones have been achieved. Only include attachments which have been specifically requested.

**Please note:** The department is not required to seek any missing attachments from you if you do not include requested attachments to enable assessment, your application may be deemed incomplete and may not be considered in full.

1.3.12 Change/transfer of ownership – service(s) or places
Applications for residential care places at an existing service may only be made by the Approved Provider that owns the service at the time the 2018-19 ACAR application is submitted.

If the ownership changes for a service that is applying for additional places in the 2018-19 ACAR, the department must be notified in writing of this change as soon as possible. The notification must include details of the new owner of the service in order for the department to verify whether the new owner is committed to the proposal stated in the application.

If you are either in negotiations or have an agreement in place with another Approved Provider to transfer places, your application will need to include all relevant details of the status of the proposed transfer.

1.3.13 Application not a contractual arrangement
An application is not evidence of a contract or other form of legal agreement. Should you enter into contractual arrangements with other parties before being advised in writing of the results of the application process, you do so at your own risk.

1.4 Responsibilities of applicants

1.4.1 Read this guide
It is your responsibility to read this Guide. You are required to certify that you have read the relevant chapters of the guide prior to endorsing your application.

1.4.2 Check your eligibility before you start
Before starting an application for aged care places and/or a capital grant, ensure you are eligible to receive the place type and/or grant for which you are applying. It is your responsibility to determine your eligibility and, with the exception of Approved Provider status*, you must be eligible at the time the ACAR ITA closes.

Eligibility information can be accessed here:
- residential places eligibility
- STRC places eligibility
- capital eligibility

*Please note: Allocations of places and/or capital grants can only be made to organisations which are Approved Providers under the Act. While you can submit an ACAR application at the same time as you apply to be an Approved Provider, you cannot be allocated places or a grant until you are approved as an Approved Provider.
1.4.3 Be aware of your responsibilities under the Act
You are required to certify that you are aware of your responsibilities prescribed in the Act and associated Allocation Principles 2014 and/or Grant Principles 2014. The Act, Allocation Principles and Grant Principles are available on the Australian Government Federal Register of Legislation website.

1.4.4 Do your research and check your proposal
It is your responsibility to present a comprehensive, evidence-based proposal that supports an identified need.

Most importantly, before submitting your application, check that it is internally consistent – i.e. all the numbers add up, the amount of places you are seeking, and what you plan to do, remains the same throughout, and that you have used but not exceeded the word limits.

This is particularly the case where you have engaged a third party (e.g. a consultant) to complete your application. While this is allowable, and entirely a business decision for applicants, there is no evidence that doing so will improve your chances of success.

Ultimately, you, as the provider of care, are best placed to know your service and answer questions about your proposal. The majority of the issues applicants encounter in applying for ACAR could be avoided by careful reading of the guidance provided, particularly in this ACAR Essential Guide.

Please note:
- the application forms for the 2018-19 ACAR have been simplified and streamlined
- the ACAR is not an essay-writing competition. Factors such as location, category of priority, Special Needs Group/Key Issue targeting have far more bearing on application results than writing style:
  - for residential places in the 2018-19 ACAR, there is specific prioritisation for need in particular geographic locations (see Chapter 6 – Distribution and targeting of places). If you are applying in a high priority area, and/or for a targeted Special Needs Group/Key Issue, you will be more competitive
  - the 2018-19 ACAR will give priority to applications from regional, rural and remote areas. If you submit a suitable application for these areas you will be considered for allocation of places before metropolitan applications (see Chapter 6, 6.2 Priority for regional, rural and remote areas, for further information), noting that metropolitan applications are still encouraged
- read the relevant parts of this Essential Guide thoroughly, and then refer back to the guidance on each question, as you complete your application forms.

1.4.5 Word limits
Each question in the ACAR application form(s) has a word limit. The word limit provides a general guide to the amount of information and detail required for a competitive answer. Answers which do not fully utilise the word limit may not provide sufficient detail to be competitive against other proposals received in the round.

However, do not exceed the prescribed word limits. Responses exceeding the word limits may not be considered in full during the assessment process.

To count words in each response, simply select the text and refer to the status bar at the bottom of the workspace. If you don’t see a word count in the status bar, right-click the status bar and then click ‘Word Count’.
1.4.6 Use the application forms
You must use the forms provided. Applications will be deemed invalid if the application is made using a form other than those available on the department’s website for the 2018-19 ACAR. You are not permitted to edit the application forms. If you are unable to complete and/or lodge the application forms provided, contact the department for further advice at ACAR@health.gov.au

1.4.7 Check the website and Q&A document regularly
Materials published on the department’s website may be updated throughout the application period, particularly the Q&A document. It is your responsibility to ensure that you have considered the most recent advice from the department when submitting your application(s).

1.4.8 Do not provide false or misleading information
You should be aware that giving false or misleading information is a serious offence. An approval based on false or misleading information may later be revoked.

Your application may be deemed invalid should the department identify false or misleading information in your application.

1.4.9 Invalid applications
At the department’s discretion, your application may be deemed invalid for the following reasons:
- late submission
- not submitted on the approved application form
- not eligible to apply
- submitted on an altered application form
- not submitted by the appropriate applicant (see 1.3.1 Definition of ‘Applicant’ above)
- contains false or misleading information
- is incomplete, which includes where:
  - all required questions are not answered
  - requested attachments are not provided
  - relevant endorsement tick boxes are not marked (Part A: Endorsement of Application)
  - for capital applications, the Cost certificate is not signed and dated by the relevant construction professional.

You will be notified in writing if your application(s) has been deemed invalid.

1.5 Resources for applicants
1.5.1 People from diverse backgrounds
Applicants from diverse backgrounds may find the additional resources listed below useful when applying in the 2018-19 ACAR.
- ‘CALD and LGBTI aged care strategies’
- ‘Building capacity for the emerging aged care needs of CALD communities’
- ‘Partners in Culturally Appropriate Care (PICAC)’
- ‘LGBTI Resources’.

You may find these resources on the department’s website.

1.5.2 Question and Answer document (Q&A)
As set out in section 1.3.9, the Q&A document has been developed to assist applicants throughout the process. You may find the Q&A document on the department’s website.

This document will be updated as necessary between 2 July 2018 (the date of the Invitation to Apply).
and 3 August 2018 (one week before the closing date for applications, 11:59 pm (AEST) 10 August 2018. No update will occur after 3 August 2018.

1.6 Financial details for Part A and Part B applications

Please note: If you are only seeking STRC places, you are not required to provide financial information as part of the application process.

1.6.1 You are responsible for accuracy
If you have engaged a third party to assist with the preparation of your application, it is your responsibility to ensure that the application and financial information is accurate, clearly expressed, complete and internally consistent before signing the formal endorsement of the application.

Please note: The department is not obliged to request further information relating to financial aspects of your operations. Incomplete and/or inaccurate information may be assessed as provided and may result in an adverse assessment of your application(s).

1.6.2 The purpose of collecting financial information
Financial information underpins a number of the 2018-19 ACAR assessment criteria including continuity of care for current and future residents, measures to protect the rights of residents (particularly in relation to Refundable Accommodation Deposits) and, for services where refurbishment or new construction is required, making places operational in a timely manner.

Residential care places are initially allocated for four years (with the possibility to extend the initial period for two twelve-month periods subject to approval by the Secretary). During this time, providers are required to operationalise the residential care places. Therefore, the department is seeking information about your financial status across this four year period.

1.6.3 Assessment of financial information
The department may use the services of an independent financial analyst to conduct an assessment of the financial risks associated with your proposal, and the impact any financial risk identified may have on your ability to deliver care in the long term, and ability to complete any capital works relevant to the application.

The analysis will cover:
- whether the data you have provided is logical, internally consistent, verifiable from the information supplied by either you and/or the department and of suitable quality for assessment
- if the assumptions made by you in your business case are reasonable
- if your financial projections are consistent with your current financial situation and the assumptions underlying your business case
- your capital structure and ability to finance the project(s)
- any risks to your financial viability if the project(s) proceed; and
- where a capital grant is sought:
  - in light of your proposed expenditure on capital works, your capacity to contribute to the finance required for the proposed works, taking into account your anticipated Refundable Accommodation Deposits and the debt servicing capacity arising from your ongoing underlying operating surplus after prudent provision for future liabilities.

1.6.4 Financial viability
Any allocation of places or a capital grant does not imply that the Australian Government guarantees the viability of your service or of your organisation. You must make your own assessment as to the viability of your operations and of the adequacy of your capital funding arrangements. You should
notify the department of any change in your circumstances that will significantly affect your capacity to finance your proposal at the earliest opportunity.

1.6.5 Completing the forms
- complete Part A at the Approved Provider/applicant organisation level
- complete Part B in its entirety for each service for which you are seeking an allocation of residential care places and/or a capital grant.

The finances in Part B relate only to the residential care service for which you are seeking residential care places and/or a capital grant.

1.6.6 Presentation of financial information
The financial information sought is in a format consistent with the requirements of the Australian Accounting Standards presentation of financial reports – Statements of Financial Position, Profit and Loss and Cash Flows. The information you are required to provide should be completed in accord with the definitions and standards of the Australian Accounting Standards.

There is no requirement for an accountant or other financial professional to complete the financial information; although, you may wish to seek input or advice from your accountant. It is however, your responsibility to ensure that the information provided is complete, consistent and logical and that all significant assumptions have been explained.

Please note:
- the projections in Part A should be for the whole of your organisation, not just for your residential care activities or for the service(s) that is/are the subject of this application
- assets should be stated at their ‘book’ or accounting value which is consistent with how they are stated in the audited financial statements
- current assets are assets that can be realised into cash within the 12 months following the balance date. Assets that are unlikely to be realised as cash in 12 months should be shown as non-current assets
- some assets may have both current and non-current elements; for example, receivables may be split into an amount expected within 12 months of the balance date (current) and an amount expected more than 12 months after the balance date (non-current)
- all Accommodation Bonds and Refundable Accommodation Deposits should be classified as current liabilities, regardless of whether the estimated settlement is within or beyond 12 months. This is because the aged care provider does not have an unconditional right to defer settlement of this liability (Australian Accounting Standard 101, paragraph 69 (d))
- if you are intending to source funds from a parent/allied group, please provide audited financial statements to demonstrate the parent/allied group’s financial capacity to provide funding to you.

Additionally, please note: The Service Overview in Part B, Q 5.4, is consistent with accounting principles, however it is intentionally inconsistent with the presentation of a profit and loss report set out in the Australian Accounting Standards.

Part B, Q 5.4 predominantly includes income and expenses lines consistent with accounting standards for the presentation of a profit and loss, however also includes ‘principal loan repayments’ which relates to cash flow, but not a profit and loss item.

1.6.7 Clarification of financial information
There is no requirement for the department or the independent financial analyst to clarify any information provided in the application. Any request for clarification is to allow consideration of your application as it was submitted and is not an opportunity to supply materially different information.
The onus is on you to provide sufficient information in the application and supporting documentation to allow the department to assess your application. A request to clarify the information provided is not an indication of the likely outcome of your application.

1.6.8 Required financial attachments
If you are not currently providing residential care services and/or have not submitted your audited financial statements for 2016-17 as part of departmental prudential reporting, you must attach audited 2016-17 financial statements, including any notes and/or auditor’s opinions.

Failure to provide the required attachments may result in an adverse assessment of your ongoing financial viability and therefore your ability to deliver care in the long-term and to complete any capital works relevant to your proposal, resulting in your application being assessed as less competitive than other applications.

Please note: If you are intending to source funds from a parent/allied group, please provide audited financial statements to demonstrate the parent/allied group’s financial capacity to provide funding to you.

1.7 How to lodge your application
You are required to submit your application and associated attachments via email at ACAR@health.gov.au. The closing date for lodgement is set out in 1.8 – Closing date for applications 10 August 2018.

Only attachments specifically requested should be included with your application(s). Additional attachments provided will not be considered during the assessment process.

You are required to submit one signed copy of your application as part of your electronic lodgement to the above email address. Electronic signature blocks can be used when completing your application.

Should you wish to hand sign or affix your company seal on the Part A endorsement page of your application, you are able to send that page as a PDF. The rest of your completed application form should be submitted in the correct Microsoft Word ‘doc’ file format (see below for detail).

Please note:
- your application may be deemed invalid if it is not submitted in accordance with the above requirements
- applications will not be accepted by facsimile
- late or incomplete applications will be regarded as invalid and not assessed (this includes where requested attachments are not provided)
- documents should only be attached where required or requested. Other documents, including letters of support will not be considered
- at the department’s discretion, applications may be deemed invalid if the application is made using a form other than those available on the department’s website. Do not use application forms from previous ACARs as the application forms change each year. You are not permitted to edit the application forms. If you are unable to complete the application forms provided, contact the department for further advice at ACAR@health.gov.au.

1.7.1 Paper applications
The department will only accept paper applications in exceptional circumstances. Permission must be sought from the department prior to submission, and evidence to support the requirement for a paper application may be required.
Please contact the department for further advice at ACAR@health.gov.au.

1.7.2 Instructions for email submission
There are limitations on the size of emails that can be accepted by the department. The department cannot guarantee acceptance of emails over 12mb. Additionally, your Internet Service Provider (ISP) may impose limitations on the size of emails being sent.

In submitting an application via email you must follow the steps below:
   a. complete the application form. Save the application form in Microsoft Word as a ‘doc’ file
   b. ensure the endorsement page in the Part A form is signed as per the instructions set out in Chapter 2 of the Essential Guide. Electronic signature copies and company seals can be inserted directly into your application form. However, should you wish to hand sign or affix your company seal on the endorsement page you are able to send that page as a PDF. The rest of the completed application form should be submitted in the correct Microsoft Word ‘doc’ file format
   c. email the completed application form and any associated attachments to ACAR@health.gov.au. Your email should include your completed Part A, and appropriate Part B(s) and/or Part C(s) as attachments.

If you are submitting multiple applications, clearly and consistently:
   a. title each email
   b. name each electronic file in accordance with the guidance below. This will assist the department to identify all related applications.

1.7.3 Email titles
   • insert your organisation and service name as provided in your applications
   • identify the type of application submitted, i.e. Residential/Capital/STRC.

1.7.4 File names
   • use your organisation and service name as provided in your applications
   • for your Part A application: Part A [organisation name] 2018-19 ACAR
   • for each Part B application: Part B [organisation name and service name]
   • for each Part C application: Part C [organisation name and service name].

1.8 Closing date for applications 10 August 2018
All applications for the 2018-19 ACAR must be received electronically in the department on or before:

11:59pm (AEST) 10 August 2018.

1.8.1 Late applications not accepted
It is your sole responsibility to ensure that your application is received by the closing date. An application that is received after the closing date may be regarded as invalid and may not proceed to assessment.

1.8.2 Notification of any changes
You should notify the department in writing of any change that will significantly affect your capacity to implement your proposal, for example, financial capacity, costs of the project and availability of land.

Notification should be made as soon as any such change becomes evident. This must be submitted in writing, by email to ACAR@health.gov.au.
1.9 The department’s assessment process for places

1.9.1 What is assessed

Any allocation of aged care places must meet the requirements of the Act and Allocation Principles.

To find which applications best meet the requirements, the department considers Division 2 of the Allocation Principles below. The full Allocation Principles can be accessed at: https://www.legislation.gov.au/Details/F2017C00132.

The assessment process for capital grants is detailed in Chapter 4 – Program Guidelines: Rural, Regional and Other Special Needs Building Fund.

**Division 2—Assessment of applications for residential care places and short-term restorative care places (Allocation Principles 2014)**

27 Purpose of this Division

For section 14-2 of the Act, this Division sets out the matters that the Secretary must consider in deciding, in relation to each application for the allocation of places in respect of a particular type of subsidy, which allocation of places would best meet the needs of the aged care community in a region.

28 Competitive assessment of applications for allocations

(1) For an allocation of places in respect of residential care subsidy, the Secretary must consider the following matters:

(a) whether the people who manage, or propose to manage, the aged care service that is providing, or would provide, the care to which the places relate have the necessary expertise and experience to do so;

(b) if applicable, whether the premises used, or intended to be used, to provide the care to which the places relate are suitably planned and located for the provision of aged care;

(d) if the applicant has been a provider of aged care—the applicant’s:

(i) conduct as a provider; and

(ii) compliance with its responsibilities as a provider and its obligations arising from the receipt of any payments from the Commonwealth for providing that aged care;

(e) if the applicant has relevant key personnel in common with a person who is or has been an Approved Provider—that person’s:

(i) conduct as a provider of aged care; and

(ii) compliance with its responsibilities as a provider and its obligations arising from the receipt of any payments from the Commonwealth for providing that aged care;

(f) the measures that the applicant proposes to implement:

(i) to protect the rights of care recipients; and

(ii) for the provision of appropriate care for care recipients who are people with special needs.

(1A) For an allocation of places in respect of flexible care subsidy for short-term restorative care, the Secretary must consider the following matters:

(a) the applicant’s demonstrated experience in delivering restorative care that would meet the objectives of the STRC Programme and ensure appropriate outcomes for care recipients;

(b) if the applicant has been a provider of aged care—whether the applicant has complied with its responsibilities as a provider and its obligations arising from the receipt of any payments from the Commonwealth for providing that aged care;

(c) the model of service delivery that the applicant proposes to adopt in order to meet the objectives of the STRC Programme, including:

(i) how the applicant proposes to effectively engage with prospective care recipients, and their carers (if any), to prepare flexible care agreements for the care recipients; and
(ii) how the applicant proposes to utilise the connections it has to the community in which it proposes to provide short-term restorative care (including connections to primary care and other service providers) and how these connections will support a multi-disciplinary approach to care delivery; and

(iii) how the applicant proposes to deliver short-term restorative care in a home care setting or a residential care setting, or both a home care setting and a residential care setting; and

(iv) how the applicant proposes to transition care recipients between care settings.

(2) The reference in paragraphs (1)(d) and (e) and (1A)(b) to aged care includes a reference to any care for the aged, whether provided before or after the commencement of this section, in relation to which any payment was or is payable under a law of the Commonwealth.

(3) For paragraph (1)(e), the applicant has relevant key personnel in common with a person who is or has been an Approved Provider (the other provider) if:

(a) at the time the other provider provided aged care, another person was one of the other provider’s key personnel; and

(b) that other person is one of the applicant’s key personnel.

29 Diversity of choice for care recipients

For an allocation of places in respect of residential care subsidy, the Secretary must consider whether, if the application is approved, the allocation will increase diversity of choice for current and future care recipients, and their carers and families, having regard to the different kinds of services offered in the region.

Example: Diversity of choice for different kinds of services might be promoted, for instance, in relation to any of the following:

(a) service in a particular location;

(b) service for people with special needs;

(c) service for care recipients affected by dementia;

(d) ageing in place service;

(e) service to meet the needs of couples.

30 Continuity of care

For an allocation of places in respect of residential care subsidy, the Secretary must consider whether, if the application is approved, the service to which the application relates would be more likely to be able to offer continuity of care to current and future care recipients.

31 Secretary may also consider other matters

For an allocation of places in respect of residential care subsidy or flexible care subsidy for short-term restorative care, the Secretary may also consider any other relevant matters.

1.9.2 How is the assessment undertaken

The 2018-19 ACAR application forms are designed to ensure you provide information to assist the delegate of the Secretary to make a decision under Section 14-1 of the Act.

a. Assessment of selection criteria

In assessing an application, the department:

- considers your responses to each question in the application forms. Each response relates to one or more of the criteria identified above
- considers your responses in light of the requirements of:
  - the Act
  - the Allocation Principles and/or Grant Principles
  - information detailed in this 2018-19 ACAR Essential Guide
  - the Short-Term Restorative Care Programme Manual
Chapter 4 of the 2018-19 ACAR Essential Guide, Program Guidelines: Rural, Regional and Other Special Needs

- may send your financial information for independent analysis
- considers any other relevant information available to the department including, but not limited to:
  - information sourced through the prudential regulation process
  - information about your compliance history as a provider of aged care
  - information from the Aged Care Complaints Commissioner
  - information from the Australian Aged Care Quality Agency
  - information from organisations able to undertake independent financial analysis and credit/debt investigations
  - information provided to the department through other assessment processes. For example, any application to transfer or vary existing places
  - information about the number and location of your Operational and Offline places, and your progress made towards operationalising places currently Provisionally Allocated to you.

b. Assessment of application prioritisation and targeting

Suitable applications which meet the above criteria will then be considered on the following:

a. whether they are in a regional, rural and remote area
b. the Category of Priority (1 to 6) of their geographic location
c. their prioritisation of Special Needs Groups and/or Key Issues
d. how their location, Category of Priority and targeted Special Needs Groups and/or Key Issues compare to those identified by the department in Chapter 6 - Distribution and targeting of places, and to other suitable applications received in the round
e. how their geographic location compares to areas identified in the stocktake of aged care places as under the national target provision ratio.

Further information on the targeting of aged care places for the 2018-19 ACAR is available at Chapter 6 - Distribution and targeting of places.

c. Assessment of past conduct

As part of the assessment process, the department will take into account previous and current non-compliance issues (including, but not limited to, sanctions and notices of non-compliance), at any service operated by you (the Approved Provider). This includes during the ACAR opening and assessment periods.

Non-compliance will be considered in relation to any service operated by any related Approved Provider entity, and/or where a service has common personnel with related or other Approved Provider entities.

Matters for consideration in determining your record of conduct include, but are not limited to:

- the nature of any sanctions and/or non-compliance action
- when the sanction was imposed and/or non-compliance action taken
- the frequency of any sanctions and/or non-compliance action
- the timing and effectiveness of the response to the sanctions and/or non-compliance action
- the extent of the sanctions and/or non-compliance action across other services operated by you, or services operated by related Approved Provider entities
- the current period of accreditation, particularly in respect of any service(s) in which places are sought
- any past history in meeting prescribed conditions of allocation (including proven performance in making places operational in a timely manner)
- any combination of these matters.
A poor record of past conduct as an Approved Provider may adversely impact upon the competitiveness of your application.

In addition, if your organisation has complex corporate structures, you will need to provide sufficient information to demonstrate that your inter-related entities have sufficient financial robustness and the ability to meet relevant legislative provisions.

d. Assessment of your capacity to make places operational in a timely manner

Residential care places are allocated for four years (with the possibility to extend the initial period for two twelve-month periods subject to approval by the Secretary). During this time, providers are required to operationalise the residential care places.

Therefore, your application should clearly demonstrate that you will operationalise the places you are seeking, within four years.

Particular regard will be given to:
- availability and demonstrated access to land when land is required for capital works
- the zoning and suitability of the identified land
- the status of any development and/or building applications
- the capacity of your organisation to manage any capital works projects in a timely manner
- the key milestones detailed in your application
- the responses and documentation provided to support these milestones
- any past record of making places operational in a timely manner
- your progress towards operationalising places currently Provisionally Allocated to you.

e. Applications requiring clarification

The department has the discretion to seek clarification or additional information from you as part of the application assessment process. However, there is no requirement for the department or the independent financial analyst to clarify any information provided in your application. If you do not include attachments specifically requested by the department, for example to substantiate land or milestone status, you will be assessed as not having achieved the status or milestone.

Any request for clarification is to allow consideration of your application as it was submitted, and is not an opportunity to supply materially different information. The onus is on you to provide sufficient information in the application and supporting documentation to allow the department to assess the application.

The information provided in your application (including any supporting documents) will form the basis of any subsequent conditions of allocation imposed in respect of the places in accordance with Sections 14-5 and 14-6 of the Act. It is your responsibility to comply with any conditions of allocation.

Any request for clarification is to allow consideration of your application and should not be taken as an indication of the likely outcome of your application.

1.10 After the assessment process

1.10.1 Announcing the results of the 2018-19 ACAR

It is anticipated that the outcomes of the 2018-19 ACAR process will be announced by April 2019.

It should be noted, however, that announcing by this date is dependent on the number of applications received and the level of competition for new aged care places and capital grants.
Details of the allocations made to successful applicants will be made available on the department’s website.

All applicants will receive written advice about the outcome of any application for residential care places, STRC places and/or capital grants. This advice will be sent to the postal address you provide at Part A: Q 1.2.

Successful applicants will receive additional written advice from their state/territory departmental office with their related conditions of allocation, following initial notification of the 2018-19 ACAR outcomes. Successful applicants cannot commence providing care through allocated places until this formal advice of conditions of allocation is received from the department.

Please note: The prioritisation of categories and relative competitiveness of applications may result in a number of otherwise strong applications not being allocated residential care places and/or a capital grant and/or STRC places.

1.10.2 Allocation of places
You should be aware, where large numbers of applications are received, or you are applying in an area of lower priority, it is possible that your application may be found suitable but you will not be allocated places, due to the level of competition. In addition, you should not assume that previous ACAR outcomes will automatically ensure success (or failure) in the 2018-19 ACAR.

If you are successful, places will be allocated to the service you nominated in your Part B or Part C application form. If you are successful in an application for a capital grant it will be allocated to the service specified in your Part B application form.

The final allocation of places will seek to provide a balanced outcome that addresses, as far as practicable, all of the elements that are a particular focus in the 2018-19 ACAR. You should note the results of the 2018-19 ACAR, including name and address of successful applicants, number of places allocated and/or amount of capital grant(s) offered, will be publicly available and published on the department’s website.

In addition, unless otherwise indicated by you on the Endorsement of Application page of your Part A application, for any successful application(s) submit, your contact details will be made available to your parliamentary representatives and, for residential care places and capital grants, your proposal snapshot (Part B: Q 1.2) may be made publicly available.

1.10.3 ACAR decisions not-reviewable
The final decision about the allocation of places and capital grants is made under Section 14-1 of the Act by the delegate of the Secretary of the department.

This is not a reviewable decision under the Act.

1.10.4 No individual feedback for 2018-19 ACAR
Please note: The department will no longer be providing individual feedback to applicants.

Following the announcement of the 2018-19 ACAR outcomes, the department will provide a generic feedback document directly to all applicants. This document will also be available on the department’s website.

This document will provide general information on what constituted a suitable answer for each
question. Applicants will be able to compare their own submissions with this information to determine which areas they can strengthen.

1.10.5 Confidentiality and protection of personal information
The Invitation to Apply for aged care places and/or a capital grant is made under the Act. All information provided by applicants is protected information under Section 86 of the Act.

However, you should note that the results of the 2018-19 ACAR, including the name and address of successful applicants, number of places allocated and/or amount of capital grant(s) offered, will be publicly available and published on the department’s website.

In addition, unless otherwise indicated by you on the Endorsement of Application page of your Part A application, for any successful application(s) submit, your contact details will be made available to your parliamentary representatives and, for residential care places and capital grants, your proposal snapshot (Part B: Q 1.2) may be made publicly available.

If you do not wish your contact details and proposal snapshot to be made available in this way, do not tick the relevant box on the Endorsement of Application page. This will have no influence on the assessment of your application.

1.10.6 Conditions of allocation
Conditions will be imposed on the allocation of new places. The Act stipulates a number of mandatory conditions and gives the Secretary, or the Secretary’s delegate, the authority to determine other conditions specific to each allocation of places. If your application is successful, the conditions of allocation will be imposed to reflect the details provided in your application.

Details of successful applicants’ targeting of Special Needs Group(s) and Key Issues will be publicly available and published on the department’s website following the results of the 2018-19 ACAR.

Please note: This information will not be immediately available and will be published at a later date.

This is because it takes time for the department to process and issue conditions of allocation for all of the 13,500 residential places made available.

Additionally, please note: For STRC places, compliance with the Programme Manual is a condition of allocation for all successful applicants. The department may also impose other conditions of allocation for STRC.

Existing conditions of allocation/transfer of places
If you are seeking to vary your current conditions of allocation or to transfer places, you may apply through the department at any time. These matters are not linked to the 2018-19 ACAR process, although a transfer of places may form part of your overall proposal.

1.10.7 Applications used for other purposes
Information contained in your application submitted in the 2018-19 ACAR may be considered as part of the assessment of applications in other department processes.
2018-19 ACAR
ESSENTIAL GUIDE

Chapter 2 –
Part A: Applicant Details & Financial Information Instructions
Please note: Some fields in the application form do not allow you to format your response. This is deliberate, to ensure your responses are submitted in the required format. You may only type text, numbers or dates in these fields.

You will not be able to format any responses in the Part A application form.

Part A: Section 1 - Applicant details
You must complete a Part A form once for your organisation.

You are required to answer the questions in the Part A form at your organisation (Approved Provider) level. The Part B and Part C forms will capture your service level information.

Part A: Q 1.1 Approved Provider or organisation information
Approved Provider or organisation name
If you are an Approved Provider of residential or flexible care under the Act, enter your full name here. Do not use abbreviated Approved Provider names, provide the entire name in full.

If you are not an Approved Provider of residential or flexible care under the Act, enter the full legal name of your organisation. Do not use abbreviated names for your organisation, provide the entire name in full.

Please note: You must be an Approved Provider to receive an allocation of places or a capital grant.

If you are not an Approved Provider at the time you submit your application(s), the name you provide must match the name you declare in your Approved Provider application.

Existing Approved Providers are required to provide their correct Approved Provider name. You can locate your correct Approved Provider name by referring to the aged care services list at 30 June 2017, or by checking your Approved Provider details in your Department of Human Services Payment Statement as shown below.

Approved Provider ID
You may enter either your National Approved Provider System (NAPS) ID, or your Approved Provider Number which appears on your Department of Human Services Payment Statement.

Your NAPS ID can be found in the letter advising of your approval as an Approved Provider of residential or flexible care.

Your Approved Provider Number which appears on your Department of Human Services Payment Statement can be found in the top left-hand corner as shown below (third number down – Approved Provider Number).
Please note: If you are not yet an Approved Provider, leave this field blank.

ABN/ACN/Incorporation number
Enter your Australian Business Number (ABN)/Australian Company Number (ACN)/Incorporation number.

You can confirm your organisation identifier(s) using the following lookups:
- ABN lookup
- Incorporation status and number.

Part A: Q 1.2 Approved Provider or organisation postal address
Provide your postal address.

All letters advising of the results of your application(s) will be sent to this address. These details will also be used as the official postal address for all enquiries the department may have relating to any applications you submit for the 2018-19 ACAR.

Please note: An entire ACAR process can take around eight months to complete, possibly longer if large numbers of applications are received and/or the process is running over an end of year period. You should ensure that your nominated postal address is one which will remain relevant to your application and be monitored throughout this period.

Part A: Q 1.3 Contact details
Provide the telephone and email contact details for your primary and alternative contact. This contact is responsible for your application, and as such should have a detailed understanding of your application.

Please note: An entire ACAR process can take around eight months to complete, possibly longer if large numbers of applications are received and/or the process is running over an end of year period. Where possible you should ensure that your nominated contacts are persons who will remain available throughout this period. Nominating a group/organisation inbox that can be checked by multiple people may be beneficial to ensure no breakdown in communication throughout the process.

Additionally, please note: A receipt will be sent to the primary email address provided in Part A, Q 1.3, after the specified closing date and time for the lodgement of applications. If you do not complete this section a receipt will not be issued.
Part A: Q 1.4 What are you applying for in the 2018-19 ACAR?
Tick boxes are provided for residential care places, capital grants and STRC places. Place a tick in the relevant box for each type of application you are submitting.

Please note: You are required to complete a separate Part B and/or Part C for each service in which you are applying for places or a capital grant.

Part A: Q 1.5 How many service level applications are you submitting for residential care places and/or capital grants (Part B) and STRC places (Part C) in each state and territory?
By state or territory, indicate how many applications (not places) for residential care places and/or a capital grant you are submitting under ‘Number of Part B applications’. You must submit a separate Part B application form for each service where you are applying for places and/or a capital grant.

By state or territory, indicate how many applications (not places) for STRC places you are submitting under ‘Number of Part C applications’. You must submit a separate Part C application form for each service where you are applying for places.

Part A: Section 2 - Organisation level financial details (residential care places and/or capital grant)
(If you are not applying for residential care places and/or capital grants, ie seeking STRC places only, do not answer. Go directly to the Endorsement page)

Part A: Organisation level financial details (residential care places &/or capital grant)
Financial information underpins a number of the 2018-19 ACAR assessment criteria including continuity of care for current and future residents, measures to protect the rights of residents (particularly in relation to lump sum accommodation payments) and, for services where refurbishment or new construction is required, making places operational in a timely manner.

Residential care places are initially allocated for four years (with the possibility to extend the initial period for two twelve-month periods subject to approval by the Secretary). During this time, providers are required to operationalise the residential care places. Therefore, the department is seeking information about your financial status across this four year period.

When explaining your organisation’s financial position, you should take into account what will be required to operationalise all the places your organisation is seeking in this ACAR, as well as activities underway to operationalise any Provisionally Allocated places your organisation already has. The department must consider whether the allocation of new places will have an adverse effect on your ability to operationalise, in a timely manner, any Provisionally Allocated places you already hold. If the information you provide does not clearly demonstrate this, you will not be allocated new places.

Any allocation of places or a capital grant does not imply that the Australian Government guarantees the viability of your service or of your organisation. You must make your own assessment as to the viability of your operations and of the adequacy of capital funding arrangements. At the earliest opportunity you should notify the department of any change in your circumstances that will significantly affect your capacity to finance your proposal.

Part A: Assessment of financial information
The department may use the services of an independent financial analyst to conduct an assessment of the financial risks associated with your proposal, and the impact any financial risk identified may have on your organisation’s ability to deliver care in the long term, and ability to complete any capital works relevant to the application.
The analysis will cover:

- whether the data you have provided is logical, internally consistent, verifiable from the information supplied either by you and/or the department and of suitable quality for assessment
- if the assumptions made by you in your business case are reasonable
- if your financial projections are consistent with your organisation’s/service’s current financial situation and your assumptions underlying your business case
- your capital structure and your ability to finance the project(s)
- any risks to your financial viability if the project(s) proceed; and where a capital grant is sought:
  o your capacity to contribute to the finance required for the proposed works, taking into account your anticipated Refundable Accommodation Deposits (RADs) and the debt servicing capacity arising from your ongoing underlying operating surplus after prudent provision for future liabilities.

If the independent analyst wishes to clarify any financial information, your authorised contact person(s) will be contacted by an officer of the department. Any request for clarification is to allow consideration of your application and should not be taken as an indication of the likely outcome of your application.

There is no requirement for the department to clarify any information. Seeking clarification does not mean that other, further information will also be sought. The onus is on you to provide sufficient information in your application, and supporting documentation, to allow the department to assess your application.

The point in time financial figures recorded at 30 June 2017 should match the audited financial statements for the 2016-17 financial year. The figures provided in your application will be compared to the figures in these statements. If the figures do not match an explanation must be provided as to the difference.

In your financial projections, you are required to account for any provisionally allocated places (places already allocated to your organisation through previous ACARs) becoming operational over this period and all residential care places sought in this ACAR becoming operational.

**Part A: Financial tables – which columns to complete**

The following instructions apply for these Part A tables:

- Q 2.1 Statement of financial position – assets
- Q 2.2 Statement of financial position – liabilities
- Q 2.4 Applicant organisation – income statement
- Q 2.6 Applicant organisation – statement of cashflow.

**Columns A to B**

All applicants must complete columns A and B.

Provide the relevant figures at your organisation (Approved Provider) level. If you are an Approved Provider with a single service, this information may be the same as your service level information.

You are required to provide details of your organisation’s actual position as at 30 June 2017. These figures should match:

- your 2016-17 General Purpose Financial Report provided to the department for prudential reporting, if you are an Approved Provider, or
- your audited 2016-17 financial statements, as Attached for Q 2.10, if you are not yet an Approved Provider.
You are required to detail the actual, if known, or forecast situation at the end of 30 June 2018. If you have audited financial statements for 2017-18, use these figures. If you do not yet have audited financial statements for 2017-18, you must estimate what you expect these figures to be.

Columns C to G
Applicants are given four years, from allocation, to operationalise residential care places*.

The department is seeking an estimate of your financial position in any years where you will be working towards operationalising places (or completing construction if you are seeking a capital grant).

Therefore, you are only required to complete columns until you reach the date you expect to operationalise places and/or complete works (completion date).

Please note: Your anticipated completion date should match the latest date you provide in response to Part A: Q 2.9 if you are applying for multiple services, or in response to Part B: Q 4.1(b) 'All places expected to be operational', if you are only applying for one service.

For example:
- if you expect to have all the places you are seeking operational (and/or works completed) by 20 May 2020, complete columns C and D
- if you expect to have all places operational (and/or works completed) by 25 December 2020, complete columns C to E
- if you expect to have all the places operational (and/or works completed) by 25 July 2021, complete columns C to F
- if you do not expect to have all places operational (and/or works completed) until 30 June 2023, you must complete all columns (C to G).

<table>
<thead>
<tr>
<th>(complete the columns up to when you forecast all places to be fully operational and works completed)</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
</tr>
</thead>
<tbody>
<tr>
<td>*If your organisation’s financial year ends on a date other than 30 June, complete in accordance with your financial year end, insert your financial year end date</td>
<td>Actual position at 30 June 2017</td>
<td>Actual if known or forecast situation at 30 June 2018</td>
<td>Forecast situation at 30 June 2019</td>
<td>Forecast situation at 30 June 2020</td>
<td>If applicable: Forecast situation at 30 June 2021</td>
<td>If applicable: Forecast situation at 30 June 2022</td>
<td>If applicable: Forecast situation at 30 June 2023</td>
</tr>
</tbody>
</table>

*Please note: If you are applying for a capital grant only, i.e. not seeking any new residential care places, you must also provide information across relevant financial years to allow the department to consider your situation across the potential construction period.

Part A: Q 2.1 Statement of financial position – assets
(Your organisation’s financial position should include all places your organisation is seeking in this ACAR as well as any Provisionally Allocated places your organisation already has)
Provide the relevant figures at your Approved Provider or organisation level. If you are an Approved Provider with a single service, this information may be the same as your service level information. See ‘Part A: Financial tables – which columns to complete’ above for table instructions.

When explaining your organisation’s financial position, you should consider the requirements to operationalise:
- all the places your organisation is seeking in this ACAR. If you are applying for more than one service, do not assume some applications will not be successful, submit your information as if all
applications will be successful. The department’s independent financial assessors will then consider what level of places may reasonably be allocated
• any Provisionally Allocated places your organisation already has. The department must consider whether the allocation of new places will have an adverse effect on your ability to operationalise, in a timely manner, any Provisionally Allocated places you already hold. If the information you provide does not clearly demonstrate this, you will not be allocated new places.

**Part A: Q 2.2 Statement of financial position – liabilities**
Provide the relevant figures at your Approved Provider or organisation level.

See ‘Part A: Financial tables – which columns to complete’ above for table instructions.

**Part A: Q 2.3 Please identify ‘Other’ assets and liabilities**
If you have answered ‘Other’ in the above assets and/or liabilities tables you will need to provide an explanation. ‘Other’ assets may include prepayments and inventories and ‘Other’ liabilities may include lease premiums and CDC unspent client funds.

If you are seeking multiple allocations of places in this ACAR, provide your response on the assumption that all allocations sought will be granted. The department may then consider what level of allocation would be appropriate should your applications be considered suitable.

The word limit for this question is **300** words.

**Part A: Q 2.4 Applicant organisation – income statement**
Provide the relevant figures at your Approved Provider or organisation level.

See ‘Part A: Financial tables – which columns to complete’ above for table instructions.

**Part A: Q 2.5 Outline how your organisation will address any operating deficit**
If the projections for your organisation show an operating deficit in any year, describe how your organisation intends to fund this deficit.

If you are seeking multiple allocations of places in this ACAR, provide your response on the assumption that all allocations sought will be granted. The department may then consider what level of allocation would be appropriate should your applications be considered suitable.

The word limit for this question is **150** words.

**Part A: Q 2.6 Applicant organisation – statement of cashflow**
Provide the relevant figures at your Approved Provider or organisation level.

See ‘Part A: Financial tables – which columns to complete’ above for table instructions.

*Please note:* In completing the statement of cashflow:
• the opening net cash position should be the same as the closing net cash position of the year before
• the closing net cash position must match the amount in Part A: Q 2.1 Statement of financial position – assets, Cash and bank accounts.

**Part A: Q 2.7 Outline how your organisation will address any cashflow shortfall**
If the projections for your organisation show an operating cashflow shortfall in any year, describe how your organisation intends to fund this shortfall.
If you are seeking multiple allocations of places in this ACAR, provide your response on the assumption that all allocations sought will be granted. The department may then consider what level of allocation would be appropriate should your applications be considered suitable.

The word limit for this question is **150** words.

**Part A: Q 2.8 Describe the assumptions underlying the projections**

(Uses made about changes in occupancy, income, expenses, growth/decrease in number of residents paying RADs/DAPs and the average RAD/DAP paid. Ensure you include assumptions in regard to Provisionally Allocated places you already hold)

Provide information on the assumptions underlying your projections for your Approved Provider or organisation.

You should also include details on the status of your operationalisation of Provisionally Allocated places, either allocated prior to this ACAR or through this ACAR, where they are factored into the projections. These details should include the amount of RADs expected to be collected, the amount and source of any financing required and the construction cost (if any associated with the provisional places).

If you are seeking multiple allocations of places in this ACAR, provide your response on the assumption that all allocations sought will be granted. The department may then consider what level of allocation would be appropriate should your applications be considered suitable.

The word limit for this question is **150** words.

**Part A: Q 2.9 Multiple service applications**

(If you are only applying for one service, do not answer)

Your financial projections must account for all residential care places and/or capital grants sought through the 2018-19 ACAR. As such, if you are seeking residential care places and/or capital grants at multiple services through the 2018-19 ACAR, you are required to provide key details about each service.

You should ensure that the individual service detail you provide here is consistent with your combined answers to the questions above, in which you should respond on the assumption that all allocations sought will be granted.

**Part A: Q 2.10 Required attachments**

If your organisation is not currently providing residential care services and/or has not submitted its audited financial statements for 2016-17 as part of departmental prudential reporting (General Purpose Financial Report), you **must** attach audited 2016-17 financial statements, including any notes and/or auditor’s opinions.

Only attach your organisation’s audited financial statements if you:

- are not an existing Approved Provider of aged care; and/or
- have not submitted your 2016-17 General Purpose Financial Report.

Failure to provide the required attachments may adversely impact on an assessment of your:

- financial viability
- ability to deliver care in the long-term
- ability to complete any capital works relevant to your proposal
- organisational viability and sustainability.

Failure to provide the required attachments may also, overall, make your application less competitive.
Part A – Endorsement of application
(Changes have been made to the endorsement section since the last ACAR so please read this section carefully)

Part A: Endorsement - all applicants
All applicants are required to read and tick the box against each required* point below. Failure to tick a required box may result in your application being considered as invalid. See 1.4.9 Invalid Applications for details.

By ticking you affirm that you:

- Are aware the provisional allocation period for making places operational is currently four years after the day on which the allocation is made, unless extended, in accordance with section 15-7 of the Aged Care Act 1997 and will not be extended beyond six years from the date of allocation, without exceptional circumstances being granted. This means that any aged care places you are allocated in this ACAR must be operational within six years or they may be revoked.
- Are aware that ACAR materials published on the department’s website may have been updated throughout the application period and certify that you have considered the most recent advice when submitting your application(s).
- Have read this 2018-19 ACAR Essential Guide. In particular that you have read the Chapters relevant to your application type, and that if you are applying for a capital grant, you have also read the Program Guidelines: Rural Regional and Special Needs Building Fund Program at Chapter 4.
- Declare that the information provided in your application and associated attachment(s) is true and complete. Giving false or misleading information is a serious offence. There are offences established by the Aged Care Act 1997 and the Criminal Code Act 1995 relating to providing false or misleading information. Approvals based on false or misleading information may be revoked.
- Declare that the key personnel in your organisation are, and will continue to be, suitable to provide aged care and are not disqualified individuals.
- Consent to the Secretary of the Department of Health providing relevant information in respect of your application to other persons or organisations, in order to obtain their advice as necessary to assist in assessing your application, or in assessing other applications submitted in the 2018-19 ACAR. These organisations may include, but are not limited to, the Australian Aged Care Quality Agency and state, territory or Australian Government Departments and/or other relevant sources, such as independent financial analysts.
- Consent to the persons or organisations that are contacted in relation to your organisation’s 2018-19 ACAR application(s) releasing information to the Department of Health.
- *Consent, should any application you submit be successful, to the provision of your contact details to your relevant parliamentary representatives. If you would prefer not to have your contact details provided do not tick the box. Giving or withholding this consent will in no way affect the assessment of your application(s).
- *Consent, should any residential places or capital application you submit be successful, to details from the relevant Proposal Snapshot (Part B: Q 1.2) information being made publicly available. If you would prefer not to have your Proposal Snapshot made publically available do not tick the box. Giving or withholding this consent will in no way affect the assessment of your application(s).

*These are not considered ‘required’ tick boxes. Ticking these boxes is optional and will not affect the assessment of your application in any way.
If you are not seeking a capital grant, move to ‘Part A: Endorsing Officer’ below.

**Part A: Endorsement - capital grant applicants only**

Capital grant applicants are required to read and tick the box against each point below. Failure to tick a box may result in your application being considered as invalid. See 1.4.9 Invalid Applications for details.

By ticking you:

- Declare that you are not able to independently fund all of the capital works, including through debt funding.
- If your service is part of a parent organisation, this includes that your parent organisation does not have the capacity to fund the works.
  
  Pointing to a range of other capital works projects being undertaken by your service or parent organisation, as the reason you cannot fund the capital works, does not appropriately demonstrate lack of capacity to fund.
- Declare that the service for which grant funding is sought does not have an allocation of Extra Service Status (ESS), of any number, whether active or not.
  
  Services with ESS are not eligible for capital grants. See the Program Guidelines: Rural Regional and Special Needs Building Fund at Chapter 4 for details.
- Declare that the Approved Provider, or potential Approved Provider, for the service seeking grant funding is not a state or territory government, or an authority of a state or territory government.
- Declare that you are not applying in regard to a project where capital works have already been contracted, or commenced, or completed.
- Understand that you must be the Approved Provider, holding an allocation of residential care places at the service to which the capital grant application relates, in order to be allocated a grant. See 1.3.2 Approved Provider status, and Chapter 4 Program Guidelines: Rural Regional and Special Needs Building Fund, for further details.

**Part A: Endorsing officer – all applicants**

Your application can be signed only by those persons who are legally empowered to give assurances and enter into contracts and commitments on your behalf.

If you have engaged a third party to assist with the preparation of your application, you should ensure that the application and financial information is accurate, clearly expressed, complete and internally consistent before signing the formal endorsement of the application.

In signing the endorsement, you are affirming that you represent the Approved Provider submitting the application and that your proposal has the full consent and support of your organisation’s Board of Directors, or equivalent other relevant authority.

Your organisation’s company seal and citation is required only if your organisation is an incorporated company, and the company is required by its constitution to seal such documents.

Please note, by signing the application you are affirming your understanding and acceptance that individual feedback will not be provided on your application(s) for the 2018-19 ACAR process.
2018-19 ACAR
ESSENTIAL GUIDE

Chapter 3 –
Part B: Residential & Capital Instructions
Part B: Eligibility - Residential care places &/or capital grant
To be eligible to be allocated residential care places you must:
- be an Approved Provider* for residential aged care under the Aged Care Act 1997 (the Act).

To be eligible to be allocated a capital grant** you must:
- be the Approved Provider* of residential aged care under the Act at the residential aged care service to which the capital grant application relates
- hold an allocation, or be applying for an allocation, of residential aged care places at the residential aged care service which is seeking capital funding
- not be a state or territory government, or an authority of a state or territory government
- not hold an allocation of Extra Service Status (ESS) at the residential care service which is seeking capital funding (regardless of the number of places, and whether the ESS is active or not)
- not be applying in regard to a project where capital works have already been contracted, or commenced, or completed
- be able to prove you cannot fund all of the capital works, including through debt funding. If you are part of a parent organisation, this includes that your parent organisation does not have the capacity to fund the works (this means that, if you are applying for residential care places, and a grant you are dependent on to operationalise those places, you will not be allocated the places if your grant application is unsuccessful).

*Please note: Allocations of places and/or capital grants can only be made to organisations which are Approved Providers under the Act. While you can submit an ACAR application at the same time as you apply to be an Approved Provider, you cannot be allocated places or a grant until you are approved as an Approved Provider. See 1.3.1 Definition of ‘Applicant’ and 1.3.2 Approved Provider status.

**For full capital funding eligibility see Chapter 4 – Program Guidelines: Rural, Regional and Other Special Needs Building Fund.

Part B: What sections to complete
For the 2018-19 ACAR, the residential care places and capital grants forms have been amalgamated.

You will need to complete a Part B Application for each service in which you are seeking an allocation of residential care places and/or a capital grant.

However, you only need to complete the Sections which relate to what you’re applying for:

<table>
<thead>
<tr>
<th>Seeking</th>
<th>No capital works*</th>
<th>Capital works**</th>
<th>Complete Sections:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☑</td>
<td></td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>Places</td>
<td>☑</td>
<td>☑</td>
<td>☑ ☑ ☑ ☑</td>
</tr>
<tr>
<td>Places</td>
<td>☑</td>
<td>☑</td>
<td>☑ ☑ ☑ ☑</td>
</tr>
<tr>
<td>Places and capital grant</td>
<td>☑</td>
<td>☑</td>
<td>☑ ☑ ☑ ☑ ☑ ☑</td>
</tr>
<tr>
<td>Capital grant only</td>
<td>☑</td>
<td>☑</td>
<td>☑ ☑ ☑ ☑ ☑ ☑</td>
</tr>
</tbody>
</table>
Please note:
*No capital works: if all the places you are seeking will be operationalised immediately, and you are attaching a corresponding Certificate of Occupancy (see 1.2.5).

**Capital works: whether self-funded or the subject of a capital grant application.

Part B: Section 1 - Service proposal summary

Please note: Some fields in the application form do not allow you to format your response. This is deliberate, to ensure your responses are submitted in the required format. You may only type text, numbers or dates in these fields.

You will not be able to format any responses in Section 1 of the Part B application form.

Part B: Q 1.1 Service details

Approved Provider or organisation name
This should be the same Approved Provider or organisation name you entered at Part A: Q 1.1.

If you are an Approved Provider of residential care under the Act, enter your full name here. Do not use abbreviated Approved Provider names, provide the entire name in full.

If you are not an Approved Provider of residential care under the Act, enter the full legal name of your organisation. Do not use abbreviated names for your organisation, provide the entire name in full.

Approved Provider ID
This should be the same Approved Provider ID number you entered at Part A: Q 1.1.

If you are an existing Approved Provider of residential aged care, you may enter either your National Approved Provider System (NAPS) ID, or your Approved Provider Number which appears in your Department of Human Services Payment Statement.

Your NAPS ID can be found in the letter advising of your approval as an Approved Provider of residential care.

Your Approved Provider Number, which appears on your Department of Human Services Payment Statement, can be found in the top left-hand corner as shown below (third number down – Approved Provider Number).
Service name
Provide the name of the existing, or new, service where you are applying for places and/or a capital grant. If your service name is the same as your organisation name, as entered above, and in your Part A application form, you should rewrite the name in this section.

Physical address (if known)
Provide the physical address of the service including the street number and name, suburb or town, state or territory and postcode.

You should be aware that the 2018-19 ACAR will prioritise applications from regional, rural and remote locations. Please note that applications for metropolitan areas are still encouraged. See Chapter 6, 6.2 Priority for regional, rural and remote areas, for details.

If address not known
If you have not yet determined the address of your proposed service (eg. currently seeking land), provide the SA3 in which you intend to build. You can determine the SA3 of an address or area here: http://www.health.gov.au/internet/main/publishing.nsf/Content/ACAR-Map2018-19.

Part B: Q 1.2 Proposal snapshot
(a) Does your proposal relate to a new or existing service?
If you are applying to establish a new service, select the ‘New service’ tick box.

If you are applying for an existing service, select the ‘Existing service’ tick box. Please note an existing service is a current operational service.

If applying for an existing, operational service, enter your Residential Aged Care (RAC) Service ID. Your RAC Service ID appears on your Department of Human Services Payment Statement and can be found in the top left-hand corner as shown at Q 1.1 above (first number – Aged Care Service Number).

If applying for an existing, pre-operational service, you will not have been issued a RAC Service ID, so leave this blank.

(b) Provide a high level summary of your proposal
The response provided here should provide brief, general information on your proposal for this service. It should be a bare-bones summary of your proposal.

While in-depth detail is not required (full details should be provided at Q 2.1), do not skip aspects of your proposal because they are expanded on in later questions.

Explain in a brief, straightforward way what you plan to do. Areas you might wish to cover could include:
• where – are/will you be located?
• what – do you plan to do?
• who – will benefit from it?

Your snapshot must include details of any proposed capital works, as well as the quantity and quality of accommodation proposed.

The word limit for this question is 200 words.
Please note: If your application is successful, and if you have provided consent (Part A, Endorsement page), details from your Proposal snapshot may be made publicly available eg. on the department’s website, in response to media enquiries or to your parliamentary representatives.

If you would prefer not to have any detail from your Proposal snapshot made publically available, do not tick the consent box on the Endorsement page of your Part A application. Giving or withholding this consent will not affect the assessment of your application(s).

(c) Is this proposal dependent on a capital grant?
If you are not applying for a capital grant for this service, tick the ‘No’ box.

If your proposal is dependent on a capital grant, tick the ‘Yes’ box and provide the required figures at ‘(d)’, ‘(e)’ and ‘(f)’, see below for details.

Please note: To receive a capital grant, you must be able to prove you cannot fund all of the capital works, including through debt funding. If you are part of a parent organisation, this includes that your parent organisation does not have the capacity to fund the works. This means that, if you are applying for residential care places, and a grant to enable operationalisation of those places, you will not be allocated the places if you are unsuccessful in your grant application.

See Chapter 4 – Program Guidelines: Rural, Regional and Other Special Needs Building Fund for further information.

(d) Capital grant amount sought
This is the amount of grant funding that you are seeking from the department towards your project.

In deciding the amount of the capital grant, the department will consider the cost of the project and the extent to which you have a demonstrated lack of capacity to fund the proposed works, taking into consideration all possible sources of finance.

The department may offer you a capital grant amount which is less than the capital grant amount sought. It is up to you whether to accept any capital grant offer.

(e) Applicant contribution
In deciding the amount of a capital grant, the department will consider the amount that your organisation is able to contribute to the project. This amount is called the Applicant contribution.

When developing your proposal you should determine how much you are able to contribute, either directly or by borrowing. You should aim for an amount that you can reasonably provide, without causing undue financial risk to your organisation’s financial position.

If you are not proposing to contribute funds to the project, you must be able to demonstrate that you do not have the capacity to contribute anything.

Pointing to a range of other capital works projects being undertaken by your service or parent organisation as the reason you cannot fully fund, or contribute to, the capital works does not appropriately demonstrate lack of capacity to fund.

Please note: If your application is successful, your name, address and grant amount offered will be publicly available and published on the department’s website.
Additionally, please note: If you have provided consent (Part A, Endorsement page), details from your Proposal snapshot may also be made publicly available. These details will include your Applicant contribution and Total project cost where a capital grant is allocated.

If you would prefer not to have these details made publically available, do not tick the consent box on the Endorsement page of your Part A application. Giving or withholding this consent will not affect the assessment of your application(s).

(f) Total project cost
The ‘Total project cost’ should be the combined sum of the ‘Applicant contribution’ and the ‘Capital grant amount sought’.

The cost of the project must be estimated as accurately as possible by a professional (quantity surveyor, project manager, architect or builder) who has experience of residential care construction and local building conditions/costs.

While costs should be realistic, be careful not to under-cost your proposal. If you under-cost a project, the independent financial assessment may identify a shortfall of funds, which may indicate the proposal is not viable.

Please note: If your application is successful, your name, address and grant amount offered will be publicly available and published on the department’s website.

Additionally, please note: If you have provided consent (Part A, Endorsement page), details from your Proposal snapshot may also be made publicly available. These details will include your Applicant contribution and Total project cost where a capital grant is allocated.

If you would prefer not to have these details made publically available, do not tick the consent box on the Endorsement page of your Part A application. Giving or withholding this consent will not affect the assessment of your application(s).

Part B: Q 1.3 Number and type of new places sought for this service
If you are not seeking any new places in this application (ie Capital grant application only), leave this table blank but ensure that you complete the table at Q 1.4 Number of Existing places your proposal includes.

If you are applying for new places, you are required to specify both a minimum and maximum number of residential care places being sought. If your maximum and minimum sought are the same, enter the same number in both relevant boxes, noting that if you are seeking a large number this may reduce the likelihood of receiving places.

Type of new places sought
The table allows you to identify any combination of General Access, Special Needs Groups or Key Issues you wish to target in the places sought. In some geographic areas, the department has identified Special Needs Groups or Key Issues that it particularly wants applicants to address. You can check whether there is any specific targeting in your location by entering your address here.

You should note that, if successful, your conditions of allocation will reflect the targeting you nominate in the table. Indicating you will target a particular group(s) or issue means that you will provide priority of access for residents from the nominated group(s) or issue. These details will be published on the department’s website after the results of the 2018-19 ACAR are announced.
**General Access places**

General Access places are open to any resident, regardless of special needs or Key Issue status.

**Example – General Access places**

<table>
<thead>
<tr>
<th>Type of new places sought</th>
<th>Special Needs Group(s):</th>
<th>Key Issue: dementia</th>
<th>Key Issue: other* (specify)</th>
<th>Min places sought</th>
<th>Max places sought</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Access places</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>144</td>
<td>200</td>
</tr>
<tr>
<td>Priority of access</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Priority of access</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Priority of access</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total** 144 200

**Key Issue: Respite** - Total days

**Example – General Access places with Key issue (respite)**

<table>
<thead>
<tr>
<th>Type of new places sought</th>
<th>Special Needs Group(s):</th>
<th>Key Issue: dementia</th>
<th>Key Issue: other* (specify)</th>
<th>Min places sought</th>
<th>Max places sought</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Access places</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>144</td>
<td>200</td>
</tr>
<tr>
<td>Priority of access</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Priority of access</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Priority of access</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total** 144 200

**Key Issue: Respite** - days 1825 3650

**Special Needs Groups places**

All providers must provide services that are appropriate to the needs of the resident and respect their preferences, including any cultural, linguistic, religious or other.

Beyond this, you may indicate that you wish to provide priority of access for residents from one or more Special Needs Groups under the Act. Please note that dementia is not a Special Needs Group under the Act. Instead, dementia is a designated ‘Key Issue’. See Key Issues below for details.

These are the Special Needs Groups which are specified under the Act, and their abbreviations:

- (a) people from Aboriginal and Torres Strait Islander communities (ATSI);
- (b) people from culturally and linguistically diverse backgrounds (CaLD)*;
- (c) people who live in rural or remote areas (R-R);
- (d) people who are financially or socially disadvantaged (FSD);
- (e) veterans (VET);
- (f) people who are homeless or at risk of becoming homeless (HOM);
- (g) care leavers (CLV);
- (g) parents separated from their children by forced adoption or removal (PSC);
- (h) lesbian, gay, bisexual, transgender and intersex people (LGBTI).

*Please note: If nominating CaLD, identify which language/community group(s).
Example – Special Needs Groups places

<table>
<thead>
<tr>
<th>Type of new places sought</th>
<th>Special Needs Group(s):</th>
<th>Key Issue: dementia</th>
<th>Key Issue: other* (specify)</th>
<th>Min places sought</th>
<th>Max places sought</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Access places</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>Priority of access</td>
<td>ATSI</td>
<td></td>
<td></td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>Priority of access</td>
<td>R-R</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Priority of access</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Total</strong></td>
<td>25</td>
</tr>
</tbody>
</table>

(c) Key Issues places

People with dementia are not a specified Special Needs Group under the Act. Instead, dementia is a designated Key Issue.

This is because Key Issues, such as dementia or respite can, and do, cut across all of the Special Needs Groups. When the department refers to:

- Special Needs Groups: it is asking specifically about people from the Special Needs Groups designated in the Act (listed above), not people with dementia
- Key Issues: it is asking specifically about dementia, respite or any other issue you have identified as a Key Issue for your service (see below)

Where you intend to address ‘other’ Key Issues, you can make the department aware of this via the table and in subsequent answers that reference targeted Key Issues. If you are specifying an ‘other’ Key Issue(s), you are required to state the issue in the text box provided in the ‘Key Issue: other’ column of the table. Examples of ‘other’ Key Issues applicants have previously identified include residents with mental health issues or a history of incarceration.

Example – Key Issues places (dementia & ‘other’)

<table>
<thead>
<tr>
<th>Type of new places sought</th>
<th>Special Needs Group(s):</th>
<th>Key Issue: dementia</th>
<th>Key Issue: other* (specify)</th>
<th>Min places sought</th>
<th>Max places sought</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Access places</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>Priority of access</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Priority of access</td>
<td></td>
<td></td>
<td>Mental health</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Priority of access</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Total</strong></td>
<td>20</td>
</tr>
</tbody>
</table>

Key Issue: Respite** - Total days
Example – Special Needs Groups places and Key Issues (dementia places & respite)

1.3 Number and type of new places sought for this service

<table>
<thead>
<tr>
<th>Type of new places sought</th>
<th>Special Needs Group(s):</th>
<th>Key Issue: dementia</th>
<th>Key Issue: other* (specify)</th>
<th>Min places sought</th>
<th>Max places sought</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Access places</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Priority of access</td>
<td>CalD</td>
<td></td>
<td></td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>Priority of access</td>
<td>(Greek, Italian)</td>
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<td></td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Priority of access</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td>18</td>
<td>23</td>
</tr>
</tbody>
</table>

Key Issue: Respite** - Total days 365 548

Part B: Q 1.4 Number of EXISTING places your proposal includes (if applicable)
(If your proposal is entirely reliant on new places sought in this application, do not answer)
If your proposal intends to use places other than those sought in this application, enter the number under the type of places here. It is important to identify these places because the assessment process will consider your proposal as a whole. Examples of where you might complete this question include when your proposal:
- will refurbish existing places and include both new places sought in this application (Q 1.3)
- includes Provisionally Allocated places allocated in a previous ACAR
- is seeking a capital grant only*.

Example – Operational places and Offline places

1.4 Number of EXISTING places your proposal includes (if applicable)
(If your proposal is entirely reliant on new places sought in this application, do not answer)

<table>
<thead>
<tr>
<th>Operational places</th>
<th>Provisionally Allocated places</th>
<th>Offline places</th>
</tr>
</thead>
<tbody>
<tr>
<td>80</td>
<td></td>
<td>10</td>
</tr>
</tbody>
</table>

Example – Provisionally Allocated places and Offline places

1.4 Number of EXISTING places your proposal includes (if applicable)
(If your proposal is entirely reliant on new places sought in this application, do not answer)

<table>
<thead>
<tr>
<th>Operational places</th>
<th>Provisionally Allocated places</th>
<th>Offline places</th>
</tr>
</thead>
<tbody>
<tr>
<td>120</td>
<td></td>
<td>25</td>
</tr>
</tbody>
</table>

*Please note:
Capital only applications
All residential care under the Act is provided via a residential aged care place. If you are seeking a capital grant only, the capital works you propose must be in relation to care provided via residential care places.

Therefore, if you are seeking a capital grant only (not seeking new places in this ACAR), you should specify the places the grant will relate to. Examples include existing Operational places you are proposing to rebuild or refurbish, Provisionally Allocated places you were allocated in previous ACARs, or places you hold which have become Offline.
If you are planning to rebuild or refurbish administration, clinical, laundry, kitchen/dining or other communal areas, this work is considered to be in relation to all residents, and therefore to the places those residents do, or will, occupy.

Part B: Definition of places

Operational places

An Operational place is a residential care place where:

- the Secretary has determined under section 15-1 of the Act that the provider is in a position to provide residential care and receive subsidy in respect of that place; and
- the place is either occupied by a resident or, if unoccupied, it is available for a new resident.

Provisionally Allocated places

A Provisionally Allocated place (a PA) is a place which was allocated to you in any previous ACAR, and which has not expired or been operationalised.

Offline places

Offline places are places allocated to your service that are eligible to receive subsidy but you have made a business decision to not make those places available to provide care.

Part B: Section 2 - Service proposal details

Part B: Q 2.1 Expanded proposal information - provide a detailed description of your proposal for this service, include details of any capital works proposed (whether applying for a capital grant or not)

The purpose of this question is to obtain a detailed description of your proposal for this service. The word limit of 1,000 words for this question gives a guide to the level of detail expected.

Your response to this question should be a more comprehensive version of your proposal snapshot, and may include (where relevant), the following details:

- **Where** – are you located?
  - physical location of the service
  - anticipated catchment area.

- **What** – do you plan to do with the places you are seeking?
  - any special design features of the service
  - details of any capital works planned or commenced including:
    - room configurations (eg. single rooms with en-suites, double rooms etc), floor or wing configurations
    - the physical environment (inside and outside)
    - other supporting infrastructure (such as clinical rooms and meeting areas)
  - details of any re-organisation of existing space
  - details of the number and type of places your proposal relates to, including:
    - the use of any non-Commonwealth funded, existing Offline, or Provisionally Allocated places
    - any proposed variations or transfers of existing places
    - the total operational places you will provide on completion
    - current tenancy/occupancy agreements in place (if applicable).
• **How** – will you provide care?
  o your service delivery model, including:
    - range and number of staff you employ
    - minimum qualifications, skills and experience of care staff
  o how you will support wellness, reablement, and independence in residents
  o any innovations you propose, and their benefits
  o how you will incorporate residential respite (if relevant), including details of the respite care model
  o if you are applying for a location in which there is an established Multi-Purpose Service (MPS), how you work with this service.

• **Who** – will benefit and how?
  o new or existing residents, including any Special Needs Groups or Key Issues
  o families or staff.

• **When** – will the places be operational?
  o the estimated total time to complete your proposed works
  o the stages of your build (if relevant).

The word limit for this question is **1,000** words.

**Please note:** This question does not constitute or form part of an application for a variation of, and/or transfer of, places. Detailed information about seeking a variation or notifying of a transfer of places can be accessed at the following webpage links, [Apply to Vary](#) or [Notice to Transfer](#).

If, following the lodgement of your application (and before the results of the 2018-19 ACAR are announced), you experience anything that will significantly affect your capacity to implement your proposal, (for example, financial capacity, costs of the project and/or availability of land), you should notify the department in writing as soon as any change to your proposal becomes evident.

**Part B: Q 2.2(a) Does this proposal relate to a service in an existing location?**

**No**
If you will be providing residential care in a new location, eg. establishing a new service, or moving a service to a location where you have not previously provided residential care, you must answer Q 2.2(b).

**Yes**
If you are applying in regard to a service in an existing location, eg. an existing operational service, an existing offline service, an existing pre-operational service (ie. with Provisionally Allocated places), you are not required to answer Q 2.2(b), go to Q 2.3.

**Part B: Q 2.2(b) Describe the suitability of the location for the delivery of residential care**
(If you are seeking places and/or a grant for a service in an existing location, do not answer)

This question is about the **suitability** of the proposed location to provide care – **not** about the **need** for aged care in the area (that is covered in Q 3.1). Selecting a suitable location that is accessible to older people and their families and to medical and other services enhances the quality of a residential care service.

Information that could be included in your response to this question includes:
  • a description of the surrounding land use, including the characteristics of the neighbourhood
  • proximity of local community organisations, recreation facilities and commercial establishments
• local transport access for workers, visitors and residents
• proximity of other aged care services* within the area (residential or community), and how your proposal will complement them
• proximity of your service in relation to health care services, such as General Practitioners, allied health, disability services and hospitals.

*Please note: If you are applying for a location in which there is an established Multi-Purpose Service (MPS), you should provide detail regarding the discussions you have had with the MPS. See 1.3.7 Proximity to a Multi-Purpose Service (MPS).

The word limit for this question is 300 words.

Part B: Q 2.3 Describe how your organisation will provide continuity of care for current and future care recipients at this service

Please note: This question is not seeking financial information or a demonstration of the long term stability/viability of your service. That aspect of continuity of care will be assessed by independent financial assessors, based on the information you provide in the financial tables in your Part A application and/or Section 5 of your Part B application.

If you are undertaking any capital works to an existing service your response should include details of:
• the impact of planned construction work on your existing residents’ well-being
• any strategies to mitigate resident disruption and/or noise abatement strategies
• how you will manage any temporary or permanent relocation of residents within the service during construction, should this be necessary.

Other areas you may wish to consider in your response include:
• how you will manage the transition of residents in and out of your service to hospital stays
• how you will identify the changing care needs of residents, including the frequency of assessment and review processes
• how you will manage those changing care needs to enable residents to remain in your service as their needs change or grow
• your networks or links with other services that residents may need, such as allied health
• how you will co-ordinate care with those other services
• your involvement of residents and family in the above care choices
• how your staff understand, and comply with, the security of tenure requirements for residents.

The word limit for this question is 500 words.

Part B: Section 3 - Targeting and tailoring the provision of care
(If you are applying for a capital grant only, not seeking places, go to Section 4)

Part B: Q 3.1 Provide a description of your understanding of the need for residential care places in this location
(Do not include data provided by the department on the ACAR website*. This question is about your understanding of the needs of the local community to which care will be provided. Your response may include anecdotal evidence and/or local quantitative data you have collected through consultation with surrounding aged and health care services, the local Aged Care Assessment Team, etc)

*Please note: The department is aware of that information and will consider it based on your address (or proposed location) details.
This question asks that you demonstrate your understanding of the local community (intended catchment area) in which you will provide care.

Your response may include:

- how you know there is need for residential care in regard to:
  - general access places
  - any targeted Special Needs Group(s)
  - any targeted Key Issues, including dementia and respite
- any service specific waitlist, or similar information collected
- any information collected through consultations with local community, health and/or aged care services or other interested stakeholders that supports the application
- your understanding of the demographics of your proposed location and community and its aged care needs, including any identified service gaps
- any research you have conducted in support of this application, including:
  - anecdotal evidence and/or local quantitative data you have collected through consultation with surrounding aged and health care services, the local Aged Care Assessment Team, etc
- data* and information on aged care services in Australia from the GEN website (www.gen-agedcaredata.gov.au)
- demographic data* from the Australian Bureau of Statistics (ABS) about people most likely to need aged care services
- data* on people over 80 years old that provides a picture of immediate need
- data* on people over 70 years old, used for medium term planning

*Please note: Ensure that you provide source details for any data you include.

In addition, if your proposal is located in an area that the department has designated as a lower priority, this question is your opportunity to provide the evidence you have that runs counter to this, eg. mainstream services are sufficient but there is a high level of need for culturally appropriate care for a Special Needs Group or Key Issue, or you have information that shows a substantial change in demographics for the area.

The word limit for this question is 500 words.

Part B: Q 3.2 If you are targeting residents from Special Needs Group(s) and/or with Key Issue(s), describe how your service will tailor care to meet the needs of these residents, including:

- your experience and/or expertise in attracting and providing care to people from the prioritised group(s) (or how you intend to develop this expertise)
- how your building design and external environment does/will specifically address the needs of residents from the prioritised group(s).

(You are not required to provide a response to this question if you are only seeking general access places at Q 1.3, OR you are not seeking new places ie, applying for a capital grant only.

You are required to provide a response to the above question for each Special Needs Group(s) and/or Key Issue(s) you have sought places for at Q 1.3)

If you have not sought any Special Needs Groups or Key Issues places at Q 1.3, you are not required to answer this question.

If you have sought places for any of the below Special Needs Groups or Key Issues at Q 1.3, you are required to demonstrate that you can provide appropriate care for those residents. Your response should include practical examples of how you have, or will, provide this care to residents.
Please Note: If you have sought places for more than one Special Needs Group or Key Issue you may use 500 words to address each group or issue. If you do not fully utilise the 500 word limit for each group or issue, you may not provide sufficient detail to be competitive against other proposals received in the round.

**Special Needs Groups**
The Special Needs Groups specified under the *Aged Care Act 1997* are:
- (a) people from Aboriginal and Torres Strait Islander communities (ATSI)
- (b) people from culturally and linguistically diverse backgrounds (CaLD)
- (c) people who live in rural or remote areas (R-R)
- (d) people who are financially or socially disadvantaged (FSD)
- (e) veterans (VET)
- (f) people who are homeless or at risk of becoming homeless (HOM)
- (g) care leavers (CLV)
- (ga) parents separated from their children by forced adoption or removal (PSC)
- (h) lesbian, gay, bisexual, transgender and intersex people (LGBTI)

**Key Issues**
The Key Issues are:
- dementia
- respite
- any other issue you have identified as a Key Issue for your service

(see Part B: Q 1.3 Number and type of new places sought for this service – Key Issues for further information).

The types of information you may consider when preparing your response include:
- your experience and/or expertise in attracting and providing care to people from the Special Needs Groups you have identified or for people requiring dementia care or respite (Key Issues), (or how you intend to develop this expertise)
- how your building design and external environment* does/will specifically address the needs of these people.

*Please note: This is often misinterpreted by applicants as referring only to suitability for dementia. This is not the case. There are building design and external environment features that make aged care buildings more suitable for residents from any of the Special Needs Groups or Key Issues (dementia, respite or ‘other’). See 4.4.1 Design and physical environment for Special Needs Groups, for more information.

**Part B: Q 3.3 Are you attaching a Certificate of Occupancy and ready to immediately operationalise all the places you are seeking?**
(If ‘Yes’ you must attach a Certificate of Occupancy at the time of application. If you are not attaching a Certificate of Occupancy you must proceed to Section 4)

This question relates to places for which you are able to immediately admit a resident. This is most likely to be the case where you are seeking a residential care place in regard to an existing non-Commonwealth funded bed. Non-Commonwealth funded beds are established, operational places for which you do not receive Commonwealth funding to subsidise the cost of delivering aged care services. These may be places:
- currently occupied by a resident, for which you are not claiming a residential care subsidy from the Australian Government
- unoccupied but currently available for a new non-subsidised resident.
If all the places you are applying for can be operationalised immediately, and you are attaching a Certificate of Occupancy* or equivalent, tick ‘Yes’. If some of the places you are seeking will be operationalised at a later date, you must tick ‘No’ and complete Sections 4 and 5.

Please note: You must supply a copy of the Certificate at the time of application. If you are not able to attach a Certificate at the time you submit your application, you must complete Sections 4 and 5.

If you don’t attach a Certificate and do not complete Sections 4 and 5 your application will be deemed incomplete and not assessed.

*An occupation certificate, or equivalent, verifies that your relevant principal certifying authority (eg. Council or a Private Certifier) is satisfied that the building is suitable to occupy or use in terms of the requirements of the Building Code of Australia and relevant Development Consent. In some jurisdictions the Certificate of Occupancy may be known as a ‘Certificate of Classification’ or equivalent. To qualify for this option, attach a copy of the relevant document for your jurisdiction.

Part B: Section 4 - Milestones, timeframes and risks

Please note: Some fields in the application form do not allow you to format your response. This is deliberate, to ensure your responses are submitted in the required format. You may only type text, numbers or dates in these fields.

You will not be able to format any responses in Section 4 of the Part B application form.

If you have attached a Certificate of Occupancy for all the places you are seeking, do not complete Section 4, Section 5 or Section 6, the application form ends at Q3.3.

Part B: Q4.1(a) Provide the status of your acquisition of land and zoning

(If your proposal is for an existing service that is NOT reliant on the acquisition of additional land, select the ‘Existing Service’ ‘Status of land’ option below. If you are applying for a new service or an existing service that is reliant on the acquisition of additional land, select the relevant ‘Status of land’ option below. You must provide evidence for the ‘Status of land’ at the time this application is submitted otherwise your application will be classified as ‘No site confirmed at the time of application’)

The table in this question relates to the status of the land on which your service will be located.

<table>
<thead>
<tr>
<th>Status of land</th>
<th>Achieved</th>
<th>Date to be achieved (dd/mm/yyyy)</th>
<th>*Evidence attached?</th>
<th>What risks have you identified in regards to your acquisition of land?</th>
<th>How do you propose to mitigate against, and/or manage, this risk?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select one</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the site currently zoned for the delivery of residential care</td>
<td>Achieved</td>
<td>Date to be achieved (dd/mm/yyyy)</td>
<td>*Evidence attached?</td>
<td>What risks have you identified in regards to the zoning of the land?</td>
<td>How do you propose to mitigate against, and/or manage, this risk?</td>
</tr>
<tr>
<td>Select one</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Please note: These attachments have been specifically requested by the department as part of your application. If not attached, the milestone will be assessed as not achieved.
Status of land
You are required to provide details of the ownership, or contractual arrangements (long term lease, option to purchase, etc), of the land on which you propose to provide aged care. Select one of the five options from the drop down menu:

- **Existing service location - proceed to Q 4.1(b)**
  Choose this option if you are applying for places at an existing, operational, pre-operational or offline service, which has sufficient land to accommodate your proposal (and have supplied your RACS ID number at Q 1.2).

  Then, proceed directly to Q 4.1(b), you are not required to complete the remainder of the table at Q 4.1(a), including the ‘Achieved’ box, and are not required to attach evidence of land status.

  If your proposal requires the acquisition of additional land, including adjoining land, you are required to complete this section in full.

- **Land purchased**
  Choose this option if you are applying for places to establish a new service and you (the Approved Provider for the service or a related entity) have purchased and own the land on which you propose to build (evidence must be attached).

  You should ensure that the evidence you attach clearly indicates that the relevant Approved Provider owns the land – if your title, deed, or other evidence does not show this, provide an explanation of the link between the listed land owner and Approved Provider.

- **Long term lease in place**
  Choose this option if you are applying for places to establish a new service and you (the Approved Provider for the service or a related entity) have a long-term lease arrangement with the owner of the land (evidence must be attached).

- **Option to purchase land**
  Choose this option if you are applying for places to establish a new service and you (the Approved Provider for the service or a related entity) have not yet purchased land but have a verifiable option to do so (evidence must be attached).

- **No site confirmed at the time of application**
  Choose this option if you have not yet purchased, optioned to buy or leased land, are considering multiple sites and/or are not able to supply evidence of any of the other options above.

**Achieved**
Select the tick box in the ‘Achieved’ column if you have already met the selected option, eg if you already own the land. Please note, if you select ‘achieved’ you must provide evidence to support this. If evidence is not attached, your application will be classified as ‘No site identified at the time of application’.

**Date to be achieved**
If you have selected the options ‘Land purchased’ or ‘Long term lease in place’, you are not required to enter a date.
If you are purchasing land or haven’t identified a site for land, insert the date you expect to do so. Please note, this will be a future date, that is, your best estimation of when you will acquire the land or lease, assuming an allocation of places is made.

**Evidence attached**
Select the tick box if you have attached relevant evidence for the status of land.

The evidence you attach should demonstrate the actions taken to acquire land or building(s) in the form of certified copies of relevant documents, such as a title, contract or signed lease. A map showing the location of the land or building(s) you have acquired/intend to acquire should also be attached.

If you do not attach evidence, at the time of application, your application will be classified as ‘No site confirmed at the time of application’.

**What risks have you identified in regard to your acquisition of land**
Detail any risks that may have an impact on your acquisition of land. Examples might include:
- identification of appropriately zoned land
- complex leasing requirements
- delays or difficulties with finance approvals.

If you are seeking a capital grant, please note:
- this question is asking for information on any risks you may encounter if the project proceeds
- not receiving a capital grant is therefore not a risk relevant to this question and should not be included in the table.

**How do you propose to mitigate against, and/or manage, this risk**
Where relevant, include the following for each risk identified:
- what you plan to do to try and stop the risk occurring
- if the risk does happen, how will you manage it to ensure your project can go ahead in a timely manner.

**Is the site currently zoned for the delivery of residential care?**
You are required to confirm whether the current site is zoned for aged care. If you declare that the site is currently zoned for residential aged care, evidence must be attached.

**Achieved**
Select the tick box in the ‘Achieved’ column if you declare that the land is zoned to allow the provision of residential aged care at the time you submit your application.

If the land is not currently zoned for residential aged care, do not tick the box, instead complete ‘Date to be achieved’.

**Date to be achieved**
If the site is not currently zoned for residential aged care, specify when you anticipate approval of a change to zoning to allow residential aged care.

If the site is currently zoned for residential aged care, leave this date blank.

**Evidence attached**
Select the tick box if you have attached relevant evidence for the zoning of the land.
The evidence you attach should demonstrate that the identified site is currently zoned for residential aged care.

If the site is not zoned for residential aged care, attach evidence that shows your discussions with the local planning authority in regard to re-zoning of the identified site.

What risks have you identified in regard to the zoning of the land
Detail the risks that may have an impact on the zoning of the proposed location. Examples might include:
- the local planning authority has identified alternate zoning arrangements for the identified site
- objections to re-zoning by neighbouring residents.

How do you propose to mitigate against, and/or manage, this risk
Where relevant, include the following for each risk identified:
- what you plan to do to try and stop the risk occurring
- if the risk does happen, how will you manage it to ensure your project can go ahead in a timely manner.

Part B: Q 4.1(b) Provide details on the key milestones in the development of your service
(For the purposes of this table, please assume that the places, or grant, will be allocated on 1 May 2019 (notional date only). You must provide evidence for any milestone selected as ‘Achieved’ at the time this application is submitted)

The table in this question is to list the key milestones that you have met, or will meet, in refurbishing, expanding or developing your service. This table should be completed by:
- applicants who will immediately operationalise places but are not in a position to attach a Certificate of Occupancy or Certificate of Classification
- existing services undertaking refurbishments, expansions or extensions (complete the table in relation to the expanded or refurbished part of the service)
- applicants seeking places to establish new services.

*Please note: For the purpose of this table, please assume that the places or grant will be allocated on 1 May 2019. This is a notional date only, at this stage, to enable uniform completion of the table. For example, if you estimate it will take you four months to achieve finance approval, once places are confirmed, count forward four months from 1 May 2019 to 1 September 2019 to forecast a ‘date to be achieved’.

For any milestone you select as achieved you must attach evidence, at the time of application. If evidence is not attached the milestone will be assessed as not yet achieved.

<table>
<thead>
<tr>
<th>Key milestone</th>
<th>Achieved</th>
<th>Date to be achieved (dd/mm/yyyy)</th>
<th>*Evidence attached?</th>
<th>What risks have you identified in regard to this key milestone?</th>
<th>How do you propose to mitigate against, and/or manage, this risk?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environment/ heritage/native title approved</td>
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<tr>
<td>Approval of finance</td>
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<tr>
<td>Development application approved</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Building application approved</td>
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<tr>
<td><strong>Arrangements for existing residents during construction</strong></td>
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<tr>
<td>-----------------------------------------------------------</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Commencement of building works</strong></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td><strong>Completion of building works</strong></td>
<td></td>
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<tr>
<td><strong>Certificate of Occupancy issued</strong></td>
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<tr>
<td><strong>Other milestone(s) – please specify</strong></td>
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<tr>
<td><strong>Admission of residents including staffing/HR related issues</strong></td>
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</tr>
<tr>
<td><strong>All places expected to be operational</strong></td>
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</tbody>
</table>

**Please note:** These attachments have been specifically requested by the department as part of your application (if not attached the milestone will be assessed as not achieved).

**Key Milestones**
This column provides a list of generic milestones, common to most residential aged care developments. If specific milestones related to your project are not listed, you may include them by adding additional lines to the table under the ‘Other milestone(s) – please specify’ row. Multiple milestones may be included in this row.

The milestones entered in the table must demonstrate how you propose to operationalise the new or existing service. You must ensure that the dates you provide here are logical, coherent and match any other timeframe references made throughout your application, particularly your Q 1.2 Proposal snapshot and Q 2.1 Expanded proposal information.

**Please note:** You are required to specify the date which you expect the service to admit its first residents. This date will be used to determine your operational timeframes. If the proposal relates to the expansion or refurbishment of an existing service, the date specified must relate to the admission of residents in the expanded or refurbished part of the service.

**Achieved**
Select the tick box in the ‘Achieved’ column if you have already met the particular key milestone, eg. if you already have finance approval, tick ‘Achieved’ against approval of finance.

**Date to be achieved**
If you ticked the ‘Achieved’ box for a milestone, you are not required to enter a date.

If you have not achieved the milestone, insert the date you expect to do so. Please note, this will be a future date, that is, your best estimation of when you will meet the particular milestone, assuming an allocation of places is made.

For the purpose of this table, please assume that the places will be allocated on 1 May 2019. For example, if you estimate it will take you four months to achieve finance approval once places are confirmed, count forward four months from 1 May 2019 to 1 September 2019 to determine ‘date to be achieved’.
Evidence attached
Select the tick box if you have attached the relevant evidence for the key milestone.
For any milestone you select as achieved you must attach evidence, at the time of application. For example, certified copies of relevant documents regarding the approved or submitted development application.

If evidence is not attached the milestone will be assessed as not yet achieved.

What risks have you identified in regard to this key milestone
Detail any risks that may impact on your ability to meet the key milestones.

Examples might include:
- delays or difficulties with building approvals
- objections from neighbouring residents
- temporary accommodation and/or care arrangements during the construction or redevelopment work
- disruptions to construction due to project management issues or weather related delays
- delays in opening due to staffing issues.

If you are seeking a capital grant, please note:
- this question is asking for information on any risks you may encounter if the project proceeds
- not receiving a capital grant is therefore not a risk relevant to this question and should not be included in the table
- when answering line two ‘Approval of finance’, refer to the financing of any relevant Applicant contribution (not the grant funding you are seeking from the department).

How do you propose to mitigate against, and/or manage, this risk
Where relevant, include the following for each risk identified:
- what you plan to do to try and stop the risk occurring
- if the risk does happen, how will you manage it to ensure your project can go ahead in a timely manner.

Examples may include:
- the steps you have taken, or will take, to meet planning guidelines and requirements, including zoning and environmental considerations for the planning approval process
- undertaking consultations and communications with your local community to mitigate against objections
- meetings with planning authorities to determine building and development requirements
- incorporating delay clauses in building and supply contracts
- having a recruitment strategy in place.

If you experience any change in circumstances that will significantly impact upon your ability to meet the key milestones you have provided, you should notify the department, in writing, of the changes at the earliest opportunity.

Please note: The department may consider the length of time you have taken in the past to bring residential care places online.
Part B: Section 5 - Service level financial details

Please note: Some fields in the application form do not allow you to format your response. This is deliberate, to ensure your responses are submitted in the required format. You may only type text, numbers or dates in these fields.

You will not be able to format any responses in Section 5 of the Part B application form.

If you have attached a Certificate of Occupancy for all the places you are seeking, do not complete Section 5, any financial aspects required will be assessed from information provided in Part A.

Financial information underpins a number of the 2018-19 ACAR assessment criteria including continuity of care for current and future residents, measures to protect the rights of residents (particularly in relation to lump sum accommodation payments) and, for services where refurbishment or new construction is required, making places operational in a timely manner.

Please note: Any allocation of places or a capital grant does not imply that the Australian Government guarantees the viability of your service or of your organisation.

You MUST make your own assessment as to the viability of your operations and of the adequacy of capital funding arrangements.

At the earliest opportunity you should notify the department of any change in your circumstances that will significantly affect your capacity to finance your proposal.

Assessment of financial information

The department may use the services of an independent financial analyst to conduct an assessment of the financial risks associated with your proposal, and the impact any financial risk identified may have on your ability to deliver care in the long term, and ability to complete any capital works relevant to the application. The analysis will cover:

- whether the data you provided is logical, internally consistent, verifiable from the information supplied either by you and/or other sources, and of suitable quality for assessment
- if the assumptions made by you in your business case are reasonable
- if your financial projections are consistent with your organisation’s/service’s current financial situation and your assumptions underlying your business case
- your capital structure and ability to finance the project(s)
- any risks to your financial viability if the project(s) proceed; and where a capital grant is sought:
  - in light of your proposed expenditure on capital works, your capacity to contribute to the finance required for the proposed capital works, taking into account your anticipated Refundable Accommodation Deposits and the debt servicing capacity arising from your ongoing underlying operating surplus after prudent provision for future liabilities.

If the independent analyst wishes to clarify any financial information, your authorised contact person(s) will be contacted by an officer of the department. Any request for clarification is to allow consideration of your application and should not be taken as an indication of the likely outcome of your application.

There is no requirement for the department to clarify any information. Seeking clarification on one point does not mean that further information will also be sought on other issues. The onus is on you to provide sufficient information in your application, and supporting documentation, to allow the department to assess your application.
Please note, you will be required to provide:

- point in time financial details for the financial years ending 30 June 2017 and 2018

Financial projections are sought over these years to align with the legislated provisional allocation period of four years from date of allocation (notionally 1 May 2019).

**Part B: Q 5.1 Sources of funds for the capital works**

Detail the sources of funds for the capital works related to your proposal. Examples might include debt (mortgage) funding, contributions from related entities or fundraising activities.

Do not include information in respect of any other capital works you may have commenced or are planning.

**Please note:** ‘Cash and investments’ should not include funds in other categories that are already held.

**Part B: Q 5.2 Bridging finance to be used for the capital works identified in this application**

(If the receipt of Refundable Accommodation Deposits from places sought through this ACAR, or for Provisionally Allocated places to be constructed at the same time, is a source of funds for the capital works, include details of the bridging finance that will be used to finance the project prior to maximum occupancy being achieved)

Detail any bridging or transitional borrowings required in the construction of these capital works.

Identify the amount involved and the terms of the loan, including when full repayment is required/anticipated, and include any bridging finance in respect of accommodation bonds projected to be received in the future.

**Part B: Q 5.3 Current status of funds negotiations**

(If borrowings are planned indicate, by ‘ticking’ one box only, the stage your negotiations have reached with the proposed lender)

If borrowings are planned, indicate, by ‘ticking’ one box only per line, for the stage your negotiations have reached with the proposed lender(s).

You must provide evidence that supports the status of your funds negotiations and indicate in the relevant drop down box(es) if you have attached evidence.

If you are intending to source funds internally from a parent/allied group, please provide audited financial statements to demonstrate the parent/allied group’s financial capacity to provide funding to you.

Failure to provide the required attachments may adversely impact on an assessment of your:

- financial viability
- ability to deliver care in the long-term
- ability to complete any capital works relevant to your proposal
- organisational viability and sustainability.

Failure to provide the required attachments may also, overall, make your application less competitive.
Part B: Q 5.4 Service overview

(Complete the columns up to when you forecast all places to be fully operational and works completed)

This table relates to the residential care service in which you are seeking residential care places. Your projections should only estimate income and expenses related to the service for this application. Do not include information relating to non-residential care activities such as home and/or flexible aged care places, acute care, independent living units or include any debt payments in row A.

Columns A to B
All applicants must complete columns A and B.

You are required to provide details of your service’s actual position as at 30 June 2017. You can find these figures in your 2016-17 audited financial statements.

You are required to detail the actual, if known, or forecast situation at the end of 30 June 2018. If you have audited financial statements for 2017-18, use these figures. If you do not yet have audited financial statements for 2017-18, you must estimate what you expect these figures to be.

Columns C to G
Applicants are given four years, from allocation, to operationalise residential care places.

The department is seeking an estimate of your financial position in any years where you will be working towards operationalising places (or completing construction if you are seeking a capital grant).

Therefore, you are only required to complete columns until you reach the date you expect to operationalise places and/or complete works (end date).

Please note that your anticipated end date should match the date you provided in response to Q 4.1(b) ‘All places operational’.

For example:
- if you expect to have all the places you are seeking operational (and/or works completed) by 20 May 2020, complete columns C and D
- if you expect to have all places operational (and/or works completed) by 25 December 2020, complete columns C to E
- if you expect to have all the places operational (and/or works completed) by 25 July 2021, complete columns C to F
- if you do not expect to have all places operational (and/or works completed) until 30 June 2023, you must complete all columns (C to G).

<table>
<thead>
<tr>
<th>5.4 Service overview</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Complete the columns up to when you forecast all places to be fully operational and works completed)</td>
</tr>
<tr>
<td>A</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Actual position at 30 June 2017</td>
</tr>
<tr>
<td>*DATE</td>
</tr>
<tr>
<td>Service income</td>
</tr>
<tr>
<td>Government subsidies</td>
</tr>
<tr>
<td>Resident fees (Including Daily Accommodation Payments)</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>Interest and other Income</td>
</tr>
<tr>
<td><strong>(A) Total service income:</strong></td>
</tr>
<tr>
<td>Operating expenses</td>
</tr>
<tr>
<td>Salaries and wages (including on-costs)</td>
</tr>
<tr>
<td>Supplies, utilities and administration costs</td>
</tr>
<tr>
<td>Depreciation (property, plant and equipment)</td>
</tr>
<tr>
<td>Principal loan repayments (parent/related organisations)</td>
</tr>
<tr>
<td>Principal loan repayments (Zero Real Interest Loan)</td>
</tr>
<tr>
<td>Other principal loan repayments</td>
</tr>
<tr>
<td>Interest, tax and other expenses</td>
</tr>
<tr>
<td><strong>(B) Total service expenses:</strong></td>
</tr>
<tr>
<td>Net operating surplus/(deficit) (A-B)</td>
</tr>
<tr>
<td>Number of operational places</td>
</tr>
<tr>
<td>Occupancy rate % (no. residents/no. operational places*100)</td>
</tr>
<tr>
<td>Number of residents paying Refundable Accommodation Deposits/Accommodation Bonds</td>
</tr>
<tr>
<td>Total Liability for Refundable Accommodation Deposits/Accommodation Bonds</td>
</tr>
<tr>
<td>Number of residents paying Daily Accommodation Payments</td>
</tr>
<tr>
<td>Average Daily Accommodation</td>
</tr>
</tbody>
</table>

**Part B: Q 5.5 Outline how your organisation will address any operating deficit**

If the projections for your organisation show an operating deficit in any year, describe how your organisation intends to fund this deficit.

The word limit for this question is **150 words.**

**Part B: Q 5.6 Describe the assumptions underlying your projections**

*(For example, assumptions made about changes in occupancy, income, expenses, growth/decrease in number of residents paying RADs/DAPs and the average RAD/DAP paid)*

Provide information on the assumptions underlying your projections. You should outline any assumptions relating to:

- resident occupancy and turnover
- the value of accommodation payments and contributions
- sources of capital funding
- interest rates in relation to any debt financing
- related party income
- expenses
- the number of residents paying refundable accommodation deposits (RADs) or daily accommodation payments (DAPs).

The word limit for this question is **150 words.**
Part B: Q 5.7 Are you applying for a capital grant? 
(Only tick ‘yes’ if you are seeking a capital grant) 
If you are not applying for a capital grant, the application for places ends here.

If you are applying for a capital grant, you are required to complete Section 6. Please read the information provided in Chapter 4 – Program Guidelines: Rural, Regional and Other Special Needs Building Fund carefully before starting your capital application.

Please pay particular attention to the guidance supplied around the levels of eligibility you must meet to be allocated a capital grant, including:

- 4.2.1 Applicant eligibility
- 4.2.2 Financial eligibility
- 4.2.3 Project eligibility.

Part B: Section 6 – Capital grant application

Please note: Some fields in the application form do not allow you to format your response. This is deliberate, to ensure your responses are submitted in the required format. You may only type text, numbers or dates in these fields.

You will not be able to format a number of responses in Section 6 of the Part B application form.

(If you are applying for a capital grant only (ie. not seeking any new places) see Chapter 3 ‘Part B: What sections to complete’. If you do not complete all required questions your application will be deemed incomplete and not assessed)

In addition to the below information, you must read the Chapter 4 – Program Guidelines: Rural, Regional and Other Special Needs Building Fund.

Up to $60 million in capital grants is available under the Fund for allocation through the 2018-19 ACAR. This includes approximately $11.5 million that has been earmarked to support access to residential care for older people from Special Needs Groups, as specified under the Act.

To be eligible for a capital grant you must:

- be the Approved Provider of residential aged care for the residential aged care service to which the application relates
- hold an allocation, or receive an allocation of residential aged care places through this ACAR, at the residential aged care service to which the application relates, and at the time the grant is allocated
- not be a state or territory government, or an authority of a state or territory government
- not hold an allocation of Extra Service Status (ESS) at the service which is seeking capital funding (regardless of the number of places, and whether the ESS is active or not)
- not be applying in regard to a project where capital works have already been contracted, or commenced, or completed
- be able to prove you cannot fund all of the capital works, including through debt funding.

The residential care funding framework assumes, in normal circumstances, providers have access to funding through Commonwealth Government subsidies, residents' accommodation payments, investors or by borrowing, sufficient to finance capital works.
Some residential care providers, however, cannot accumulate sufficient reserves or service the debt required to meet some, or all, of the necessary capital works costs. These residential care providers may be eligible for a capital grant. However, because the funding available is limited and competition and demand are very strong, many suitable applications will not receive funding.

The Government provides capital funding to support access to residential care and continuity of care in a region or area, or for a Special Needs Group, where access would otherwise be at risk. It is important to note:

- most capital works in the residential care sector proceed without a capital grant
- there are no predetermined amounts for allocation per state or territory
- each ACAR is a new process and applications from previous rounds are not taken into account
- priorities for funding can shift from ACAR to ACAR
- where an application is for both residential care places and a capital grant, each component is assessed against their relevant criteria, but are considered as an integrated proposal in terms of priority, level of need and value-for-money for the Commonwealth.

Part B: Q 6.1 Describe why you are unable to fund the proposed capital works

Under the aged care funding framework, Approved Providers are responsible for funding capital works development in aged care. Most capital works in the aged care sector proceed without a capital grant. The lack of capacity to fund the project is a threshold eligibility criterion for grants under the Fund.

In response to this question, you must explain why you do not have capacity to fund all or part of the capital works, including through debt funding. Where your organisation is part of a parent organisation, you are required to demonstrate that neither you nor your parent organisation can fund the works.

Stating a range of other capital works projects being undertaken as the reason you cannot fund the capital works for which a grant is sought does not appropriately demonstrate lack of capacity to fund.

It is important to ensure that any information you provide in this response is consistent with the information you have provided throughout your application, particularly in the financial tables of Part A and Part B.

The word limit for this question is 300 words.

Part B: Q 6.2 What issues will the proposed capital works address? Explain the urgency to address each of the issues/deficiencies identified

You should provide detail on the issues which will be rectified through your proposed capital works.

You should be clear about how the proposed capital works will address the issues identified, and do so in a way that takes into account the longer term needs of the service and its community.

The need for the works should be supported by demographic evidence on the current and future likely demand for the service.

If appropriate, align the reasons for the urgency of the proposed capital works with reference to the Accreditation Standards.

Please note: You will not be able to format your response to this question.
Part B: Q 6.3 Number of concessional, supported, assisted or low-means care recipients (if applicable)

Under Section 7-2 of the Grant Principles, capital grants can only be provided for capital works projects where the majority of the residents who receive, or who will receive, the care to which the grant relates are one or more of the following:

(a) supported residents, concessional residents or assisted residents
(b) people with special needs
(c) low-means residents
(d) people who live in a location where there is demonstrated need for additional residential care services
(e) people who do not live in a major city.

Provide the numbers of existing, concessional, supported, assisted and low-means care recipients at your service as at 30 June 2018.

This figure is actual concessional, supported, assisted and low-means care recipients receiving care at your service on 30 June 2018, not the number of places you have with priority of access for concessional, supported, assisted and low-means care recipients (as per Conditions of Allocation).

Enter the numbers of new concessional, supported, assisted and low-means care recipients, you expect to provide care to at the completion of this proposal.

Please ensure that your answers are consistent with the responses you have provided to each of the following questions:

- Q 1.2 Proposal snapshot
- Q 1.3 Number and type of new places sought for this service (if seeking places)
- Q 2.1 Expanded proposal information
- Q 3.1 Provide a description of your understanding of the need for residential care places in this location (if seeking places)
- Q 3.2 If you are targeting residents from Special Needs Group(s) and/or with Key Issue(s), describe how your service will tailor care to meet the needs of these residents.

Please note: You will not be able to format your response to this question.

Part B: Q 6.4 If you have identified as part of your overall proposal a significant increase in the number of concessional, supported, assisted and low-means care recipients, describe the steps you will take to achieve this outcome (if applicable)

Describe how you propose to ensure the projected increased number of care recipients who are concessional, supported, assisted or low-means care recipients will be reached and maintained.

Information provided should be complete, accurate, internally consistent and consistent with current financial performance. Where assumptions underlie any projections, these should be clearly articulated and reflected in your application.

The word limit for this question is 300 words.

Part B: Q 6.5 Number of existing Special Needs Group(s)/Key Issue(s) residents (as at 30 June 2018)

(Do not include details about any new places you are seeking in this application, this question is asking about existing residents you currently have. If applying for a new service, ie. no existing residents, do not answer)
If, on 30 June 2018, you had any residents in your service who belonged to Special Needs Group(s) and/or with Key Issue(s) select the relevant tick box(es). If a resident belongs to more than one group/issue, select all the relevant tick boxes.

Give the total number of residents you had who belonged to Special Needs Group(s) and/or with Key Issue(s), as at 30 June 2018. Only count each resident once, regardless of how many boxes are ticked on their behalf.

This figure is actual Special Needs Group(s)/Key Issue(s) care recipients receiving care at your service on 30 June 2018, not the number of places you have with priority of access for Special Needs Group(s)/Key Issue(s) care recipients (as per Conditions of Allocation).

Example

<table>
<thead>
<tr>
<th>6.5 Number of existing Special Needs Group(s)/Key Issue(s) residents (as at 30 June 2018)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ ATSI</td>
</tr>
<tr>
<td>□ LGBTIQ</td>
</tr>
<tr>
<td>☒ Key Issue: Dementia</td>
</tr>
</tbody>
</table>

Abbreviations for the Special Needs Groups specified under the Act are as follows:
- (a) people from Aboriginal and Torres Strait Islander communities (ATSI)
- (b) people from culturally and linguistically diverse backgrounds (CaLD)
- (c) people who live in rural or remote areas (R-R)
- (d) people who are financially or socially disadvantaged (FSD)
- (e) veterans (VET)
- (f) people who are homeless or at risk of becoming homeless (HOM)
- (g) care leavers (CLV)
- (g) parents separated from their children by forced adoption or removal (PSC)
- (h) lesbian, gay, bisexual, transgender and intersex people (LGBTI)

The Key Issues are:
- dementia
- respite
- any other issue you have identified as a Key Issue for your service (see Part B: Q 1.3 for information on ‘Other’ Key Issues).

Please note: You will not be able to format your response to this question.

Part B: Q 6.6 How much of your total project cost is for new capital works and how much is for refurbishment?
If you cannot exactly determine the division of costs between new work and refurbishment, provide your best estimate, and ensure that all costs are assigned to only one category.

New capital works cost
Include the amount from your total cost that you intend to spend on construction of new buildings, including extensions. As a guide, this amount should cover the cost to complete any new construction you identify under Part B – Q 6.7 New construction (Column B) for ‘room type’, ‘common ablution areas’ and ‘other areas’.
If you are only constructing new buildings, not doing any refurbishment work, this figure will be the same as your total project cost.

**Refurbishment cost**
Include the amount from your total project cost that you will spend on renovations to existing buildings, structures and facilities. As a guide, this amount should cover the cost to complete any upgrades you identify under Part B – Q 6.7 Upgrading of existing rooms (Column C) for ‘room type’, ‘common ablution areas’ and ‘other areas’.

If you are only undertaking refurbishment of existing buildings, not constructing any new buildings, this figure will be the same as your total project cost.

**Total project cost**
Add together the figures you have attributed to ‘New capital works cost’ and ‘Refurbishment cost’. The total project cost should also be the same as the figure you provided at Q 2.1(f) Project snapshot, and in your signed Cost certificate at Q 6.8.

**Please note:** You will not be able to format your response to this question.

**Part B: Q 6.7 Provide the configuration of your service, both BEFORE and AFTER the proposal for this service is implemented**
Please provide the number of each type of resident rooms, the number of residents in the particular type of room and the number and size of other areas, such as lounges or dining area, you propose to have within the service after your proposal has been implemented.

**Existing services**
The table should be completed to show details of the current configuration of the service, and the configuration of your service after the completion of the capital works.

**New services**
Complete Column E only.

**Definitions**
- ‘en-suite’ - a room with toilet and bathroom facilities accessed/adjoined to a bedroom, for the exclusive use of the resident of that room
- ‘shared bathroom’ - toilet and bathroom facilities that can be accessed directly from two or more than one resident’s rooms
- ‘common ablutions’ - toilet and bathroom facilities which are not directly accessed via residents room(s)
- ‘laundry’ – used for washing and drying linen and resident’s clothing
- ‘kitchen’ – used for preparing resident’s meals, does not include kitchenette facilities for staff or residents
- ‘lounge/dining’ – where resident’s sit down at a dining table and have their meals and is an area with lounges where residents can watch television
- ‘other recreational areas’ - includes kitchenette facilities for residents
- ‘administration areas’ – as well as office space this may include areas such as storage facilities, training rooms and staff kitchen, bathroom and change facilities.
- ‘clinical areas’ –where registered nursing staff and/or health care professionals can provide clinical care to resident’s and securely store medications
- ‘family related areas’ – an area suitable for residents to spend time with family who visit. This could include a room where family members traveling long distances are able to stay overnight
- ‘other’ – if you are planning works of a type not covered above, please describe clearly.

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Where two or more services are co-located on a single site or adjacent sites, the information you are providing in your response should be a consolidated response for all the services located on a single site or adjacent site. The consolidation should include all occupied rooms in the service, including unfunded places which do not attract Australian Government residential care subsidies.

Please note: You will not be able to format your response to this question.

Part B: Q 6.8 Cost certificate
(This cost certificate must be signed and dated by the architect/construction professional who prepared the estimate for your proposal)

If your cost certificate is not signed and dated by the architect/construction professional who prepared the estimate, your application will be deemed incomplete and not assessed.

Please detail all the cost components of your capital works here. You should ensure that the cost certificate information is consistent with the proposal as described throughout your application and with the figures in the financial tables of Part A and Part B.

It is your responsibility as the applicant to ensure that the information you provide is accurate, clearly expressed, complete and internally consistent before the architect/construction professional signs your Cost certificate.

The total project cost for your Cost certificate should be the same as the figure you provided at Q 2.1(f) Project snapshot, and at Q 6.6 Total project cost.

For guidance on what costs can and can’t be covered by a capital grant, see Chapter 4 – Program Guidelines: Rural, Regional and Other Special Needs Building Fund.

Please note: You will not be able to format your response to this question.
Chapter 4 –
Program Guidelines: Rural, Regional and Other Special Needs Building Fund
4.1 The Rural, Regional and Other Special Needs Building Fund Guidelines

The Australian Government residential care funding framework assumes that, in normal circumstances, providers have access to funding through Commonwealth Government subsidies, residents’ accommodation payments, investors or by borrowing, sufficient to finance capital works.

Some residential care providers however, cannot accumulate sufficient reserves, or service the debt required, to meet some, or all, of the necessary capital works costs. The Rural, Regional and Other Special Needs Building Fund (the Fund) is a capital grants program which addresses this issue. The Fund specifically supports access to residential care and continuity of care in a region or area, or for a Special Needs Group, where access would otherwise be at risk.

It is important to note:
- most capital works in the aged care sector proceed without a capital grant
- there are no predetermined amounts for allocation per state or territory
- each ACAR is a new process and applications from previous rounds are not taken into account
- priorities for funding can shift from ACAR to ACAR
- where an application is for both residential care places and a capital grant, each component is assessed against their relevant criteria, but are considered as an integrated proposal in terms of priority, level of need and value-for-money for the Commonwealth.

Commonwealth (taxpayers’) money is allocated to applicants in order to meet the objective of encouraging the construction/renovation of buildings appropriate to the ongoing provision of aged care. The funding is not provided as a business development grant, or as a general purpose grant to charitable/religious organisations. The Commonwealth continues to have an interest in ensuring that the funds continue to be applied to the original purpose, at the relevant service, for a considerable time beyond the original payment of the grant (up to 20 years).

Before deciding to apply for a grant, you should be aware of the provisions which apply should you cease to provide aged care within the period of interest. If the purpose of the grant is no longer being met by the grantee to which the grant was allocated (eg. if you sell the grant-improved facility to another provider) then the Commonwealth’s funds may need to be repaid. Each case is assessed on its merits however the presumption is that the Commonwealth will seek repayment of its funds unless a strong argument to the contrary can be made in writing. See the Repayment of Aged Care Capital Funding Guidelines for further information: https://agedcare.health.gov.au/aged-care-funding/capital-funding/repayment-of-aged-care-capital-funding-the-guidelines

The Fund is administered by the Department of Health (the department) under the provisions of Part 5 of the Aged Care Act 1997 (the Act), and Part 2 of the Grant Principles 2014 (the Grant Principles). Part 5 of the Act and Part 2 of the Grant Principles are included at the end of this Chapter. It is highly recommended that you read both, as well as the following Guidelines. Full copies of the Act and the Grant Principles are available at: www.comlaw.gov.au

Should the following guidelines be inconsistent with the provisions of the Act or Grant Principles in any way, the Act and the Grant Principles will prevail. These guidelines may be revised and updated for future ACARs.

4.1.1 Introduction

The Fund provides capital grants for the construction or upgrade of residential aged care buildings:
- in rural, regional and remote areas of Australia; and/or
which specifically focus on the provision of residential care to people from Special Needs Groups or concessional, supported, assisted or low-means residents (as defined under the Act), including in major cities; and/or

- in a location where there is a demonstrated need for additional residential aged care services.

4.1.2 Decision making
All decisions on allocation of capital grants through the ACAR are made independently by the Secretary of the department, or the Secretary’s delegate. These decisions are based on the results of a competitive assessment process, as prescribed in the Act, the Grant Principles and these Program Guidelines.

Decisions on the allocation of residential care grants are decisions for the purposes of the Administrative Decisions (Judicial Review) Act 1977. These are not reviewable decisions under the Act (s 85-1) and decisions are therefore not reviewable by the Administrative Appeals Tribunal.

The Minister for Aged Care, and Minister’s Office (or any other Parliamentarian), does not have a role in the assessment or allocation of ACAR residential aged care capital grants.

4.1.3 Letters of support not considered
Letters of support from your local Member of Parliament, Senator or any other Parliamentarian(s) are not considered as part of the ACAR capital decision making process.

4.1.4 Aim, objective and outcomes of the Fund
The overall aim of the Fund is to facilitate equitable access to residential care across Australia.

The Fund’s objective is to provide capital grants to facilitate equitable access to residential care where access is impeded by virtue of:

- geographic location; and/or
- inadequate supply of residential care, including for people with special needs (as defined in the Act and Grant Principles); and
- lack of access to sufficient non-grant funding by an Approved Provider.

The main outcomes delivered by the Fund are new residential care buildings, and the upgrade of existing residential care buildings which, without the assistance of capital grants provided under the Fund, would otherwise not be available.

4.2 Eligibility for a grant
To be considered for a grant you must meet all eligibility criteria, in relation to:

4.2.1 Applicant eligibility
4.2.2 Financial eligibility
4.2.3 Project eligibility.

4.2.1 Applicant eligibility
To receive a capital grant you must:

- be the Approved Provider of residential aged care for the residential aged care service to which the grant relates* (and, if an existing Approved Provider, have a history of appropriate conduct); and
- hold an allocation, or receive an allocation of residential aged care places through this ACAR, at the residential aged care service to which the application relates, and at the time the grant is allocated; and
- not be a state or territory government, or an authority of a state or territory government; and
• not hold an allocation of Extra Service Status (ESS) at the residential aged care service which is seeking capital funding; and
• also meet the financial eligibility criteria (see 4.2.2 below); and
• also meet the project eligibility criteria (see 4.2.3 below).

*Approved Provider status
You do not need to be an Approved Provider at the time you apply for a capital grant, but you do need to have been approved as a provider of residential aged care under the Act, and have an allocation of residential aged care places at the service, before a grant can be allocated.

Further information on how to become an Approved Provider can be accessed at the following webpage link, Approved Provider Information.

Conduct as an Approved Provider
If you are an existing Approved Provider, the department will consider previous and current non-compliance (including but not limited to sanctions and notices of non-compliance) at any service operated by you. Non-compliance will also be considered in relation to services operated by related Approved Providers. Approved Providers may be regarded as related if they have key personnel in common.

The matters the department will consider in determining the past conduct of an Approved Provider or a related Approved Provider include, but are not limited to:
• the nature of the non-compliance
• how recently the non-compliance occurred
• the frequency of any non-compliance
• the timing and effectiveness of the response to the non-compliance
• the extent of the non-compliance across services operated by the Approved Provider or services operated by related Approved Providers
• the current period of accreditation for the Approved Provider’s services
• whether the Approved Provider has demonstrated a sustained commitment to improvement over time.

In addition to these matters, the department may also consider other aspects of an Approved Provider’s past conduct record such as past history of meeting conditions attached to an allocation of places, a capital grant or a zero real interest loan.

State or territory government or entity
Under Section 7-3 (c) of the Grant Principles, Approved Providers which are state or territory governments, or authorities of state or territory governments, are not eligible to receive a capital grant under the Fund.

Extra Service Status
Under section 72-1(4)(c) of the Act, if a service, or a distinct part of the service, to which the grant would apply, has an allocation of places with Extra Service Status (ESS), the service is ineligible for capital grant funding under the Act.

This is the case regardless of the number of places with ESS, whether or not the places with ESS are operational, and where ESS has been suspended but not relinquished.

If you are unsure whether your service holds a grant of ESS, contact the department at: ACAR@health.gov.au
Please note: If a service with ESS wishes to apply for a capital grant, it may (if it meets all other eligibility requirements) become eligible by relinquishing the ESS entirely before applying. Suspending, rather than relinquishing, ESS will not result in eligibility.

The relinquishment of ESS does not mean the relinquishment of the residential care places to which the status is attached. Providers retain the residential care places and continue to receive subsidy if there are residents in the places.

However, the decision to relinquish ESS is entirely a business decision of the service. Once relinquished, ESS cannot be reactivated.

You should also note that relinquishing ESS has an effect on eligibility to apply only. If you relinquish your ESS you are not guaranteed a grant, or given preferential consideration in any way, under the grant assessment process.

How to relinquish ESS
ESS may be relinquished at any time via the Variation to Places form available on the department’s website: Apply to Vary

This form should be submitted to your relevant State Office of the department well before you submit your ACAR capital grant application. Do not submit the Variation to Places form with, or at the same time as, your ACAR application. You must be eligible at the time the Invitation to Apply closes.

You should ensure you have written (email) confirmation of relinquishment of ESS from your relevant State Office of the department before applying for a capital grant.

4.2.2 Financial eligibility
In addition to the Applicant eligibility criteria above, in order to be eligible for a capital grant, you must be able to demonstrate:

- your ongoing financial and organisational viability; and
- that you do not have the capacity to fund, including through debt (mortgage) funding, all or part of the project without a capital grant; and
- if your service is part of a parent organisation, that your parent organisation does not have the capacity to fund the works, including through debt funding; and
- that you also meet the project eligibility criteria (see 4.2.3 below).

Assessment against the financial eligibility criteria will take account of information provided in your application and any other information available to the department from internal records or available publicly.

Independent financial assessment
The information provided by applicants for a capital grant will be assessed by an independent financial analyst to assist the department in coming to a view about:

- the financial viability, sustainability and overall robustness of the financial situation of the your organisation and service
- your use of accommodation bonds, refundable accommodation deposits, refundable accommodation contributions and other sources of funding
- sensitivity of your debt servicing capacity to interest rate fluctuations
- your capacity to complete any capital works associated with the proposal with or without a capital grant, taking into account all possible sources of funding including debt finance.
Demonstrated ongoing financial and organisational viability
Under 7-3(a) of the Grant Principles, the department must be satisfied that you are financially viable (and so will be able to continue to deliver aged care into the future).

Lack of capacity to fund all or part of the project without a residential care grant
Under 7-3(b) of the Grant Principles, capital grants are only available to organisations that cannot afford to fund the proposed capital works without a grant from the Australian Government.

The department must be satisfied, via the independent financial assessment, that you are unable to fund, including through debt funding, all of the proposed capital works without the assistance of a capital grant.

Where your organisation is part of a parent organisation, you are required to demonstrate that neither you nor your parent organisation can fund the works, including via debt funding.

Pointing to a range of other capital works projects being undertaken, as the reason you, or your parent organisation, cannot fund the capital works for which a grant is sought, does not appropriately demonstrate lack of capacity to fund.

4.2.3 Project eligibility
In addition to the Applicant and Financial eligibility criteria above, to be eligible for a capital grant, the proposed works must:
- not have been contracted, started or completed; and
- be located in rural, regional and remote areas of Australia; or
- specifically focus on the provision of residential care to people from Special Needs Groups or concessional, supported, assisted or low-means residents (as defined under the Act), including in major cities; and
- not be on the list of costs identified under the Act as ‘not capital works’.

Works must not be contracted, started or completed
Under section 7-4 of the Grant Principles, projects are not eligible for a grant under the Fund if they have been contracted, commenced, or completed prior to the execution of a Deed of Agreement.

Provision of care to selected residents or in specified locations
As set out in Section 7-2 of the Grant Principles, capital grants can only be provided for capital works projects where the majority of the residents who receive, or who will receive, the care to which the grant relates are one or more of the following:
(a) supported residents, concessional residents or assisted residents
(b) people with special needs*
(c) low–means residents
(d) people who live in a location where there is demonstrated need for additional residential care services
(e) people who do not live in a major city.

Costs identified as ‘not capital works’
Under Section 9-3 of the Grant Principles, none of the following are to be treated as capital works costs for a capital grant:
(a) costs of routine administration of the service to which the grant relates, whether or not the costs are related to the proposed capital works
(b) the costs of acquiring and operating vehicles
(c) the cost of rent, insurance and state and local government statutory charges (for example, rates)
(d) normal overhead and operating costs
(e) any tax payable by the service to which the grant relates, including any tax which is payable as a result of receiving the grant
(f) costs associated with obtaining finance for the proposed capital works
(g) the cost of interest related to any finance obtained for the project.

Costs which can be covered by a capital grant
As set out under Section 70-3 (1) of the Act, capital grants can be used to fund the cost of:
(a) acquiring land on which are, or are to be built, the premises needed for providing care
(b) acquiring, erecting, altering or extending those premises
(c) acquiring furniture, fittings or equipment for those premises
(d) altering or installing furniture, fittings or equipment on those premises.

4.3 Grant assessment and priority
Applications which meet the eligibility criteria set out above will be assessed and prioritised by the department on a competitive basis, consistent with the provisions of the Act and the Grant Principles. Part 2, Section 8 of the Grant Principles outlines the criteria for both assessing and determining priority between applications.

4.3.1 Competitive assessment
In assessing applications, the department will consider:
• the proportion of residents who will be supported, concessional, assisted or low-means residents
• the location of the aged care service, and particularly whether it is in a rural or remote area or where there is a demonstrated need for additional residential care services (for example, regions where the ratio of residential care places per 1,000 people aged 70 or over is significantly below the national average)
• the availability of other aged care services in the area
• the need for the grant to assist in establishing or upgrading the aged care service
• whether there is an urgent need for the grant due to unforeseen circumstances
• the extent to which the project meets the needs of residents living with dementia
• whether the project provides high quality accommodation for current or future residents
• whether the project offers significantly improved operational efficiency
• whether appropriate arrangements will be put in place for the provision of care to residents or other people while the project is being carried out.

4.3.2 Application priority
Subsection 8(2) provides that the Secretary must give priority to:
• projects that meet an urgent need for building, rebuilding, renovation or restoration work in order to improve or maintain access to residential care, including meeting changing care needs arising from the increased frailty of residents or the increased prevalence of dementia; and
• projects that offer the Commonwealth best value for money compared with other projects for which applications for the allocation of residential care grants have been made.

The above are not weighted, but rather are matters that must be considered by the department when assessing which applications, on balance, demonstrate the greatest case for support.
4.4 Priority for Special Needs Groups under the Act

Up to $11.5 million from the Rural, Regional and Other Special Needs Building Fund has been earmarked to support access to residential care for older people from Special Needs Groups, as specified under the Act.

If you are seeking funding for a specialist residential care service for people from a Special Needs Group community, you should ensure that your proposal demonstrates:

- why you wish to provide care for people from a Special Needs Group community in the chosen location
- the need for the care service for people from a Special Needs Group community, in light of any existing services in the area for people who are from the Special Needs Group community
- your knowledge and understanding of the particular aged care needs of the Special Needs Group community
- your track record of provision of care and services to the Special Needs Group community and/or established relationships with organisations that provide care and services to older people from the Special Needs Group community.

Special Needs Groups under the Act, and their abbreviated terms, are as follows:

- people from Aboriginal and Torres Strait Islander communities (ATSI)
- people from culturally and linguistically diverse backgrounds (CaLD)
- people who live in rural or remote areas (R-R)*
- people who are financially or socially disadvantaged (FSD)
- veterans (VET)
- people who are homeless, or at risk of becoming homeless (HOM)
- care leavers (CLV)
- parents separated from their children by forced adoption or removal (PSC)
- lesbian, gay, bisexual, transgender and intersex people (LGBTI).

*These areas comprise inner regional, outer regional, remote and very remote locations as per the Australian Bureau of Statistics’ Australian Standard Geographical Classification Remoteness Structure. You can determine whether your service address falls into regional, rural and remote here: 2018-19 ACAR Map.

4.4.1 Design and physical environment for Special Needs Groups

When applying specifically for Special Needs Groups you should demonstrate how your physical environment has, or will, be tailored to the specific needs of your prioritised Special Needs Group. Consider any particular changes, improvements or innovations you propose to make. Where appropriate in your application, describe any design features that will be incorporated into your building, including the external environment, that will facilitate the provision of care for people from your Special Needs Group(s).

There are building design features that may be tailored when providing care to people from Special Needs Groups. Brief examples of design adaptations include:

- décor, furnishings and signage appropriate to differing backgrounds or cultures
- designated spaces/facilities for cultural practices and areas of worship
- space for memorial and/or commemorative displays
- facilities for private telecommunication (eg skype) to maintain long distance relationships
- onsite facilities for hosting family and friends, and involving them in cultural practices
- outdoor space/facilities for gardening, poultry or other hobbies, and/or views to country
- strategies to minimise any institutional appearance of facilities.
4.5  Further information and other matters
You will be advised in writing of the result of your application.

4.5.1  Generic capital feedback only
Please note: The department will no longer provide individual feedback to applicants.

Following the announcement of the 2018-19 ACAR outcomes, the department will provide a generic feedback document directly to all unsuccessful applicants. This document will also be available on the department’s website.

This document will provide general information on what constituted a good answer for each question. You will be able to compare your own submission(s) with this information to determine which areas you can strengthen.

4.5.2  Contractual arrangements
An application is not evidence of a contract or other form of legal agreement. Capital grants cannot be made available for capital works which have been contracted, commenced, or completed prior to execution of a Deed of Agreement with the department.

If you enter into contractual arrangements with other parties, before the execution of a Deed of Agreement with the department, you do so at your own risk.

4.5.3  Applications may be used for other purposes
Information contained in an application submitted in the 2018-19 ACAR may be used by the department for other purposes, including as part of the assessment of applications in other processes. Any such use is at the sole discretion of the department and in accordance with the relevant provisions of the Act.

4.5.4  ACAR decisions not reviewable
The decision about the allocation of residential care capital grants through the ACAR is made by the Secretary or the Secretary’s delegate. Decisions on the allocation of residential care grants are decisions for the purposes of the *Administrative Decisions (Judicial Review) Act 1977*.

This is not a reviewable decision under the Act (s 85-1) and decisions are therefore not reviewable by the Administrative Appeals Tribunal.

4.5.5  Program evaluation
The program may be evaluated as part of the close monitoring, review and refinement incorporated in the Government’s ten year plan for aged care reform.

4.6  Information for successful applicants
Grants will be awarded consistent with the following arrangements.

4.6.1  Grant amount
A grant may be allocated which is less than the grant sought. In deciding the amount of the grant, the department will consider the cost of the project and the extent to which you have a demonstrated lack of capacity to fund the proposed works, taking into consideration all possible sources of finance.
4.6.2 Grant reduction
The grantee is expected to meet its contribution to the capital works project even if total expenditure on the project is less than the amount stipulated in the Agreement. In this circumstance, the grant will be reduced to the point that the grantee meets its minimum contribution requirement.

4.6.3 Grant increase not possible
Grants cannot be increased in any circumstance, although an additional grant may be applied for through a future competitive ACAR. However, no grant will be made in respect of any project which has commenced, been contracted or has been completed.

4.6.4 Ongoing responsibilities (specified period of service provision)
A condition of any grant is that the grantee continues to provide residential care, funded under the Act, for a specified period after completion of the building constructed with the assistance of a grant (up to 20 years).

The starting date for the determination of the period over which the Commonwealth will retain an interest will be the completion date* of the project. The completion date will be defined by the department, once it is satisfied that all works in relation to the grant are completed.

If the grantee stops providing residential care in the building, or sells, transfers or demolishes the building during the specified period, the department can require all or part of the grant to be repaid.

Any grantee which intends to cease providing care in the building, to transfer ownership or effective control, or to sell, demolish or otherwise dispose of the building, should advise the department at the earliest opportunity.

*Project completion date refers to the date that a tax invoice for the final payment instalment for the capital grant, accompanied by evidence of project completion and a certificate of compliance, is received by the department and is considered satisfactory by the department. If all the material is in order, the department’s date stamp on receipt of this information will be taken to be the actual completion date of the project.

4.6.5 Repayment of grant
Commonwealth (taxpayers’) money is allocated to residential care service providers in order to meet the objective of encouraging the construction/renovation of buildings appropriate to the provision of aged care.

The funding is not provided as a business development grant, or as a general purpose grant to charitable/religious organisations. The Commonwealth continues to have an interest in ensuring that the funds continue to be applied to the original purpose, at the relevant service, for a considerable time beyond the original payment of the grant (up to 20 years).

If the purpose of the grant is no longer being met, by the grantee which was allocated the grant (eg. if you sell the grant-improved facility to another provider), then the Commonwealth’s funds need to be repaid to general revenues for application to the Government’s current policy priorities. Each case is assessed on its merits however the presumption is that the Commonwealth will seek repayment of its funds unless a strong argument to the contrary can be made in writing.

Further information on decisions to seek repayment of all or part of a grant is set out in the Recovery of Aged Care Capital Funding Guidelines at: https://agedcare.health.gov.au/aged-care-funding/capital-funding/repayment-of-aged-care-capital-funding-the-guidelines
4.6.6 Publication
The name, address and total grant offered for each successful grant applicant will be published on the department’s website.

Please note: In addition, unless you have indicated otherwise in the Endorsement of Application section of your Part A form, if successful, your Proposal snapshot information (Part B: Q 1.2) will be made publicly available, and your contact details will be provided to your relevant parliamentary representative.

4.6.7 Deed of Agreement
Successful applicants will be required to enter into a legally binding Agreement with the department, with attached Conditions applying to the grant.

Successful applicants should note that capital grants cannot be made available for capital works which have been contracted, commenced, or completed prior to execution of a Deed of Agreement with the department. Therefore, you should not enter into contractual arrangements with other parties before the execution of a Deed of Agreement with the department.


Applicants should note that, subject to certain thresholds, Building Code 2016 (the Code) and the Australian Government Building and Construction WHS Accreditation Scheme (the Scheme), may apply to the proposed capital works project. Any requirements will be reflected in the Agreement and Conditions.


Information about the Scheme can be found on the Federal Safety Commissioner website.

Any specific conditions that are attached to the offer of a grant or identified during the contract negotiations will be identified as specific conditions attached to the Agreement. The successful applicant’s minimum financial contribution to the capital works project will be included as a condition of the grant.

4.6.8 Ownership of land
If the land on which the project will be developed is not owned by the applicant (ie. a leasing arrangement is in place), funding will be provided to applicant only where the lessor of the land:

- agrees to the proposal
- guarantees operation of the premises as a residential care service for a period of up to 20 years following the completion of the capital works.

These conditions will form part of the Deed of Agreement and Conditions, and require a separate Deed of Acknowledgement between the lessor and the Commonwealth.

4.6.9 Payment arrangements
The Conditions of Grant set out the requirements for payment of the grant. Grants are paid in instalments on the achievement of construction milestones and the provision of documentary evidence of their achievement. Copies of supplier invoices are required to demonstrate expenditure.
4.6.10 Reporting requirements
Under the Conditions of Grant, the grantee is required to make periodic reports to the department on the progress of the capital works project for which the grant was allocated.

4.6.11 Varying the Conditions of grant
A grantee can apply to the Secretary at any time to vary a condition attached to the Agreement. It is the grantee’s responsibility to apply for a variation prior to breaching any grant condition.

4.6.12 Breach of the Conditions of grant
Where the Conditions of Grant are not met, the Secretary may vary or revoke the grant. The grantee will be given an opportunity to make a submission on the matter before any decision to vary or revoke a grant is made.

4.6.13 Capital funding and Extra Service Status
Services with a grant of Extra Service Status are not eligible for capital grants under the Fund.

If Extra Service Status is granted to a service which has previously received a capital grant, there is a requirement to repay the grant in accordance with s 43-6 of the Act. This is the case even if the grant was allocated to a previous Approved Provider which does/did not own the service at the time Extra Service Status is granted.

Disclaimer
These guidelines do not constitute legal advice and should not be relied upon as such. The department does not guarantee the accuracy or completeness of these Guidelines. You should obtain appropriate independent and professional advice relevant to your own circumstances in relation to the matters discussed in these guidelines. The Australian Government does not accept any liability (in negligence or otherwise) resulting from the use of, or reliance on, these guidelines.

These guidelines do not supersede any contractual agreements between the Department of Health and a recipient of a residential care capital grant.

In cases of discrepancy between these guidelines and the legislation, the legislation will prevail.
Part 5.1—Residential care grants

Division 70—Introduction

70-1 What this Part is about

The Commonwealth makes residential care grants to contribute towards the capital works costs associated with some projects undertaken by Approved Providers to establish residential care services or to enhance their capacity to provide residential care.

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70-2 The Grant Principles

Residential care grants are also dealt with in the Grant Principles. Provisions in this Part indicate when a particular matter is or may be dealt with in these Principles.

Note: The Grant Principles are made by the Minister under section 96-1.

70-3 Meaning of capital works costs

(1) The capital works costs relating to residential care include, but are not limited to, the following:

(a) the cost of acquiring land on which are, or are to be built, the premises needed for providing that care;
(b) the cost of acquiring, erecting, altering or extending those premises;
(c) the cost of acquiring furniture, fittings or equipment for those premises;
(d) the cost of altering or installing furniture, fittings or equipment on those premises.

(2) However, if:

(a) those premises are, or will be, part of larger premises; and
(b) another part of the larger premises is not, or will not be, connected with the provision of residential care;

any costs that the Secretary is satisfied are attributable to the other part of the larger premises are taken not to be capital works costs relating to the residential care in question.

Division 71—How do people apply for allocations of residential care grants?

71-1 Applications for residential care grants

A person may apply in writing for the allocation of a residential care grant. However, the application is valid only if:

(a) it is in response to an invitation to apply for the allocation of residential care grants published by the Secretary under section 71-2; and
(b) it is made on or before the closing date specified in the invitation; and
(c) it is in a form approved by the Secretary.

Note: An applicant who is not an Approved Provider must become an Approved Provider for a residential care grant to be allocated (see subsection 72-1(1)).
71-2 Invitation to apply

(1) The Secretary may invite applications for the allocation of *residential care grants.
(2) The invitation must:
   (a) specify the amount of money that is available for allocation as *residential care grants; and
   (b) specify the criteria for allocations of residential care grants (see subsection 72-1(2)); and
   (c) specify the closing date after which applications will not be accepted; and
   (e) state that there may be conditions that Approved Providers must meet before payments of residential care grants are made.
(3) The invitation must be published or notified by such means as the Secretary thinks appropriate.

71-3 Requests for further information

(1) If the Secretary needs further information to determine the application, the Secretary may give to the applicant a notice requesting the applicant to give the further information within 28 days after receiving the notice, or within such shorter period as is specified in the notice.
(2) The application is taken to be withdrawn if the applicant does not give the further information within 28 days, or within the shorter period, as the case requires.
Note: The period for giving the further information can be extended—see section 96-7.
(3) The notice must contain a statement setting out the effect of subsection (2).

4.8 Division 72—How are residential care grants allocated?

72-1 Allocation of residential care grants

(1) The Secretary may allocate *residential care grants to Approved Providers in respect of the *capital works costs of projects for the provision of residential care.
(2) The allocation must meet the criteria for allocations specified in the Grant Principles.
(3) However:
   (a) each of the Approved Providers must have made a valid application in respect of the allocation (see Division 71); and
   (b) the allocation must comply with the terms of an invitation published under that Division (see section 72-4); except so far as the Secretary waives these requirements under section 72-5.
(4) A *residential care grant can only be allocated to an Approved Provider:
   (a) whose approval under Part 2.1 includes *residential care (see subsection 8-1(2)); and
   (b) who holds an allocation of *places for *residential care subsidy under Part 2.2 (whether or not it is a *provisional allocation), being places that are, or are to be, included in the residential care service in respect of which the grant is payable; and
   (c) in relation to a residential care service that does not have, and no *distinct part of which has, *extra service status.

72-4 Compliance with the invitation

The allocation complies with the terms of the invitation if:
   (a) the sum of the amounts allocated as *residential care grants does not exceed the amount specified in the invitation as being available for allocation as residential care grants; and
   (b) the Secretary has considered all valid applications made in respect of the allocation, together with any further information given under section 71-3 in relation to those applications; and
   (c) the allocation was made after the closing date specified in the invitation.

72-5 Waiver of requirements

The Secretary may waive:
(a) the requirement under paragraph 72-1(3)(a) that each Approved Provider who is allocated a *residential care grant must have made a valid application in respect of the allocation; or
(b) that requirement and the requirement under paragraph 72-1(3)(b) that the allocation must comply with the terms of an invitation published under Division 71;

if the Secretary is satisfied that:
(c) the provision of residential care to care recipients is being seriously affected by the condition of the premises used for providing the care, being premises to which the residential care grant would relate; or
(d) the premises used for providing care, being premises to which the residential care grant would relate, have been so damaged by a disaster that they are unsuitable for the provision of residential care; or
(e) there is a high need for the provision of residential care that would not be met unless the residential care grant is allocated, and it would not be practicable to allocate the grant without the waiver; or
(f) there are other exceptional circumstances for justifying the waiver.

### 72-6 Notification of allocation

(1) The Secretary must notify, in writing, each applicant to whom a *residential care grant has been allocated. The notice must be given within 14 days after the Secretary’s decision under section 72-1 is made.

(2) The notice must specify:
   (a) the amount of the grant (see Division 74); and
   (b) the project to which the grant relates; and
   (c) when the grant, or the instalments of the grant, will be paid (see Division 73); and
   (d) if the grant is to be paid in more than one instalment—the amounts of the instalments or how they will be worked out (see Division 73); and
   (e) the conditions on which the grant is payable (see Division 73).

### 72-7 Notice to unsuccessful applicants

(1) The Secretary must notify, in writing, each applicant to whom a *residential care grant has not been allocated. The notice must be given within 14 days after the Secretary’s decision under section 72-1 is made.

(2) The notice must set out the reasons for the applicant not being allocated a grant.

### 4.9 Part 2 of the Grant Principles 2014 (the Grant Principles)


#### Part 2—Residential care grants

##### 6 Purpose of this Part

For subsections 72-1(2) and 74-1(1) of the Act, this Part specifies matters relating to the allocation of residential care grants, including the following:

(a) the criteria that must be met for allocations;
(b) the criteria for determining priority between applications for allocations;
(c) working out the amounts to be allocated.

##### 7 Residential care grants—criteria for allocations

(1) For subsection 72-1(2) of the Act, this section and section 8 specify the criteria that must be met for allocations by the Secretary of residential care grants in respect of projects for the provision of residential care.
(2) A majority of the care recipients who receive, or who will receive, the care to which the grant relates must be one or more of the following:
   (a) supported residents, concessional residents or assisted residents;
   (b) people with special needs;
   (c) low-means care recipients;
   (d) people who live in a location where there is a demonstrated need for additional residential care services;
   (e) people who do not live in a major city.

(3) The Secretary must be satisfied that the applicant for the grant:
   (a) has demonstrated its ongoing financial and organisational viability; and
   (b) has demonstrated that it does not have the capacity to fund all or part of the project to which the grant relates without a residential care grant; and
   (c) is not a State or Territory or an authority of a State or Territory; and
   (d) if the applicant is, or has been, a provider of aged care for which any payment was or is payable under a law of the Commonwealth—has a very good record, or a demonstrated commitment to improvement, in respect of:
      (i) its conduct as such a provider; and
      (ii) compliance with its responsibilities as such a provider; and
      (iii) meeting its obligations arising from the receipt of any payment from the Commonwealth for providing aged care.

(4) The Secretary must also be satisfied that no contracts for the construction of premises to be used to provide the residential care to which the project relates have been entered into, and no work has started on the construction of such premises.

8 Residential care grants—criteria for determining priority between applications

(1) The Secretary must consider the following matters in determining the priority to be given to an application for the allocation of a residential care grant in respect of a project for the provision of residential care:
   (a) the proportion of care recipients to whom the grant relates who are, or will be:
      (i) supported residents, concessional residents or assisted residents; or
      (ii) people with special needs; or
      (iii) low-means care recipients;
   (b) the location of the residential care service to which the grant relates (the relevant residential care service), in particular whether it is not in a major city;
   (c) the availability of other aged care services in the area in which the relevant residential care service is, or will be, located;
   (d) the need for the grant to assist in establishing or upgrading the relevant residential care service;
   (e) whether there is an urgent need for the grant due to unforeseen circumstances;
   (f) the extent to which the project will meet the needs of care recipients living with dementia;
   (g) whether the project will provide high quality accommodation for care recipients;
   (h) whether the project will provide significantly improved operational efficiency;
   (i) the adequacy of any arrangements proposed for the care of care recipients and other residents while the project is being completed.

(2) The Secretary must give priority to an application for the allocation of a residential care grant in respect of the following:
   (a) projects that meet an urgent need for building, rebuilding, renovation or restoration work in order to improve or maintain access to residential care, including meeting changing care needs arising from the increased frailty of care recipients or the increased prevalence of dementia;
   (b) projects that offer the Commonwealth best value for money compared with other projects for which applications for the allocation of residential care grants have been made.
9 Residential care grants—working out amount to be allocated

(1) For subsection 74-1(1) of the Act, the amount of a residential care grant in respect of a project for the provision of residential care is the amount worked out by the Secretary in accordance with this section. Note: The amount of a grant to an Approved Provider must not exceed the difference between:

(a) the capital works cost of the project in respect of which the grant is payable; and
(b) the sum of the money (if any) spent, and the money presently available for expenditure, by the Approved Provider towards the capital works cost of the project. See subsection 74-1(2) of the Act.

(2) In working out the amount of a residential care grant in respect of a project for the provision of residential care, the Secretary may have regard to the following:

(a) the purpose for which the grant is required;
(b) the capacity of the Approved Provider to borrow money for the project (including the capacity to borrow money on short notice for urgent building, rebuilding, renovation or restoration work to be carried out to meet Commonwealth, State, Territory or local government fire, safety, health or occupational health and safety standards or because of fire, flood, earthquake or other unforeseen circumstances);
(c) the capacity of the Approved Provider, or the proposed care recipients of the residential care when the project is completed, to contribute to funding the project;
(d) the value of any non-monetary contribution by the Approved Provider to the project;
(e) the kind of people who are to be care recipients of the residential care.

(3) For the purpose of applying subsection 74-1(2) of the Act in working out the amount of a residential care grant in respect of a project for the provision of residential care, none of the following are to be treated as capital works costs of the project:

(a) costs of routine administration of the residential care service to which the grant relates, whether or not the costs are related to the project;
(b) the cost of acquiring and operating vehicles;
(c) the cost of rent, insurance and State, Territory and local government statutory charges (for example, rates);
(d) normal overhead and operating costs;
(e) any tax payable by the residential care service to which the grant relates, including any tax payable as a result of receiving the grant;
(f) costs associated with obtaining finance for the project;
(g) the cost of interest related to any finance obtained for the project.
2018-19 ACAR
ESSENTIAL GUIDE

Chapter 5 –
Part C: STRC Instructions
**Part C: Short-term restorative care places**

You must complete one Part C application form for each service for which you are seeking short-term restorative care (STRC) places. In the form, you may nominate one or more Aged Care Planning Regions in which the service will operate.

Under legislation, STRC places are specific to the state or territory in which they are allocated. If you propose to deliver care into more than one state or territory from a single service, you must submit separate applications for each service in each state or territory you are seeking new STRC places.

**Important considerations when submitting an application for STRC Places**

**Part C: Places allocations competitive**

Competition for STRC places may be extremely competitive nationally. For example, in the 2016-17 ACAR, 503 STRC applications were received (seeking 18,001 STRC places), for the 475 STRC places made available.

You should be aware that for state and/or territories attracting a large number of applications, it is possible that a number of competitive applications may be unable to secure an allocation of places because of the level of competition.

**Part C: STRC Programme Manual**

You must read the STRC Programme Manual, which is available on the department’s website.

The STRC Programme Manual aims to harness the success of the Transition Care Programme model, including detailing how the programme will operate as a part of an end to end aged care system.

**Compliance with the STRC Programme Manual will be a condition of allocation for all STRC places.**

**Part C: Approved Provider of flexible care**

You must be an Approved Provider of flexible care to be eligible for an allocation of STRC places*. This is a requirement under Part 2.1 of the *Aged Care Act 1997.*

If you are not currently an Approved Provider of residential care places, home care places or flexible care places you will be required to complete the application process for flexible care approval in full.

If you are an Approved Provider for residential care places and/or home care places, you must apply for approval to provide flexible care through the appropriate approvals process. A streamlined application process has been developed for residential and home care providers wishing to apply to become an Approved Provider of flexible care. Information on the streamlined application process is available on the department’s website at the following link.

*Please note: Your application will still be considered if you are not an Approved Provider at the time of applying. If you will need to apply for Approved Provider status, please note that it can take some time, and the department strongly encourages you to apply for Approved Provider status as early as possible. Further information on how to become an Approved Provider of flexible care can be accessed at the following link.*
Part C: Section 1 - Service details

Please note: Some fields in the application form do not allow you to format your response. This is deliberate, to ensure your responses are submitted in the required format. You may only type text, numbers or dates in these fields.

You will not be able to format any responses in Section 1 of the Part C application form.

Part C: Q 1.1 Service details

Approved Provider or organisation name
This should be the same Approved Provider or organisation name you entered at Part A: Q 1.1.

If you are an Approved Provider of flexible care under the Act, enter your full name here. Do not use abbreviated Approved Provider names, provide the entire name in full.

If you are not an Approved Provider of flexible care under the Act, enter the full legal name of your organisation. Do not use abbreviated names for your organisation, provide the entire name in full.

Approved Provider ID
This should be the same Approved Provider ID number you entered at Part A: Q 1.1.

If you are an existing Approved Provider of flexible care, you may enter either your National Approved Provider System (NAPS) ID or your Approved Provider Number, which appears on your Department of Human Services Payment Statement.

Your NAPS ID can be found in the letter advising of your approval as an Approved Provider of flexible care.

Your Approved Provider Number appears on your Department of Human Services Payment Statement, and can be found in the top left-hand corner as shown below (third number down – Approved Provider Number).

RESIDENTIAL PAYMENT STATEMENT

Aged Care Service Number 9990
Aged Care Service Name SUPERHERO HOME FOR THE AGED
Approved Provider Number 9988
Approved Provider Name SUPERHERO HOME FOR THE AGED ASSOCIATION INC
Claim Month August 2010

RESPITE CARE RECIPIENT DETAILS

<table>
<thead>
<tr>
<th>Care Recipient Surname</th>
<th>First Name</th>
<th>Care Recipient ID</th>
<th>Entry Date</th>
<th>Departure Date</th>
<th>CSC Type</th>
<th>ACAT</th>
<th>Respite Start Date</th>
<th>Approved Days</th>
<th>WC/TPS</th>
<th>Room Type</th>
<th>RC Leave Days</th>
<th>TC Days Left</th>
</tr>
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<tbody>
<tr>
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<td>18/07/2010</td>
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PERMANENT CARE RECIPIENT DETAILS

<table>
<thead>
<tr>
<th>Care Recipient Surname</th>
<th>First Name</th>
<th>Care Recipient ID</th>
<th>Entry Date</th>
<th>Departure Date</th>
<th>CSC Type</th>
<th>ACAT</th>
<th>Respite Start Date</th>
<th>Approved Days</th>
<th>WC/TPS</th>
<th>Room Type</th>
<th>RC Leave Days</th>
<th>TC Days Left</th>
</tr>
</thead>
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<tr>
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<td></td>
</tr>
</tbody>
</table>
If you are not an Approved Provider of flexible care, please advise if you have submitted an application to become an Approved Provider of flexible care by selecting a tick box for ‘Yes’ or ‘No’.

**Service details**

Provide the name of the existing*, or new, service for which you are applying for an allocation of places. If your service name is the same as your Approved Provider or organisation name, as detailed in your Part A application form and above, rewrite the name in this section. The name provided here will be published on the department’s website should the Secretary approve an allocation of places to your service.

If this is a new STRC service, select the relevant tick box.

If applying for an existing, operational service, select the relevant tick box and enter your Residential Aged Care (RAC) Service ID. Your RAC Service ID appears on your Department of Human Services Payment Statement and can be found in the top left-hand corner as shown above (first number – Aged Care Service Number).

*Please note: An existing service is one operated by an Approved Provider of flexible care that is currently providing short-term restorative care services to care recipients.

Select the state/territory which is subject of your application for STRC places.

**Please note:** If you are planning to provide services across multiple ACPRs within the state/territory, you will be asked to identify these at Q 2.1(a) and/or Q 2.1(b).

**Part C: Q 1.2 Physical address of proposed service**

Provide the physical address of your service (ie. your office, headquarters or home base location) including the street number and name, suburb or town, state or territory and postcode.

If you have not yet determined the address of your proposed service (eg. currently seeking premises), select your proposed state/territory, then write ‘to be confirmed’ against other areas of the Q 1.2 table.

**Part C: Section 2 – STRC places sought**

**Please note:** Some fields in the application form do not allow you to format your response. This is deliberate, to ensure your responses are submitted in the required format. You may only type text, numbers or dates in these fields.

**Part C: Q 2.1(a) Information about the STRC places sought**

This table is to provide information about the 2018-19 STRC places you are seeking.

**Aged Care Planning Region(s)**


You should note that, if successful, your conditions of allocation will reflect the location(s) you nominate here.
Will these places be made operational immediately from allocation
Select ‘Yes’ or ‘No’

If not operational immediately, how many months until these places are made operational?
If you have selected ‘No’, you are required to indicate how many months until the places will be made operational.

Number of places sought
For 2018-19 provide both a maximum and minimum number of STRC places being sought. Please ensure that you:
- do not exceed the number of places available in the relevant state/territory, as outlined in Chapter 6 - Distribution and targeting of places
- do not combine the number of places you are seeking for 2018-19 and 2019-20
- only seek an allocation of places in the state/territory referred to in Q 1.2
- note that 2018-19 places are expected to be delivered as soon as possible.

How will you meet the commencement date specified in the table above?
In response to this question, you could consider discussing:
- your current capacity to deliver restorative care
- how you will use and expand this capacity to deliver more restorative care through an allocation of STRC places
- if relevant, the number of unfunded operational places you currently have, and how these could be adapted to deliver STRC
- the proposed care setting and how that will be used to provide care
- your recruitment processes to ensure staff have the required experience, for example, whether the multi-disciplinary team has the relevant clinical experience
- what strategies you have to ensure clients are directed to your STRC places once they are operational, for example, building relationships with your local Aged Care Assessment Team.

The word limit for this box is 300 words.

Part C: Q 2.1(b) Information about the 2019-20 STRC places sought
This table is to provide information about the 2019-20 STRC places you are seeking. The places you are seeking here are in addition to any places you may be seeking for 2018-19.

Aged Care Planning Region(s)

You should note that, if successful, your conditions of allocation will reflect the location(s) you nominate here.

Proposed date of commencement
Enter the date on which you expect to be in a position to offer care to care recipients. Please note that 2019-20 places may be delivered from 1 July 2019.

Number of places sought
For 2019-20 provide both a maximum and minimum number of STRC places being sought. Please ensure that you:
• do not exceed the number of places available in the relevant state/territory, as outlined in Chapter 6 - Distribution and targeting of places
• do not combine the number of places you are seeking for 2018-19 and 2019-20
• only seek an allocation of places in the state/territory referred to in Q 1.2
• note that 2019-20 places are expected to be delivered from 1 July 2019.

How will you meet the commencement date specified in the table above?
In response to this question, you could consider discussing:
• your current capacity to deliver restorative care
• how you will use and expand this capacity to deliver more restorative care through an allocation of STRC places
• if relevant, the number of unfunded operational places you currently have, and how these could be adapted to deliver STRC
• the proposed care setting and how that will be used to provide care
• your recruitment processes to ensure staff have the required experience, for example, whether the multi-disciplinary team has the relevant clinical experience
• what strategies you have to ensure clients are directed to your STRC places once they are operational, for example, building relationships with your local Aged Care Assessment Team.

The word limit for this box is 300 words.

Part C: Q 2.2 Describe your service’s existing, or proposed, linkages with general practitioners, allied health practitioners, and other potential multidisciplinary teams participants within your target ACPR(s), including:
• how you intend to establish more linkages
• how you inform, or will inform, the community of these linkages
• how these linkages support a multidisciplinary approach to care delivery
In responding to this criterion, you should consider discussing your:
• relationship with your local Aged Care Assessment Team to facilitate referral of STRC clients
• relationships with other aged care providers such as Commonwealth Home Support Program, home Care, residential care facilities and/or retirement villages
• relationships with other service delivery organisations, service providers (allied health, primary care, etc), key individuals and, any sub-contracting and/or brokerage arrangements including:
  o the identified local links specific to the location for which your places are sought
  o the types, location or proximity of other services in which you propose to deliver STRC
  o how you would meet the needs of care recipients for services where current links/arrangements are not in place
  o how you would use links to form multi-disciplinary care teams
  o how you will co-ordinate with other service providers and stakeholders to achieve quality care outcomes
• if you have elected to deliver care to a Special Needs Group as referred to under Division 11-3 of the Aged Care Act 1997*, how you are, or will become, connected to this group and how this would support a multi-disciplinary approach to STRC delivery.

*Please note:
Special Needs Groups under the Aged Care Act 1997, and their abbreviated terms, are as follows:
• people from Aboriginal and Torres Strait Islander communities (ATSI)
• people from culturally and linguistically diverse backgrounds (CaLD)

95
• people who live in rural or remote areas (R-R)
• people who are financially or socially disadvantaged (FSD)
• veterans (VET)
• people who are homeless, or at risk of becoming homeless (HOM)
• care leavers (CLV)
• parents separated from their children by forced adoption or removal (PSC)
• lesbian, gay, bisexual, transgender and intersex people (LGBTI).

The word limit for this question is 200 words for each aged care planning region identified.

Part C: Section 3 – STRC Service proposal

Part C: Q 3.1(a) Information about the setting in which you will deliver STRC

- In what care setting will you deliver the STRC places?

Specify the care setting(s) in which you intend to deliver these STRC places. If you propose to deliver care in a residential care setting, please provide the details of the residential care service(s) you intend to deliver care from.

Please note: Some fields in the application form do not allow you to format your response. This is deliberate, to ensure your responses are submitted in the required format. You may only type text, numbers or dates in these fields.

You will not be able to format any responses in Section 3 of the Part C application form.

Part C: Q 3.1(b) If care will be delivered in a residential care setting, please describe how care will be delivered without reducing access to permanent or respite residential care

Applicants delivering care in a residential care setting should note, STRC is not intended to reduce access to the number of residential care places. Rather, STRC places should be provided in addition to your residential care places. You should note that if your proposal will result in a reduction in residential care it may not proceed further in the assessment process. To ensure this does not happen, you should be clear on how you will ensure additional capacity is sourced without reducing residential care.

In response to this question, you could consider discussing:

- how the STRC place(s) will be accommodated in the nominated residential care service(s).
- how existing or prospective residents will be affected by the delivery of STRC in the residential care service(s).

The word limit for this question is 750 words.

Part C: Q 3.2 Provide a detailed description of the model of service delivery your service will adopt to meet the objectives of the STRC programme, to reverse and/or slow ‘functional decline’ with the aim of improving care recipient wellbeing

When responding to this question, identify exactly where your organisation will deliver care (ie. residential or home care), and the arrangements you have, or will make, to enable that delivery.

The department wants to know what you propose to do, where you propose to do it, how what you propose to do will meet the programme’s objectives, the care recipients’ needs and the unmet need in the community.

In addition, if your model includes a combination of care settings (ie. both residential and home settings), the department wants to know how you will transition clients between these settings.
You should consider discussing how you will:

- ensure that an appropriate breadth of clinicians and primary health service providers will be available to meet the needs of STRC care recipients in accordance with the agreed care plan (noting the 8 week timeframe for delivery)
- co-ordinate care with other services that care recipients may need to access and incorporate innovative approaches to care delivery which would benefit care recipients and their families
- ensure continuity of care if care recipients need to move between services or care settings during their episode of STRC (including because of changing care needs) and refer care recipients back to the Aged Care Assessment Team for reassessment in instances where it is clear another type of Commonwealth subsidised aged care is required
- manage referrals, to ensure a continuum of care for STRC care recipients upon their exit from a STRC place
- support wellness and reablement approaches, and promote independence in care recipients.

Examples supporting your proposed model should be drawn from services you currently provide.

The word limit for this question is 750 words.
6.1 Distribution of places

Important Note
The following provides the indicative number of residential care places and STRC places that have been made available for the 2018-19 ACAR.

The department does not guarantee that the exact number of places listed will be allocated to each state and territory.

Further, if suitable applications are not received, the department does not guarantee that all places available will be allocated.

The final allocation of places will reflect the best use of all of the available places, based on the applications received and outcomes of the overall assessment process.

6.1.1 Residential care places available by state and territory
As in the last ACAR (2016-17), new residential care places will be available at the state and territory level. A total of 13,500 residential care places will be made available across Australia in 2018-19, as follows*:

<table>
<thead>
<tr>
<th>Allocation year</th>
<th>NSW</th>
<th>VIC</th>
<th>QLD</th>
<th>WA</th>
<th>SA</th>
<th>TAS</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018-19</td>
<td>3,349</td>
<td>1,415</td>
<td>4,289</td>
<td>3,295</td>
<td>431</td>
<td>212</td>
<td>360</td>
<td>149</td>
<td>13,500</td>
</tr>
</tbody>
</table>

*Please note: These numbers are indicative only and the department does not guarantee that the exact number of places will be allocated in each state and territory.

6.1.2 STRC places available by state and territory
In this ACAR, applicants that can demonstrate they can quickly mobilise capacity to deliver care via STRC places may be given priority.

Should places remain unused for more than a six month period from the date of allocation they will be returned to the department for reallocation.

Please note that, while STRC places will be made available at the state and territory level, for reporting purposes you will still be asked to identify the Aged Care Planning Regions(s) in which you are applying for places (see Chapter 5 and Part C – Short-term restorative care places application form).

The STRC places for 2018-19 and 2019-20, to be allocated through the 2018-19 ACAR, are as follows:

<table>
<thead>
<tr>
<th>Allocation year</th>
<th>NSW</th>
<th>VIC</th>
<th>QLD</th>
<th>WA</th>
<th>SA</th>
<th>TAS</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018-19</td>
<td>100</td>
<td>90</td>
<td>80</td>
<td>35</td>
<td>15</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>350</td>
</tr>
<tr>
<td>2019-20</td>
<td>135</td>
<td>105</td>
<td>85</td>
<td>40</td>
<td>28</td>
<td>12</td>
<td>10</td>
<td>10</td>
<td>425</td>
</tr>
<tr>
<td>Total</td>
<td>235</td>
<td>195</td>
<td>165</td>
<td>75</td>
<td>43</td>
<td>22</td>
<td>20</td>
<td>20</td>
<td>775</td>
</tr>
</tbody>
</table>
6.2 Priority for regional, rural and remote areas

6.2.1 Priority for regional, rural and remote applications

For residential care places, in the 2018-19 ACAR, the department will give priority to:

- assessing applications from services located in regional, rural and remote areas
- allocating places to applications from services located in regional, rural and remote areas which are assessed as suitable.

As well as presenting an application which demonstrates you can provide quality care in a timely manner, other factors which make an application ‘suitable’ for allocation of places include your category of prioritisation, any targeting identified and/or addressed, the need in the relevant area, any case built by you for need, other applications received in the same area, as well as current levels of service provision, demographics and any other information relevant to individual areas*.

Please note: This doesn’t mean you are guaranteed places simply because you are located in a regional, rural or remote area.

*See 1.9.1 What is assessed and 1.9.2 How is the assessment undertaken for further details.

6.2.2 What areas are regional, rural and remote?

These comprise inner regional, outer regional, remote and very remote areas as per the Australian Statistical Geography Standard (ASGS) Remoteness Structure.

<table>
<thead>
<tr>
<th>2018-19 ACAR</th>
<th>ASGS Remoteness Areas 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional, Rural and Remote</td>
<td>Inner Regional Australia</td>
</tr>
<tr>
<td></td>
<td>Outer Regional Australia</td>
</tr>
<tr>
<td></td>
<td>Remote Australia</td>
</tr>
<tr>
<td></td>
<td>Very Remote Australia</td>
</tr>
<tr>
<td>Metropolitan</td>
<td>Major Cities of Australia</td>
</tr>
</tbody>
</table>

You can determine whether your current or proposed service address falls within a regional, rural or remote area or a metropolitan area at the 2018-19 ACAR Map (see 6.3.1 for further information).

6.2.3 Places available for metropolitan locations

Although the 2018-19 ACAR will give priority of assessment and allocation to suitable applications from regional, rural and remote areas, places will remain available for allocation nationally, including metropolitan areas.

6.3 Targeting within each State and Territory

6.3.1 2018-19 ACAR Map

An interactive map has been developed to help you understand the priorities and targeting within each state and territory for the 2018-19 ACAR. By searching for an address or navigating to a position on the map, you will be presented with a range of information about the area (Statistical Areas Level 3 or SA3), including the:

- SA3 name
- category of priority, ordered from 1 to 6 (see 6.3.2 for further information)
- targeting of any geographic locations within the SA3
- targeting of Special Needs Groups and Key Issues.

In addition, the map will display the ASGS Remoteness Area of the position on the map, enabling you to determine whether you will be applying in either a regional, rural or remote area or a metropolitan area.
6.3.2 Category of priority
Applications from all areas of Australia are sought for the 2018-19 ACAR and all valid* applications will be considered.

*Please note: See 1.4.9 Invalid applications for details.

However, the level to which applications are sought in areas and/or for groups/issues will now be given a category of prioritisation, from Category 1 (highest priority) down to Category 6 (lowest priority).

<table>
<thead>
<tr>
<th>Priority No.</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority 1</td>
<td>Assessment of all Category 1 applications and allocation of places to those suitable*</td>
</tr>
<tr>
<td>Priority 2</td>
<td>If places remain available, assessment of all Category 2 applications and allocation of places to those suitable</td>
</tr>
<tr>
<td>Priority 3</td>
<td>If places remain available, assessment of all Category 3 applications and allocation of places to those suitable</td>
</tr>
<tr>
<td>Priority 4</td>
<td>If places remain available, assessment of all Category 4 applications and allocation of places to those suitable</td>
</tr>
<tr>
<td>Priority 5</td>
<td>If places remain available, assessment of all Category 5 applications and allocation of places to those suitable</td>
</tr>
<tr>
<td>Priority 6</td>
<td>If places remain available, assessment of all Category 6 applications and allocation of places to those suitable</td>
</tr>
</tbody>
</table>

In determining the category of priority for each SA3, the department took into account a range of factors including the priority for regional, rural and remote applications, current levels of service provision including progress against the national target aged care provision ratio and submissions made to the stakeholder consultation to identify unmet needs in residential care.

It should also be noted that some SA3 boundaries contain a combination of metropolitan and regional or rural areas. In these instances, applications within the SA3 will be prioritised to assess and allocate places to applications from services which are located outside of metropolitan areas.

Regardless of the above, you may still submit an application in any area and/or for any group/issue for which you can make a case for need. Please note that applications are encouraged from applicants seeking to provide care to Special Needs Groups or for Key Issues, in any location regardless of priority category or targeting.

6.3.3 Targeting of Special Needs Groups under the Act and Key Issue Groups
For Special Needs Groups, there can be barriers that reduce the capacity of individuals and/or communities to access aged care services and receive appropriate care. As such, all Special Needs Groups are targeted in each SA3. In some instances however, there is a specific focus on addressing the needs of one or more particular Special Needs Group in an SA3.

Similarly, for the 2018-19 ACAR, the department has determined that the Key Issues of dementia and respite care demand a national focus and are therefore targeted in each SA3.
Specific targeting of Special Needs Groups and Key Issues in each SA3 is displayed in the 2018-19 ACAR Map.

Special Needs Groups under the Aged Care Act 1997, and their abbreviated terms, are as follows:

- people from Aboriginal and Torres Strait Islander communities (ATSI)
- people from culturally and linguistically diverse backgrounds (CaLD)
- people who live in rural or remote areas (R-R)
- people who are financially or socially disadvantaged (FSD)
- veterans (VET)
- people who are homeless or at risk of becoming homeless (HOM)
- care-leavers (CLV)
- parents separated from their children by forced adoption or removal (PSC)
- lesbian, gay, bisexual, transgender and intersex people (LGBTI).

In addition to the outlined assessment process, the following will be considered:

- the level of unmet need for the targeted group
- the proposed quantum of care to be provided (ie. whole of facility, part facility, priority of access for smaller numbers of places)
- suitability of location (eg. is the proposal suitably located to allow access by Special Needs Groups residents from a larger catchment area).

6.3.4 High priority category application considerations

While applications in the higher categories will be considered and allocated places before applications in lower priority categories, you should be aware that simply applying in a high category area will not guarantee you places. You must still demonstrate that you meet suitability thresholds, including your ability to provide quality care and operationalise the places you are seeking, in a timely manner.

When considering the aged care needs of communities in high priority areas, you are advised to consider:

- are there any other services located within the community?
- what is the proximity to other services?
- what is your understanding of need in the community?
- are there any targeted Special Needs Groups or Key Issues for the location?
- whether addressing targeting or not, will your service offer Special Needs Group or Key Issue tailored care not already catered for in the in the service catchment area?
- are there any established links with other aged care services delivered in the area?
- will the proposal help the community by filling a known service gap?
- will the proposed service be viable in the short, medium and long term?
- will the proposed service provide innovative building design, service delivery and experience for care recipients and their families?

6.3.5 Lower priority category application considerations

For the 2018-19 ACAR, the assessment of applications and allocation of places will start with the most highly prioritised category and work its way down. Many of the lower category regions are well stocked with residential care places, both Operational and Provisionally Allocated compared to higher category areas.

Therefore, if you are applying in a lower level Category area (particularly 5 to 6) you should be aware that, if the process exhausts the supply of places, it is possible your application may not be fully assessed or allocated places.
When considering the aged care needs of communities in low priority areas, you are advised to consider:

- the location is designated as a lower priority area, do you have evidence that indicates differently?
- what is your understanding of need in the location?
- will the service attract residents from across a broader catchment area?
- are there any targeted Special Needs groups or Key Issues for the location?
- whether addressing targeting or not, will your service offer Special Needs Group or Key Issue tailored care not already catered for in the in the general service catchment area?
- what is the proximity to other services?
- are there any established links with other aged care services delivered in the area?
- will the proposal help the community by filling a known service gap?
- will the proposed service be viable in the short, medium and long term?
- will the proposed service provide innovative building design, service delivery and experience for potential care recipients and their families?

If you are applying for places in a low priority area, ensure that you have made an adequate case for need in your response to Part B: Q 3.1.