

Application for Approval of Increases to Extra Service Fees

This is an approved form for the purposes of paragraph 35-2 (1) of the *Aged Care Act 1997*.

Version
August 2023

Once completed, this application form must be emailed to applications.accommodation@ihacpa.gov.au as a PDF. Attachments may also be submitted electronically, or mailed in hard copy to PO Box 483, Darlinghurst NSW 1300. Any such attachments should be referred to in the covering email.

Information for applicants

Under section 35-1 of the *Aged Care Act 1997* (the Act), an approved provider who has applied for extra service to be granted in respect of a residential care service, or a distinct part of residential care service, or who has been granted such extra service status may apply to the Independent Health and Aged Care Pricing Authority (IHACPA) for extra service fee increases to be approved in that residential care service, or a distinct part of the service. Changes in the level of fees payable will only be approved if:

- at least 12 months have elapsed since the last fee approval took effect
- the application is made at least 60 days before the day on which the applicant proposes that the new fees will take effect
- the fee increase is no more than 20 per cent of the previously approved fee plus an indexation of the fee in accordance with the All Groups Consumer Price Index (the weighted average of eight capital cities for the 12 months ending immediately before the application to increase the current fee was made). Access this CPI number on the [Australian Bureau of Statistics' website](#).

Approval of this application will only be granted where IHACPA is satisfied that the requirements of Division 35 of the Act and the Extra Service Principles 2014 are satisfied.

If you are unclear about any of the questions in this application form, you should consult with IHACPA on (02) 8215 1100 (press option 2) or email applications.accommodation@ihacpa.gov.au.

1. Background

1. Name of approved provider

2. Postal address of approved provider

Suburb/Town

State

Postcode

3. Name of service

4. Address of service

Suburb/Town

State

Postcode

5. Residential Aged Care Service ID

6. Contact for this application

Name

Position

Contact telephone number (include area code)

Email address

2. What are the current approved and proposed extra service fees?

Room type			Number of extra service places
	<input type="text"/>		<input type="text"/>
Current approved fee	\$ <input type="text"/>	Proposed fee	\$ <input type="text"/>

Room type			Number of extra service places
	<input type="text"/>		<input type="text"/>
Current approved fee	\$ <input type="text"/>	Proposed fee	\$ <input type="text"/>

Room type			Number of extra service places
	<input type="text"/>		<input type="text"/>
Current approved fee	\$ <input type="text"/>	Proposed fee	\$ <input type="text"/>

3. What is the date on which it is propose that the fees will be charged to residents?

DD/MM/YYYY

4. Extra service places

Have extra service places included in this application for approval of an increased extra service fee also been approved by IHACPA to charge an accommodation payment amount above the maximum amount determined by the Commonwealth Minister for Health and Aged Care?

Yes No

5. Other fees and services

Are there any other fees or amounts payable for additional care and services by residents who have entered into an extra service agreement (such as through an additional care and services package)?

Yes No

If so, please identify the additional care and services. You may do this by attaching a description of the care and services, or by describing them in the field below.

6. Checklist

Is the date on which fees are to apply at least 12 months after the date on which the last extra service fee approval took effect?

Yes No

Is this application made at least 60 days before the date on which it is proposed that the new fee will take effect?

Yes No

Is the most recent approved list of extra service benchmarks (incorporated as 'Schedule 2' to the Notice of Grant of Extra Service Status or any subsequent variations), or a copy of the relevant Extra Service Status Resident Service Agreement, attached to this application?

Yes No

Endorsement

This application can be endorsed only by those persons who are legally authorised to sign for and on behalf of the approved provider. Anyone who provides false or misleading information in relation to details within this application may be subject to penalties as defined in the *Aged Care Act 1997* and the *Criminal Code Act 1995*.

I declare that all of the information set out in all sections completed in this application, and any associated attachments, are true and complete.

Name

Position

Signature

Date