



**Australian Government**

**Aged Care Quality and Safety Commission**

# **COST RECOVERY IMPLEMENTATION STATEMENT**

**for accreditation services**

**(1 July 2025 – 31 October 2025)**

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

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## 1. INTRODUCTION

### 1.1. Purpose of the Cost Recovery Implementation Statement

This Cost Recovery Implementation Statement (CRIS) provides information on how the Aged Care Quality and Safety Commission (the Commission) implements cost recovery charging for the accreditation and re-accreditation of residential aged care services. The CRIS reports actual financial and non-financial performance information for the accreditation and re-accreditation of residential aged care services and contains financial and demand forecasts for the period 1 July to 31 October 2025.

Although the CRIS typically includes financial and demand forecasts for the relevant financial year and three forward years, the commencement of the *Aged Care Act 2024* (the new Act) on 1 November 2025 resulted in the discontinuation of the regulatory activities described in this CRIS. New cost recovery arrangements have been implemented for regulatory activities under the new Act, and the current cost recovery arrangements for accreditation services ceased on 31 October 2025. As such, this CRIS only includes financial and demand forecasts for the four-month period from 1 July to 31 October 2025.

### 1.2. Context for cost recovery

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

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

### 1.3. Description of the regulatory charging activity

On 1 January 2019, the Commission was established by the *Aged Care Quality and Safety Commission Act 2018* (the Commission Act). The Commission has regulatory responsibility for aged care, including approval of aged care providers, accreditation, monitoring, compliance functions, resolution of complaints and monitoring of Commonwealth funded aged care providers. This includes regulatory responsibility for the accreditation of residential aged care services through the conduct of site audits, and risk-based monitoring of residential and home-based aged care services through review audits, quality reviews and assessment contacts in accordance with the *Aged Care Quality and Safety Commission Rules 2018* (the Rules) and the applicable Aged Care Quality Standards (the Quality Standards).

The Commission's role as the national regulator of aged care services is to uphold the objectives of the Commission Act by:

- Protecting and enhancing the safety, health, wellbeing and quality of life of aged care consumers,
- Promoting engagement with consumers about the quality of care and services, and
- Promoting confidence and trust in the provision of aged care.

Accreditation of residential aged care services is a key component of the current aged care regulatory environment established by the *Aged Care Act 1997* (the Act) and is an internationally recognised evaluation process used to assess the quality of care and services provided in areas such as health

care, disability services, and aged care as part of a safety and quality framework. It seeks to assess a level of performance against established quality standards and contribute to improved safety, quality and continuous improvement of services.

The Competition Policy Review found independent regulation can help encourage entry into a service market by ensuring all providers operate on a level playing field – leading to greater choice, diversity and innovation in service provision.

#### 1.4. Activities being cost recovered

Accreditation is a requirement for any residential aged care service that wants to receive government subsidies. Under the Act, all residential aged care services must be assessed against the Quality Standards as part of the accreditation process. The site audit of a residential aged care service must be undertaken prior to a re-accreditation decision, which is necessary to allow for the receipt of subsidy to operate the residential aged care service.

Cost recovery fees will be paid by approved providers of residential aged care services in respect of:

- **Accreditation of commencing residential services**  
Assessment and determination of an application for accreditation of a commencing service.
- **Re-accreditation of residential services**  
Assessment and determination of applications for re-accreditation of:
  - accredited services, and
  - previously accredited services (services that were but are no longer an accredited service).

In May 2017, the former Australian Aged Care Quality Agency (Quality Agency) met the requirements of the Cost Recovery Guidelines (CRGs) and introduced cost recovery for the accreditation of residential aged care services. The related policy approval was for the full recovery of accreditation costs, with fee relief offered in certain circumstances (through a viability supplement).

With the introduction of the Australian National Aged Care Classification funding model (AN-ACC) on 1 October 2022 the viability supplement ceased, however alternative fee relief arrangements were implemented to provide fee relief to the same cohort of residential aged care providers. The fees payable by providers of residential aged care services introduced at that time, and in place currently, comprise of an application fee and a further fee for the accreditation assessment based on the number of places in the relevant service. Section 3 describes the types of applications and process where fees will be charged.

#### 1.5. Appropriateness of cost recovery

Consistent with the Australian Government Charging Framework (the Charging Framework), since May 2017 providers of residential aged care services have been charged fees for accreditation and re-accreditation, as they create a need for the regulatory activity through the desire to supply residential aged care services. Providers are required to pay an application fee at the time they submit their application for accreditation of residential aged care services. For re-accreditation of an accredited or previously accredited service, fees are to be paid prior to the submission of the application.

## 2. POLICY AND STATUTORY AUTHORITY TO CHARGE (COST RECOVER)

### 2.1. Government policy approval to charge for this regulatory activity

In the 2015-16 Budget the Government announced that full cost recovery arrangements were to be established for accreditation of residential aged care services by the Commission's predecessor, the

Australian Aged Care Quality Agency. Cost recovery commenced in May 2017. Policy approval from Government allowed for the full recovery of the costs of accreditation, with fee relief provided in certain circumstances to support the viability of residential aged care services operating in thin markets.

The fees for accreditation services had remained unchanged since they were introduced in 2017 until 2024-25 when annual indexation adjustments were applied to the fees for the first time. Indexation has been applied to the fees for the 2025-26 financial year as it is a requirement under the Australian Government's cost recovery framework to review fees charged for cost recovered activities and amend them based on changes to the cost of undertaking the activity.

## 2.2. Statutory authority to charge

Section 23 of the Commission Act provides authority for the Aged Care Quality and Safety Commissioner (Commissioner) to charge fees for services provided by the Commissioner in performing the Commissioner's functions. Furthermore, section 28 of the Rules provides that applications for accreditation or re-accreditation must be accompanied by any fee specified by the Commissioner. An instrument specifying the amount of the fees to be charged must be in place before charging commences.

## 3. CHARGING (COST RECOVERY) MODEL

### 3.1. Outputs and business processes of the regulatory charging activity

The activities in scope and subject to cost recovery for this CRIS are:

- Assessment and determination of applications for accreditation of commencing residential aged care services, and
- Assessment and determination of applications for re-accreditation of accredited and previously accredited residential aged care services.

These activities contribute to the Commission's Portfolio Budget Statement<sup>1</sup> outcome of 'Uphold rights, and protect and enhance the safety, health, wellbeing and quality of life of older people in Australia receiving Commonwealth-funded aged care services, including through effective engagement with older people, regulation and education of aged care providers and workers, and independent and accessible resolution of complaints about aged care services.'

The Forward Estimates 2024-27 Planned Performance Results for the period of this CRIS are 'Take appropriate action to assess residential aged care services and home service providers against the aged care standards in accordance with legislative timeframes, and target compliance monitoring to areas of identified risk, in accordance with the reforms to the *Aged Care Act 1997* and the accreditation model.' Note, updated performance measures and planned performance results will be published by the Commission relating to activities under the new Act from 1 November 2025.

There are two types of application for accreditation:

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<sup>1</sup> The Aged Care Quality and Safety Commission's Portfolio Budget Statement is available on the Department of Health, Disability and Ageing (formerly the Department of Health and Aged Care) website (<https://www.health.gov.au/resources/publications/budget-2025-26-portfolio-budget-statements?language=en>)

**Commencing service accreditation:** Accreditation of commencing services is available for commencing residential aged care services and commencing flexible care services that contain short-term restorative care in a residential care setting.

Residential aged care services are considered to be commencing when an approved provider has been allocated places for the service, but the service has not provided residential care for those places, is not currently accredited, and has not previously been accredited. In response to applications for commencing service accreditation, the Commission must record a decision, in writing, to accredit the commencing service or not to accredit the service and the reasons for the decision which is then provided to the applicant.

Accreditation for commencing residential aged care services lasts for one year.

**Re-accreditation of residential services:** Re-accreditation of residential services is available for accredited and previously accredited residential aged care services. Accredited aged care services need to apply for re-accreditation before the period of accreditation expires. In response to applications for re-accreditation of residential services, the Commission must make a decision to re-accredit the service or not to re-accredit the service and record the reasons for the decision, which is then provided to the applicant in a written notice.

Before the accreditation period for an accredited service ends, the Commissioner will send a reminder notice to the provider which will include:

- the date by which the provider needs to make the application for re-accreditation
- the day on which the period of accreditation is due to end.

The reminder notice specifies the application fee that is applicable to the approved provider. For re-accreditation of an accredited or previously accredited service, fees are to be paid prior to the submission of the application. The application must be in writing on a form approved by the Commissioner.

Re-accreditation for residential aged care services generally lasts for up to three years, with the period of accreditation dependent on the outcome of the site audit.

### **Key business processes**

The key business processes for commencing service accreditation are:

- **Assessment:** a desk assessment of approximately half a day's duration which includes an assessment about how the approved provider will ensure the commencing service will meet the Quality Standards.
- **Administration:** establishing a residential service in the business support system, record creation, providing a certificate of accreditation and publication of an accreditation decision.
- **Decision making:** consideration of evidence, requests for more information, liaison with the Department of Health, Disability and Ageing (formerly the Department of Health and Aged Care) on matters relevant to Approved Provider Status such as occupancy dates and size of service. The decision to accredit the commencing service is made pursuant to consideration of an application.

The key business processes for re-accreditation of residential services are:

- **Planning:** scheduling of site audits for accredited services that will likely apply for re-accreditation during the financial year (based on the date their accreditation period ends), and preparation of resources for quality assessors prior to the re-accreditation site audit.
- **Assessment:** an unannounced site audit to assess the service's performance against all 42 requirements of the Quality Standards. The duration of a site audit and the number of quality assessors appointed to an assessment team to conduct the audit varies according to the number of residential aged care places at the service, the structure of the service and other considerations (typically 2 to 3 quality assessors for 2 to 3 days on site but increased to 4 quality assessors for services with more than 160 residential aged care places).
- **Administration:** preparation of a detailed Assessment Report of each audit, publishing the decision and report, providing a certificate of accreditation, quality assurance, arranging and meeting costs of transport, accommodation and travel time, and preparation and issuing of reminder notices for providers.
- **Decision Making:** the decision to re-accredit the service is made pursuant to consideration of an application, receipt and review of the provider's response, review of other Commission intelligence and preparation of a comprehensive performance report.

### 3.2. Costs of the regulatory activity

The approach used to determine the costs of this regulatory activity is based on a marginal costing methodology for the allocation of costs. Corporate operating costs such as overheads and/or capital costs are not considered in the cost attribution to the assessment activities.

Direct costs have been estimated based on the number of re-accreditation site audits, the location of the residential aged care service (metropolitan, inner regional, outer regional, remote or very remote), and the number of allocated residential places for a service.

Direct costs are those costs that can be directly attributed to the regulatory activity, such as staffing costs. Indirect costs are those costs which are difficult to link to individual activities, such as corporate overhead costs.

#### 3.2.1. Direct costs

##### **Main Cost Drivers**

The most significant cost driver for the activities covered by this CRIS is staffing for the end-to-end process of accreditation and re-accreditation - primarily the number of staff required to plan and conduct re-accreditation site audits followed by the drafting of the accompanying reports and the decision-making process. Travel costs and accommodation costs for the period staff are required to be on site conducting re-accreditation site audits are also main cost drivers. For re-accreditation, the variation in the time required to complete a site audit is reflected in the fee structure, with fees based on the number of residential aged care places at the service.

##### **Cost Driver Assumptions**

The direct staffing costs for re-accreditation are based on the number of staff required to complete a site audit and the standard time taken to complete each stage of the re-accreditation (the effort) process multiplied by the average direct cost of the staff who complete each activity. Staff from Australian Public Service (APS) Level 4 to Executive Level 2 or equivalent are involved in the process, with the bulk of the work completed by APS 6 staff and decision-making activities completed by Executive Level staff. The effort calculations include required team size assumptions based on the

number of residential aged care places at the service as well as standardised efforts for planning, administration, report writing and decision making.

The cost of travel and the associated accommodation costs are included as direct costs. The direct travel and accommodation costs are based on the actual average costs of these activities. The total travel and accommodation costs have been aggregated and allocated proportionately so that the location of the service does not disproportionately impact the fee structure.

### 3.2.2. Indirect costs

#### **Main cost drivers**

Indirect costs such as corporate overheads, utilities and business systems, and capital costs have not been attributed to the costing.

#### **Cost driver assumptions**

It is assumed that the indirect costs of the entity are incurred in the production of all the functions of the Commissioner.

### 3.3. Design of the regulatory charge

The Government's policy decision provides authority for the Commission to fully cost recover the administration of accreditation of commencing residential services and re-accreditation of residential services by charging fees to providers of residential aged care services.

Although the fees for the activities listed in section 3.1. were originally calculated to represent the full recoverable cost of accreditation activities in 2016-17, since that time there have been multiple drivers for an increased cost of accreditation services – primarily the introduction of the current Quality Standards in 2019 which resulted in additional effort required to complete detailed audit reports and written decisions. Staffing costs, travel and accommodation costs have also increased since 2016-17. Additionally, indexation was not added to the fees in successive years from 2017-18 to 2023-24 inclusive. As a result, the fee structure now represents a partial cost recovery of accreditation and re-accreditation services.

The fees for accreditation and re-accreditation services have been updated for 2025-26 to include the application of an indexation rate to the prior years' fees and the updated fee structure is outlined in **Table 1: Applicable fees for re-accreditation**. The indexed fees for 2025-26 remain a partial cost of the total recoverable amount for these activities.

#### **Fees for commencing service accreditation**

The applicable fee for commencing and recommencing service accreditation is a fixed fee of \$1,220 because the cost of making a commencing service accreditation decision is not affected by the size of the service. This fee includes the cost of (a) a desk assessment of information provided in the application for accreditation about how the approved provider will ensure that the commencing service will meet the Quality Standards and (b) the decision to accredit or not accredit, as well as (c) related direct costs and (d) a proportionate share of indirect costs. This fee has increased from \$1,180 due to an annual adjustment based on indexation.



### Fees for re-accreditation of residential services

The applicable fees for re-accreditation with an annual adjustment based on indexation are shown in Table 1 (below).

**Table 1: Applicable fees for re-accreditation**

Allocated Places	NEW Re-accreditation fee effective 1 July 2025	NEW Re-accreditation fee for services receiving a <u>fee waiver</u> effective 1 July 2025	Previous Re-accreditation fee
1-9	\$3,230	\$0	\$3,121
10-24	\$6,370	\$0	\$6,151
25-80	\$12,730	\$6,360	\$12,304
81-160	\$18,340	\$9,170	\$17,718
161+	\$24,000	\$12,000	\$23,188

### Fee waivers for re-accreditation fees

Full fee waivers are available for services with fewer than 25 residential places located in Modified Monash Model (MMM) categories 4-7 or with specialised homeless or Aboriginal and Torres Strait Islander status. A fee reduction of 50% is available for services with 25-29 residential places in MMM category 4; 25-39 places in MMM category 5; and services with 25 or more places in categories 6-7, or with specialised homeless or Aboriginal and Torres Strait Islander status. Information on the Modified Monash Model is available on the Department of Health, Disability and Ageing (formerly the Department of Health and Aged Care) website.<sup>2</sup>

The eligibility criteria for fee waivers to the applicable re-accreditation fees are shown in Table 2 (below).

**Table 2: Fee waivers to applicable fees**

Fee waiver qualification	Fee payable
<ul style="list-style-type: none"><li>Modified Monash Model (MMM) category 4 + 25-29 places</li><li>MMM category 5 + 25-39 places</li><li>MMM category 6-7 or with specialised homeless or Aboriginal and Torres Strait Islander status + &gt;24 places</li></ul>	Half of applicable fee
>24 places and specialised homeless or Aboriginal and Torres Strait Islander status	Half of applicable fee
<25 places + in MMM categories 4-7 or with specialised homeless or Aboriginal and Torres Strait Islander status	Nil fee

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<sup>2</sup> Modified Monash Model (<https://www.health.gov.au/topics/rural-health-workforce/classifications/mmm?language=und>)

### 3.4. Cost recovery revenue

**Table 3: Outputs for 1 July-31 October 2025**

Output title	Type	Unit cost (\$)	Charge Rate (\$)	Estimated volume	Estimated total cost (\$)	Estimated total revenue (\$)
Commencing Home	Fee	1,220	1,220	8	19,840	9,760
Re-accreditation 1-9 allocated places	Fee	3,230	3,230	0	0	0
Re-accreditation 10-24 allocated places	Fee	6,370	6,370	0	0	0
Re-accreditation 25-80 allocated places	Fee	12,730	12,730	0	0	0
Re-accreditation 81-160 allocated places	Fee	18,340	18,340	0	0	0
Re-accreditation 161+ allocated places	Fee	24,000	24,000	0	0	0
MMM category 4 25-29 allocated places **	Fee	6,360	6,360	0	0	0
MMM Category 5 25-39 allocated places **	Fee	6,360	6,360	0	0	0
MMM Category 6-7 with specialised homeless or Aboriginal and Torres Strait Islander status 25-80 allocated places **	Fee	6,360	6,360	0	0	0
MMM Category 6-7 with specialised homeless or Aboriginal and Torres Strait Islander status 81-160 allocated places **	Fee	9,170	9,170	0	0	0
MMM Category 6-7 with specialised homeless or Aboriginal and Torres Strait Islander status 161 + allocated places **	Fee	12,000	12,000	0	0	0
25-80 places and specialised homeless or Aboriginal and Torres Strait Islander status **	Fee	6,360	6,360	0	0	0

Output title	Type	Unit cost (\$)	Charge Rate (\$)	Estimated volume	Estimated total cost (\$)	Estimated total revenue (\$)
81-160 places and specialised homeless or Aboriginal and Torres Strait Islander status **	Fee	9,170	9,170	0	0	0
161 + places and specialised homeless or Aboriginal and Torres Strait Islander status **	Fee	12,000	12,000	0	0	0
1- 24 places and in MMM 4-7 or with specialised homeless or Aboriginal and Torres Strait Islander status*	Fee	0	0	0	0	0
<b>TOTAL</b>					<b>19,840</b>	<b>9,760</b>

\*Full (100%) fee waiver

\*\*Partial (50%) fee waiver

The estimated volume for re-accreditation site audits is 0 due to the commencement of the new Act on 1 November 2025. The Commission traditionally welcomes applications for reaccreditation from residential aged care services up to 6 months prior to the accreditation expiry date. This allows the Commission time to conduct the site audit and complete a performance report. As a result of these timeframes, the Commission has decided not to undertake any re-accreditation site audits during the period 1 July to 31 October 2025.

#### 4. RISK ASSESSMENT

An updated Charging Risk Assessment was conducted in June 2025 to consider the impact of the annual adjustment to fees based on indexation, and the overall risk rating remains at Medium.

The most likely risks identified for any changes to cost recovery arrangements are:

- financial burdens placed on the sector if there is limited capacity to absorb this cost, either due to services operating on a small revenue base and small margins or due to the financial pressures of other reforms both recently implemented and upcoming.
- viability risks for services in remote and very remote locations, and specialised homeless and Aboriginal and Torres Strait Islander residential services, which is a cohort facing the greatest viability risk in thin markets.
- insufficient consultation with the sector in developing a new cost recovery arrangement.

The Commission will mitigate these risks by:

- maintaining a charging model based on the efficient costs of delivering accreditation and re-accreditation services. The Commission has business systems and financial controls that ensure that correct fees and charges for accreditation services are raised and collected on

time. Cost tracking is utilised for every service and balanced against activity forecasts. Variances are closely monitored.

- continuing fee waiver and reduction arrangements and considering the appropriateness of any adjustments to these arrangements.
- working closely with the Department of Health, Disability and Ageing (formerly the Department of Health and Aged Care) to ensure that the regulatory framework is effective, proportionate and transparent.
- conducting consultation periods of a reasonable duration, with the provision of a summary of the consultation feedback to stakeholders, where required and sufficiently in advance of any changes to the cost recovery arrangements.

## 5. STAKEHOLDER ENGAGEMENT

The CRIS will be used as part of the Commission's ongoing engagement with stakeholders about cost recovery, and to provide transparency in relation to our financial and non-financial performance.

### 5.1. Introduction of the new *Aged Care Act 2024*

The Australian Government has developed the new Act to strengthen Australia's aged care system. The new Act aims to ensure that people who access aged care services funded by the Australian Government are treated with respect and have the quality of life they deserve. The Australian Government passed the Aged Care Bill 2024 on 25 November 2024 and the new Act commenced on 1 November 2025.

The new Act establishes an entirely new framework for the regulation of Commonwealth-funded aged care. The Commission has considered the impact on regulatory activities and established new cost recovery arrangements under the new Act. The Commission held a four-week public consultation on the proposed new arrangements from 5 March to 1 April 2025<sup>3</sup>.

After the outcomes of consultation were taken into account and a final decision made by the Australian Government, the final cost recovery arrangements under the new Act from 1 November 2025 were implemented. These new arrangements are detailed in a [new CRIS](#), published on the Commission's website.

## 6. FINANCIAL PERFORMANCE

### 6.1. Financial estimates

The figures in the table below are forward estimates for cost recovered accreditation and re-accreditation activities for 1 July to 31 October 2025. A review of actual financial performance compared with estimates will be undertaken post 31 October 2025. Forward estimates beyond 31 October are not included, due to the commencement of the new Act on 1 November 2025. New cost recovery arrangements have been implemented for regulatory activities under the new Act (from 1 November 2025) and a new CRIS for these arrangements, with forward estimates, is available on the Commission's website. The cost recovery arrangements for accreditation services ceased on 31 October 2025.

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<sup>3</sup> Details of the public consultation can be found on the Aged Care Quality and Safety Commission's website (<https://www.agedcarequality.gov.au/cost-recovery-consultation>)

**Table 4: Forecast of financial performance**

Financial Item	1 Jul - 31 Oct 2025
Total expenses	\$19,840
Total revenue	\$9,760
Balance = revenue - expenses	-\$10,080
Cumulative balance	-\$49,410,120

## 6.2. Financial outcomes

The Commission traditionally welcomes applications for reaccreditation from residential aged care services up to 6 months prior to the accreditation expiry date, allowing the Commission time to conduct the site audit and complete a performance report. In anticipation of the commencement of the new Act, and in acknowledgement of these timeframes, the Commission slowed re-accreditation site audit activities in the lead up to 1 July 2025 to support the transition to the new Act. In alignment with this approach, no re-accreditation site audit activities were planned between 1 July and 31 October 2025, as detailed in the forecast activity volumes for the period. This reduction in activity (from the estimated activity volumes) resulted in a reduction in actual revenue and expenses from those estimated for the 2024-25 financial year, as shown in Table 5.

**Table 5: Prior year financial outcomes for accreditation and re-accreditation activities**

Financial Item	2020-21	2021-22	2022-23	2023-24	2024-25
<b>Estimates</b>					
Revenue = X	\$8,791,992	\$12,304,524	\$24,815,526	\$8,247,360	\$10,923,165
Expenses = Y	\$13,189,285	\$18,762,927	\$56,916,196	\$12,794,756	\$20,426,428
Balance = X – Y	-\$4,397,293	-\$6,458,403	-\$32,100,670	-\$4,547,396	-\$9,503,263
Remissions, rebates and adjustments = Z	\$598,911	\$736,403	\$2,069,650	\$145,397	\$322,588
Net balance = balance – Z	-\$4,996,204	-\$7,194,806	-\$34,170,320	-\$4,692,793	-\$9,825,851
Cumulative balance	-\$4,996,204	-\$12,191,010	-\$46,361,330	-\$51,054,123	-\$60,879,974
<b>Actuals</b>					
Revenue = X	\$7,344,695	\$9,695,007	\$20,714,011	\$8,176,012	\$6,613,771
Expenses = Y	\$11,018,126	\$14,801,865	\$47,420,178	\$15,329,763	\$10,146,260
Balance = X – Y	-\$3,673,431	-\$5,106,858	-\$26,706,167	-\$7,153,751	-\$3,532,489
Remissions, rebates and adjustments = Z	\$500,321	\$580,940	\$1,724,345	\$234,500	\$187,238
Net balance = balance – Z	-\$4,173,752	-\$5,687,798	-\$28,430,512	-\$7,388,251	-\$3,719,727

Cumulative balance	-\$4,173,752	-\$9,861,550	-\$38,292,062	-\$45,680,313	-\$49,400,040
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## 7. NON-FINANCIAL PERFORMANCE

**Table 6: Volumes of applications and audits**

Output description	Total output volume	2020-21	2021-22	2022-23	2023-24	2024-25	1 Jul - 31 Oct 2025
Application for re-accreditation Site Audits	Actuals	543	710	1,583	567	451	
	Estimated	650	900	1,900	587	758	0
Commencing Homes	Actuals	30	20	34	11	25	
	Estimated	24	25	28	23	10	8

## 8. KEY FORWARD DATES AND EVENTS

Event	Date
2025-26 CRIS for the new Act (provider registration, renewal of registration and provider-initiated variation of registration) published	August 2025
Annual financial outcomes and non-financial performance update for FY2024-25	November 2025

## 9. CRIS APPROVAL AND CHANGE REGISTER

Date of change	CRIS change	Approver	Basis for change
February 2024	Certification of the CRIS	Commissioner	New CRIS for existing regulatory charging activity
March 2024	Agreement to the CRIS	Minister for Aged Care	New CRIS for existing regulatory charging activity
June 2024	Certification of the CRIS	Commissioner	Annual financial year update outlining indexed fees and forward financial estimates of revenue and expenses
June 2025	Certification of the CRIS	Commissioner	Annual financial year update outlining indexed fees and forward financial estimates of revenue and expenses

November 2025	Certification of the CRIS	Commissioner	Annual financial year actual expenses, revenue and activity volumes update. Minor language amendments made to reflect the commencement of the new Act on 1 November 2025.
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