



# Quarterly Financial Snapshot

Aged Care Sector

Quarter 1 2024-25

July to September 2024

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# Introduction

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**The Australian Government is committed to transparency in aged care. The publication of financial information gives valuable insights to the sector and community.**

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The Department of Health and Aged Care (the department) publishes a Quarterly Financial Snapshot (QFS) on the Australian aged care sector. The QFS:

- provides transparency about providers' finances and operations and helps older people and their families make informed decisions about their care
- provides timely information for aged care service providers to compare and benchmark their performance with sector-level results
- supports the monitoring of critical financial metrics across the aged care system
- complements other publications such as:
  - the annual Financial Report on the Australian Aged Care Sector (FRAACS)
  - the Food and Nutrition Report
  - registered nurse coverage in aged care dashboard
  - care minutes in residential aged care dashboard
  - the quarterly reporting of service-level financial and operations information on My Aged Care through the 'Find a Provider' tool.

This QFS covers the period 1 July to 30 September 2024 (quarter 1 of 2024-25). It has three sections:



Summary



Residential care



Home care

Appendix 1 contains tips on how to read the QFS, including provider type definitions, information about the data sources, and methodologies used throughout this QFS.

An Excel data extract containing all headline figures from QFS reports published to date is available on the [department's website](#). It includes a breakdown of results by provider types. This data extract is updated quarterly.

**The department would like to thank all aged care providers who completed the Quarterly Financial Report (QFR) and helped develop the QFS.**

## Aged care reform priorities

The Australian Government is continuing to develop programs and initiatives that underpin high quality and safe aged care for older people in Australia. These reforms will strengthen choice and transparency for older people, their family members and carers. They also improve the sustainability of the aged care sector.

### Reform impacts on quarter 1 (Jul – Sep 2024) results

The September 2024 year-to-date (YTD) results show a marginal decline in the financial performance of the residential care sector on the September 2023 YTD position. Net profit before tax (NPBT) decreased slightly and fewer providers reported positive earnings before interest, tax, depreciation, and amortisation (EBITDA). However, profitable providers serviced 67.1% of residential care recipients in quarter 1 2024-25, an increase of 8.7 percentage points from quarter 1 2023-24.

In the home care sector, financial results were broadly consistent with results from quarter 1 2023-24. Profitable home care providers serviced 78.8% of home care recipients, an increase of 1.4 percentage points from quarter 1 2023-24.

The quarter 1 2024-25 results published in this report show the impact on aged care providers from the following reforms and initiatives:

- a 16.6% increase from 1 July 2023, and a further 4.4% increase from 1 December 2023 to average Australian National Aged Care Classification (AN-ACC) funding. For quarter 1 2024-25, AN-ACC funding for the sector was \$5.3 billion.
- an increase in the hotelling supplement from \$11.24 to \$12.55 on 20 September 2024 to support higher award wages and costs. The full impact of this increase will be realised in quarter 2 2024-25. The increase is in addition to regular indexation that occurs on 20 March and 20 September each year.
- increased funding for residential aged care and Home Care Package providers to implement the Fair Work Commission (FWC) decisions from 1 July 2023:
  - Stage 2 of the FWC Aged Care Work Value Case, which increased award wages for many workers by 15.0%
  - the Annual Wage Review decision, which increased award wages by 5.75%.
- mandatory care minutes responsibility requiring providers to deliver an average of 200 care minutes per resident per day from 1 October 2023 in residential aged care. This includes 40 minutes of direct registered nurse care.
- commencement of the Aged Care Outbreak Management Support Supplement in February 2024 which supports providers to plan for and manage outbreaks of COVID-19 and other infectious diseases.

## Future reform impacts

In the remaining **2024-25 financial year QFS reports** the department expects to see further operational and financial impacts on the sector. These impacts will follow the introduction of the following initiatives:

- investment of an additional \$3.8 billion over four years to fund the FWC's decision in Stage 3 of the Aged Care Work Value Case from 1 January 2025, which will increase award wages for approximately 340,000 aged care workers.
- relevant measures announced in the [Government response to the Aged Care Taskforce](#). These structural reforms will allow the sector to sustainably provide quality care for older people into the future.
- increase in the AN-ACC price from \$253.82 to \$280.01 from 1 October 2024 (quarter 2 2024-25). The increased funding supports the [Fair Work Commission Stage 3 decision on the Aged Care Work Value Case](#) and other costs. It will support residential aged care providers to meet increased costs, including to increase their care minutes.
- increase in the care minutes responsibility requiring providers to deliver a sector-wide average of 215 care minutes per resident per day, from 1 October 2024. This will include 44 minutes of registered nurse care. Providers also have the flexibility from 1 October 2024 to meet up to 10% of the registered nurse target with care time delivered by enrolled nurses.
- continued investment of \$88.4 million in programs and initiatives from 2024-25 to attract and retain the aged care workforce. These programs focus on:
  - growing the home care workforce in regional, rural, and remote areas where shortages are the most acute
  - supporting better pathways for nurses in aged care.
- as per the Mid-Year Economic and Fiscal Outlook (MYEFO) 2024-25, the Government will fund \$101.7 million to release an additional 7,615 Home Care Packages (HCP) to reduce wait times ahead of the commencement of the Support at Home Program on 1 July 2025.
- provider preparations for the commencement of the new Aged Care Act, regulatory model, and Support at Home Program (from 1 July 2025). These will mark changes to provider operations, including to provider registration and renewal processes, the Aged Care Quality Standards, and worker screening for aged care.

While the department expects to see impacts from these initiatives in the short term, the Government's reform is ongoing. More information on aged care reform is available on the [department's website](#). Summary resources are also available that outline the Government's commitments in the [2024-25 Budget](#) and [2024-25 MYEFO](#) to strengthen the quality of aged care services.

# Summary of findings

Financial summary year-to-date For-profit and not-for-profit providers per resident/recipient per day						
Residential care			Home care			
Net profit before tax	\$9.95	▼ \$0.41	\$	Net profit before tax	\$5.73	▲ \$0.05
EBITDA	\$34.40	▼ \$9.14		EBITDA	\$6.11	▼ \$0.03

The change shown in the financial summary is a comparison with Quarter 1 2023-24 YTD.

Percentage of profitable providers year-to-date Profit defined as year-to-date net profit before tax					
Residential care			Home care		
<p>63.0%</p>	76.3%	For-profit	<p>73.7%</p>	81.5%	For-profit
	55.4%	Not-for-profit		67.9%	Not-for-profit
▼ 1.4 percentage points			▼ 2.5 percentage points		

The change shown in the percentage of profitable providers is a comparison with Quarter 1 2023-24 YTD.

Percentage of profitable providers with a positive EBITDA year-to-date					
Residential care			Home care		
<p>75.5%</p>	86.9%	For-profit	<p>74.9%</p>	83.1%	For-profit
	69.0%	Not-for-profit		68.8%	Not-for-profit
▼ 5.6 percentage points			▼ 1.8 percentage points		

The change shown in the providers with a positive EBITDA is a comparison with Quarter 1 2023-24 YTD.

Provider numbers at 30 September 2024					
Residential care			Home care		
730	NEW	9	32	EXIT	919
					NEW
					32
					20
					EXIT

The new and exit provider numbers for residential aged care and home care in comparison to 30 September 2023

Residential care sector average care minutes Quarter 1 2023-24 (per resident per day)				
	Total	Registered nurses	Enrolled nurses	Personal care workers/assistants in nursing
Total sector	target 205.86 209.82 ▲ 2.11	target 40.59 42.41 ▲ 0.97	no target 12.72 ▼ 0.32	no target 154.70 ▲ 1.48
For-profit	204.47 ▲ 2.13	40.79 ▲ 0.89	9.34 ▼ 0.62	154.34 ▲ 1.85
Not-for-profit	211.51 ▲ 2.01	41.86 ▲ 0.92	10.75 ▼ 0.13	158.90 ▲ 1.23

Average care minutes are a comparison with Q4 2023-24.

There is no target for enrolled nurses and personal care workers/assistants in nursing.

## Residential care

The quarter 1 2024-25 YTD financial position of the residential aged care sector declined slightly when compared to quarter 1 2023-24 YTD.

### Results:

- YTD EBITDA decreased by \$9.14 per resident per day, totalling \$34.40.
  - The proportion of providers reporting a positive YTD EBITDA position was 75.5%, down 5.6 percentage points.
  - The median EBITDA margin was 6.8%, down 2.9 percentage points. This means an EBITDA return of \$6.80 for every \$100 of revenue earned.
- YTD NPBT performance decreased by \$0.41 per resident per day, totalling \$9.95.
  - The total YTD NPBT for the sector was a profit of \$175.6 million.
  - The proportion of providers reporting a positive YTD NPBT position was 63.0%, down 1.4 percentage points.
  - Providers wrote off \$16.4 million in bed licenses amortisation, which had a small impact on the reported NPBT position of the sector.
- Average occupancy rate increased to 89.0%, up 1.6 percentage points.

### Insights:

- 1. As foreshadowed in recent QFS reports, the residential aged care sector recorded a decline in profitability in quarter 1 2024-25, when compared to quarter 1 2023-24.**

While there has been a decline in the residential aged care sector's profitability, this is a transitional quarter and is not directly comparable to quarter 1 2023-24. This is because the timing of the AN-ACC price increase shifted from an annual increase on 1 July to 1 October 2024 (quarter 2 2024-25). Noting the above, in quarter 1 2024-25, the YTD EBITDA decreased by \$9.14 per resident per day from 12 months prior, totalling \$34.40 per resident per day. This was due to the growth in operating expenses (10.3%) exceeding growth in revenue (7.1%).

Revenue increases over the 12 months are primarily attributed to a \$0.5 billion increase in AN-ACC funding and a small increase in the value of the hotelling supplement per resident per day. Growth in operating expenses were driven by higher labour costs, specifically salaries and employee benefits. Factors contributing to higher salaries and employee benefits include:

- increase in the sector median wages for direct care staff; and
- increase in the direct care staff time, due to providers increasing their compliance with their care minutes and 24/7 registered nursing requirements and increasing acuity of resident needs.

In quarter 1 2024-25, the YTD NPBT also decreased by \$0.41 per resident per day when compared to quarter 1 2023-24, totalling \$9.95 per resident per day. A sharp decrease (24.5%) in the non-operating expenses reported by the sector broadly offset the increase in operating expenses, resulting in the smaller decline in the NPBT result (when compared to the decline in EBITDA). The change in the non-operating expenses was driven by a decline in the value of bed license amortisation (83.3% decline) and other depreciation and amortisation (excluding bed licenses) (17.2% decline).

At a sector level, it is expected that labour costs will continue to increase as more services start to meet their care minutes targets, noting that in quarter 1 2024-25 only 45.4% of services met both their service-level total care and registered nurse care minute targets. To improve profitability while ensuring care funding is spent on care delivery, provider accommodation and hotelling results will need to improve. Reporting in FRAACS 2022-23 shows that care is fully funded, and providers may be using care funding to cover losses in accommodation and hotelling results. The Government has introduced reforms which will support providers to improve these results.

- From 20 September 2024, the hotelling supplement increased to \$12.55 per resident per day, to better fund hotelling costs. The regular indexation of the supplement will still occur on 20 March 2025, and a further increase of \$1.89 will take effect from 1 July 2025.
- Government reforms recommended by the Aged Care Taskforce will improve accommodation results, by:
  - increasing the maximum room price a provider can charge without IHACPA approval from \$550,000 to \$750,000 from 1 January 2025
  - requiring providers to retain 2.0% per annum of RAD and RAC deposits for up to five years from 1 July 2025, and
  - requiring providers to index DAPs twice per year by the consumer price index for residents that enter care on or after 1 July 2025.

**2. Total care minutes and registered nurse minutes delivered to residents in aged care services remained above the sector targets for the second consecutive quarter. Poor compliance in individual services in metropolitan areas will be addressed via funding changes from April 2026, based on care minutes results from quarter 2 2025-26.**

In quarter 1 2024-25, providers delivered an average of 209.82 care minutes per resident per day (up 2.11 minutes from quarter 4 2023-24). This included 42.41 minutes delivered by a registered nurse (up 0.97 minutes). Both results exceeded the sector targets for the quarter (205.86 minutes per resident per day for total care minutes, and 40.59 per resident per day for registered nurse care minutes), which is consistent with the results from quarter 4 2023-24.

However, the results show that only 45.4% of services met both their service-level total care minutes and registered nurse care minute targets (up 4.8 percentage points on quarter 4 2023-24). The compliance rates for homes in metropolitan areas (MM1) is below the sector average (43.3% meeting both care minutes targets in quarter 1 2024-25), despite consistent feedback from the sector that workforce shortages are most acute in rural and remote areas (where 61.5% of MM5-7 services meet both targets).

To address this poor compliance, from April 2026, non-specialised residential aged care services in metropolitan areas (MM1) will receive their full care minutes funding only if they meet their care minutes targets in quarter 2 2025-26 (October to December 2025). This change is not intended to reduce funding. Instead, it is intended to make sure providers are meeting their care minutes targets, ensuring better care for residents. It will also mean the government is not paying for care minutes not being delivered.

## Home care

The quarter 1 2024-25 YTD results highlight consistency in the home care sector's financial position from quarter 1 2023-24 YTD.

### Results:

- YTD EBITDA declined by \$0.03 per care recipient per day, totalling \$6.11.
  - The proportion of providers reporting a positive YTD EBITDA position was 74.9%, down 1.8 percentage points.
  - Median EBITDA margin decreased to 6.6%, down 2.8 percentage points. This means an EBITDA return of \$6.60 for every \$100 of revenue earned.
- YTD NPBT performance improved by \$0.05 per care recipient per day, totalling \$5.73.
  - The total YTD NPBT for the sector was a profit of \$138.3 million.
  - The proportion of providers reporting a positive YTD NPBT position was 73.7%, down 2.5 percentage points.

### Insights:

#### 1. Increases in claim days and home care package utilisation largely offset increases in expenses across the home care sector.

In quarter 1 2024-25, the total YTD NPBT for the sector was a profit of \$138.3 million, a small increase of \$9.2 million (7.1%) from the quarter 1 2023-24 result of \$129.2 million. However, at a sector level, the NPBT margin declined by 0.7 percentage points. This is because revenue increased by 17.0%, but expenses increased by 17.8%.

Revenue increases are primarily attributed to a 6.2% increase in claim days and increased utilisation of home care packages from 79.6% in quarter 1 2023-24 to 85.7% in quarter 1 2024-25. The change in expenses was predominantly driven by an increase in labour costs, due to the associated increase in labour hours provided (with higher claim days and package utilisation). These changes can be seen in the increases to total median staff costs (up 12.1% from quarter 1 2023-24), and total median time (up 5.9%).

# Residential aged care

## Financial performance

### Financial summary

The YTD financial performance of the residential aged care sector declined slightly in quarter 1 2024-25, when compared to quarter 1 2023-24.

- YTD EBITDA decreased by \$9.14 per resident per day, totalling \$34.40.
- YTD NPBT for the sector was \$175.6 million, down \$2.6 million from quarter 1 2023-24. This equates to a decline of \$0.41 per resident per day, totalling \$9.95 per resident per day.
- Revenue has grown by \$18.01 per resident per day (up 4.5%).
- Expenses have grown by \$18.42 per resident per day (up 4.7%).

The **change in revenue** from YTD quarter 1 2023-24 is driven by:

- a \$0.5 billion increase in AN-ACC funding, from \$4.8 billion in quarter 1 2023-24 to \$5.3 billion in quarter 1 2024-25
- payment of the \$11.41 hotelling supplement per resident per day
- the payment in quarter 1 2024-25 of \$52.6 million via the Aged Care Outbreak Management Support Supplement, which was introduced on 1 February 2024.<sup>1</sup>

Average care funding allocated to providers per occupied bed day (OBD) was \$271.48 for quarter 1 2024-25. This result is lower than the result from quarter 4 2023-24 (\$271.72 per OBD)<sup>2</sup>, but an increase on the result from quarter 1 2023-24 (\$268.47 per OBD).

The **change in expenses** from YTD quarter 1 2023-24 is driven by higher labour costs, specifically, increased wage costs and employee benefits.

Table 1 provides a financial YTD summary to 30 September 2024.

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<sup>1</sup> This figure is at point in time and is subject to change.

<sup>2</sup> The OBD care funding figures published in the QFS may change each quarter due to new claims data that is submitted by providers.

**Table 1: 30 September 2024 YTD and comparison with 30 September 2023 YTD, summary of financial performance of residential for-profit and not-for-profit aged care providers**

	Total	Per resident per day	Change from 30 September 2023 YTD per resident per day
Revenue	\$7,367.4m	\$417.41	▲ \$18.01
Expenses	\$7,191.8m	\$407.46	▲ \$18.42
Net profit before tax (NPBT)	\$175.6m	\$9.95	▼ \$0.41
Net profit before tax margin	2.4%	2.4%	▼ 0.2 percentage points
Earnings before interest, tax, depreciation and amortisation (EBITDA)	\$607.1m	\$34.40	▼ \$9.14

**💡 Insights: Impact of bed license write-off expenses on NPBT**

As reported in QFS reports in the 2023-24 financial year, the YTD NPBT for the residential care sector was impacted slightly by providers writing off bed licenses. In quarter 1 2024-25, providers wrote off \$16.4 million in bed licenses, with for-profit providers accounting for over 99.0% of these write offs.

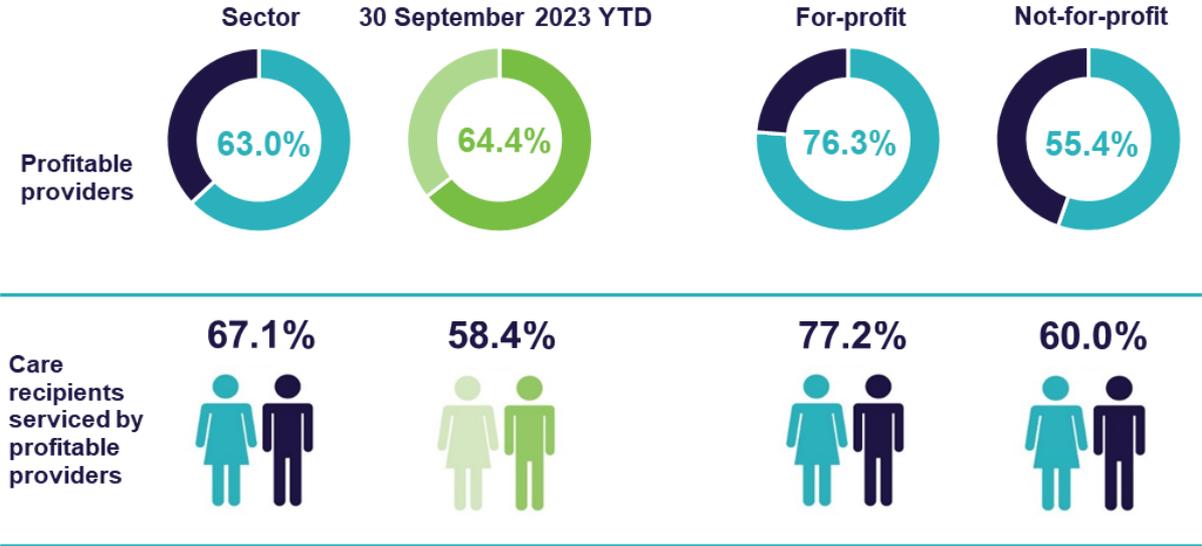
For-profit providers still have approximately \$238.1 million left in bed licenses to amortise by 30 June 2025, and not-for-profit providers have approximately \$58.9 million left to amortise. As a result, the department expects these expenses will continue to impact financial results for the remainder of the 2024-25 financial year. It is important to note that the impacts are to providers' balance sheets (decreasing net assets) and non-recurrent expenses. There will be no impact to recurrent income and expenses.

## Profitable providers

At 30 September 2024 YTD, the percentage of profitable providers (defined by NPBT) was 63.0% (down 1.4 percentage points from 30 September 2023 YTD). The percentage of providers making a profit increased for for-profit providers and decreased for not-for-profit providers. At 30 September 2024 YTD, profitable providers serviced 67.1% of residential care recipients (up 8.7 percentage points from 30 September 2023 YTD).

Figure 1 shows the percentage of profitable providers and percentage of residents serviced by profitable providers.

**Figure 1: Percentage of profitable providers and percentage of residents serviced by profitable providers as at 30 September 2024 YTD, and comparison with 30 September 2023 YTD**

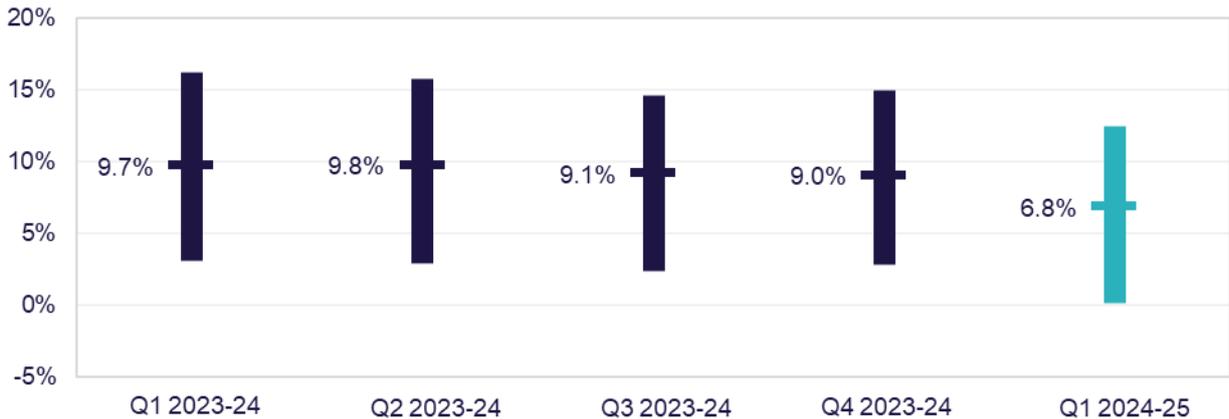


**EBITDA margin**

At 30 September 2024 YTD, the median EBITDA margin for the sector was 6.8%, which means an EBITDA return of \$6.80 for every \$100 of revenue earned. This was a decrease of 2.9 percentage points on the 30 September 2023 YTD result.

Chart 1 shows the median and quartile EBITDA margin over the most recent five quarters.

**Chart 1: YTD median and quartile EBITDA margin (quarter 1 2023-2024 to quarter 1 2024-2025)**

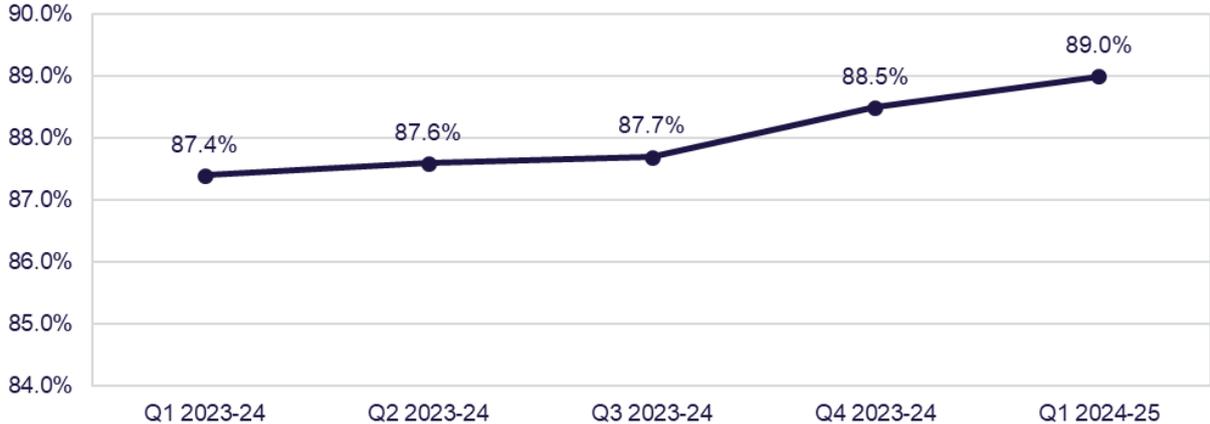


## Occupancy

In quarter 1 2024-25, the average occupancy rate was 89.0% (up 1.6 percentage points on quarter 1 2023-24).

Chart 2 shows the average occupancy rate over the most recent five quarters.

**Chart 2: Average occupancy rate (quarter 1 2023-2024 to quarter 1 2024-2025)<sup>3</sup>**



## Liquidity

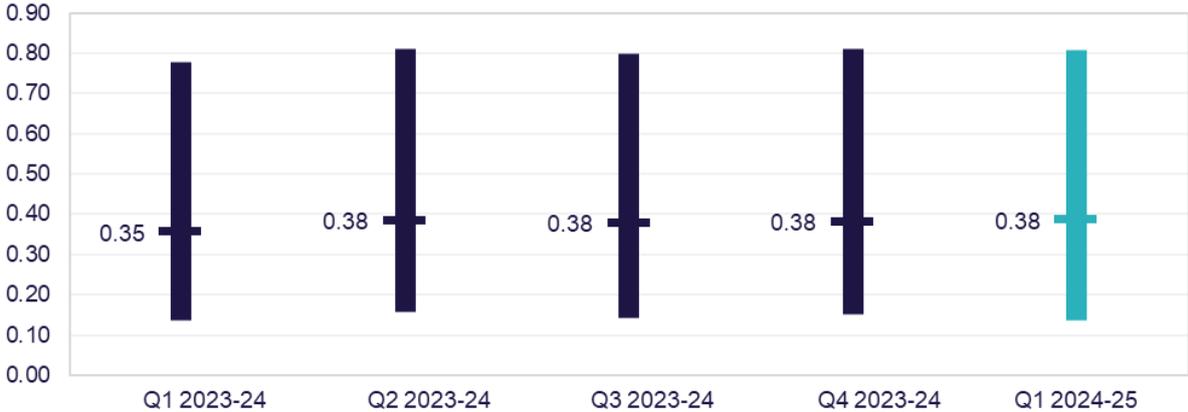
At 30 September 2024, the median liquidity ratio for the sector was 0.38 (up 0.03 from 30 September 2023), meaning providers had just over a third of cash and financial assets available when compared to their debt obligations.

Chart 3 shows the median and quartile liquidity ratio over the most recent five quarters.

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<sup>3</sup> The true occupancy figure for quarter 1 2024-25 may be slightly higher than the figure reported due to technical matters relating to changing the status of some places from operational to offline.

**Chart 3: Median and quartile liquidity ratio (quarter 1 2023-2024 to quarter 1 2024-2025)**



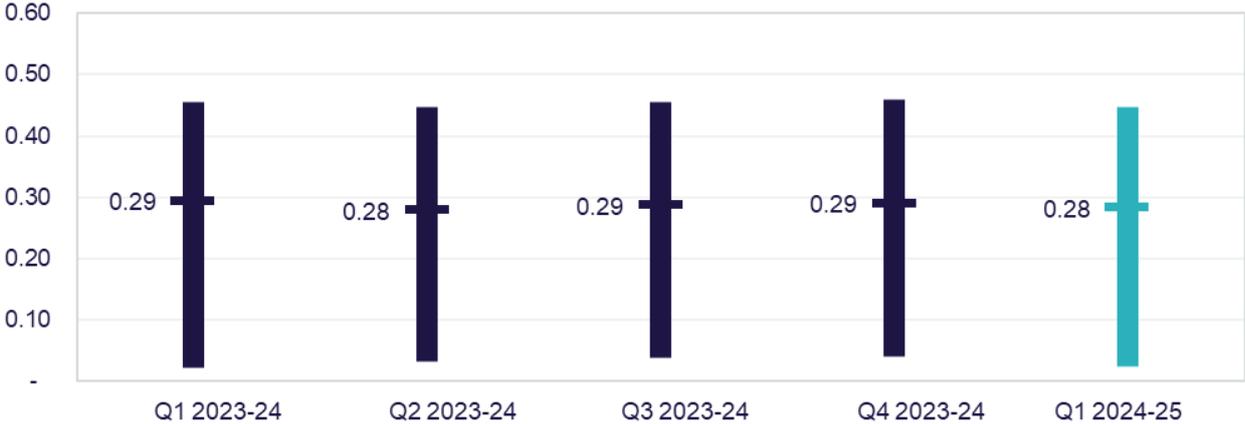
Liquidity ratio = (cash and cash equivalents + financial assets) ÷ (total liabilities - lease liabilities).  
 Calculations do not include undrawn credit facilities as liquid assets. Total liabilities do not include RADs that residents have agreed to pay, but have not yet been received by the provider.

**Capital adequacy**

At 30 September 2024, the median capital adequacy ratio for the sector was 0.28, meaning for every \$100 of assets owned, \$28 was funded through equity and \$72 was funded through debt or other liabilities. This was a decrease of 0.01 from the 30 September 2023 position.

Chart 4 shows the median and quartile capital adequacy ratio over the most recent five quarters.

**Chart 4: Median and quartile capital adequacy ratio (quarter 1 2023-2024 to quarter 1 2024-2025)**



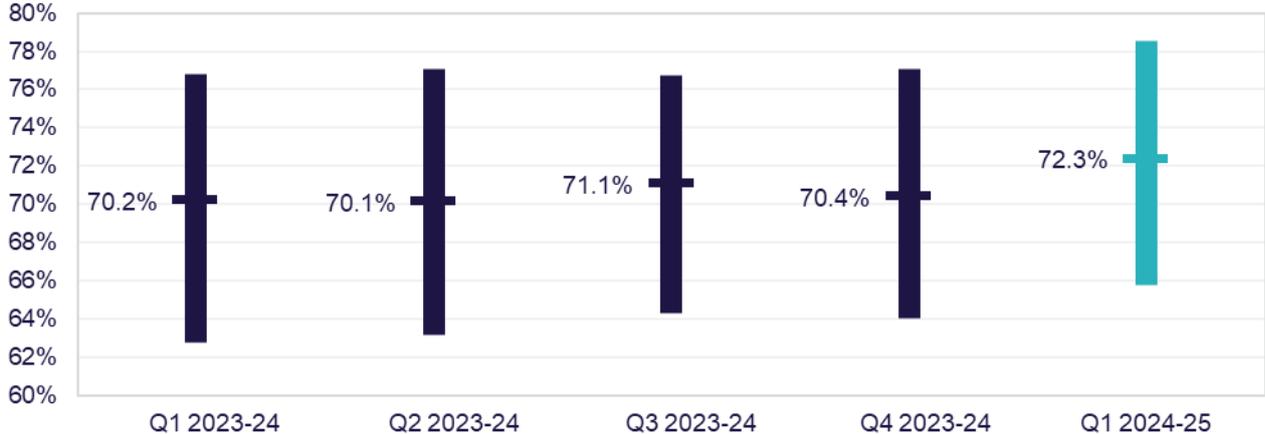
Capital adequacy ratio = (net assets - intangible assets) ÷ (total assets - intangible assets).  
 Intangible assets are removed as they are not considered to have value in the event of insolvency. This provides a more realistic reflection of the available capital to absorb unforeseen circumstances.

## Wages to revenue

At 30 September 2024 YTD, wages as a proportion of revenue for the sector was a median of 72.3% (up 2.1 percentage points from 30 September 2023). Wages are inclusive of all residential aged care employees.

Chart 5 shows the YTD median and quartile wages as a proportion of revenue over the most recent five quarters.

**Chart 5: YTD median and quartile wages to revenue percentage (quarter 1 2023-2024 to quarter 1 2024-2025)**



## Average care minutes

In quarter 1 2024-25, the sector targets were 205.86 minutes per resident per day for total care minutes, and 40.59 per resident per day for registered nurse care minutes.

Overall, across the **sector**:

- residents received an average of 209.82 total care minutes per day (up 2.11 minutes from quarter 4 2023-24). This included 42.41 minutes delivered by a registered nurse (up 0.97 minutes)
- 59.7% of services met their service-level total care minutes targets (up 2.2 percentage points)
- 63.9% met their service-level registered nurse targets (up 5.1 percentage points)
- 45.4% of services met both their service-level total care and registered nurse care minute targets (up 4.8 percentage points).

Average care minutes per resident per day for quarter 1 2024-25 is shown in Table 2.

**Table 2: Average care minutes per resident per day (sector and by provider type)**

	Sector	Change in average Sector care minutes from Q4 2023-24	For-profit	Not-for-profit	Local, State or Territory (LST) government
Registered nurse	42.41	▲ 0.97	40.79	41.86	70.55
Enrolled nurses	12.72	▼ 0.32	9.34	10.75	85.75
Personal care workers / assistants in nursing	154.70	▲ 1.48	154.34	158.90	86.83
Total	209.82	▲ 2.11	204.47	211.51	243.13

\* Total sector care minutes does not equal the sum of care minutes by role due to rounding. Average care minutes per resident per day are calculated using occupied bed days rather than claim days. Average care minutes = Total care minutes / Occupied bed days.

When breaking down results by **provider type** (compared to quarter 4 2023-24):

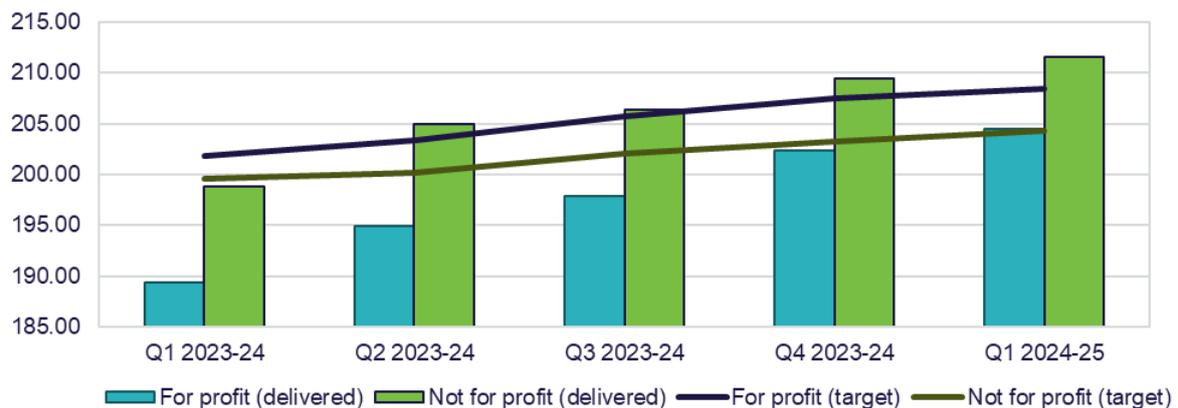
- for-profit providers delivered below the sector care minute target (204.47 average care minutes per resident per day, up 2.13 minutes)
- not-for-profit providers delivered above the sector care minute target (211.51 average care minutes per resident per day, up 2.01 minutes)
- local, state or territory government providers delivered above the sector care minute target (243.13 average care minutes per resident per day, down

0.75 minutes). These providers may have other non-government funding sources that contribute towards the delivery of care.

**💡 Insights: Care minutes by provider type**

Care minutes delivery continues to vary by provider type, evident when comparing the results of for-profit and not-for-profit providers since the care minutes obligation was introduced in October 2023 (**quarter 2 2023-24**) (see Chart 6). Not-for-profit providers have steadily increased their total average care minutes and exceeded their mandatory targets since the introduction of the policy, with approximately 50.9% meeting both targets in quarter 1 2024-25. Comparatively, while for-profit providers have also steadily increased their total average care minutes, they have consistently delivered under their mandatory care minutes targets, with approximately 26.2% meeting both targets in quarter 1 2024-25.

**Chart 6: Total care minutes targets and total care minutes delivered by provider type (quarter 1 2023-24 to quarter 1 2024-25)**



The department’s annual reporting in the FRAACS 2022-23 shows that care is fully funded by the Government, and providers can meet care minutes responsibilities and report profitable financial results. To do so, providers need to have adopted measures to ensure sustainable results in accommodation and hotelling. Results over the recent QFS reports indicate that some providers (largely for-profits) have not taken such measures, and instead, may be underdelivering on care minutes to cross-subsidise losses in accommodation and hotelling and/or boost profits.

## Staff cost and time

### Total median staff cost and time

The total median staff costs and time have increased from quarter 1 2023-24 to quarter 1 2024-25. Costs increased to \$224.34 per resident per day (up \$18.44 from quarter 1 2023-24) and total time increased to 228.80 minutes per resident per day (up 9.00 minutes from quarter 1 2023-24).

Table 3 shows the quarter 1 median total staff cost and time per resident per day.

**Table 3: Quarter 1 2024-25 and comparison with quarter 1 2023-24, median staff cost and time per resident per day\*\***

	Cost per resident per day	Change in cost from Q1 2023-24	Minutes per resident per day	Change in minutes from Q1 2023-24
Registered nurses	\$57.50	▲ \$7.77	41.90	▲ 2.84
Enrolled nurses	\$10.71	▼ \$0.97	10.38	▼ 2.35
Personal care workers / assistants in nursing	\$132.94	▲ \$13.40	156.17	▲ 8.66
Allied health	\$5.56	▲ \$0.26	4.25	▲ 0.04
Diversional / lifestyle / recreation / activities officer	\$5.84	▲ \$0.17	7.85	▲ 0.09
Care management staff	\$6.17	▼ \$0.01	3.75	▲ 0.08
<b>Total median*</b>	<b>\$224.34</b>	<b>▲ \$18.44</b>	<b>228.80</b>	<b>▲ 9.00</b>

\* Total median staff cost and time is derived from the QFR data set. It is not the sum of sub-categories listed above the totals. Local, state or territory government providers are included in this data.

\*\* The direct labour costs include all on-costs for engaging staff (such as superannuation, leave, allowances), whereas the hourly rates presented further below in this QFS report are the base gross hourly rates of pay and do not include on-costs.



### Insights: Increased hourly wages following the FWC decisions

Total median staff costs have increased since 1 July 2023, when a 15.0% increase to award wages commenced for many aged care workers due to the Stage 2 decision under the FWC’s Aged Care Work Value Case. This decision included increases for registered nurses, enrolled nurses, and personal care workers and assistants in nursing in residential aged care.

In quarter 1 2024-25, the sector median of the hourly rate was:

- \$50.37 registered nurses (up \$2.37 on quarter 1 2023-24)
- \$36.69 for enrolled nurses (up \$0.69 on quarter 1 2023-24)
- \$31.92 for personal care workers and assistants in nursing (up \$0.92 on quarter 1 2023-24).

Further award wage increases for many aged care workers have commenced from January 2025 due to the Stage 3 decision under FWC’s Aged Care Work Value Case and will be reflected in the QFS quarter 3 2024-25 report.

Refer to the *QFS data extract* on the [department’s website](#) for the sector median of the average hourly rates from quarter 1 2022-23 to present.

## Agency median staff cost and time

Agency staff costs represented 8.3% of the total direct care labour cost in quarter 1 2024-25, a decrease from quarter 1 2023-24 of 2.0 percentage points. Agency staff hours represented 5.8% of the total direct care labour hours to the sector in quarter 1 2024-25, a decrease from quarter 1 2023-24 of 1.3 percentage points. Agency staff costs and hours decreased for all staff roles.

Table 4 shows the agency staff costs and hours as a percentage of direct care labour costs and hours.

**Table 4: Quarter 1 2024-25 and comparison with quarter 1 2023-24, agency staff costs and hours as a percentage of direct care costs and hours**

	Agency staff costs as % of total	Change in cost from Q1 2023-24	Agency staff hours as % of total	Change in hours from Q1 2023-24
Total direct care	8.3%	▼2.0 percentage points	5.8%	▼1.3 percentage points
Registered nurses	11.4%	▼2.4 percentage points	7.9%	▼1.6 percentage points
Enrolled nurses	6.9%	▼1.4 percentage points	4.7%	▼1.0 percentage points
Personal care workers / assistants in nursing	5.0%	▼2.0 percentage points	3.9%	▼1.3 percentage points

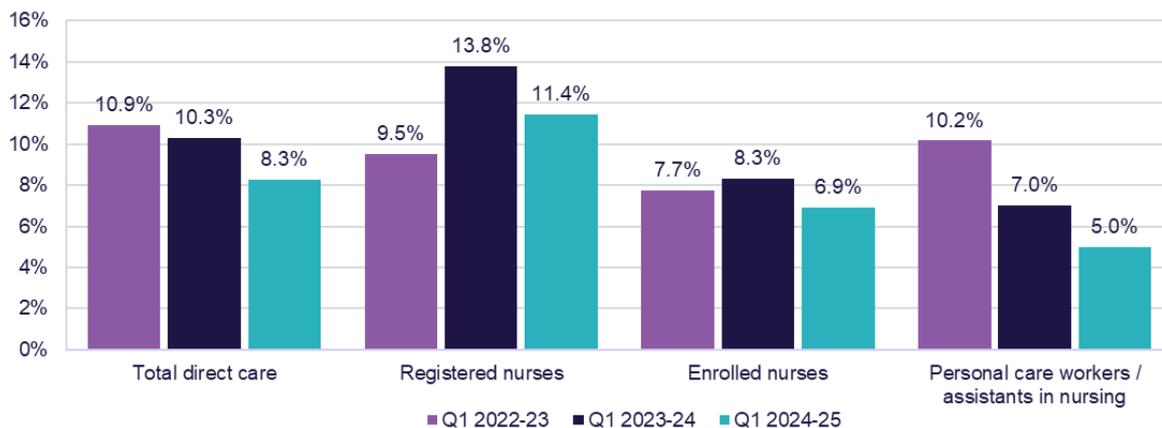
## 💡 Insights: Changes in agency usage over time

Agency staff can be used by the residential aged care sector to supplement their workforce needs. This includes direct care staff, including registered nurses, enrolled nurses, personal care workers & assistants in nursing.

The use of agency staff for provision of direct care has changed over time. On 1 October 2023, the care minutes responsibility was introduced with an average sector-wide care minutes benchmark of 200 total care minutes per resident per day, including 40 minutes of registered nurse care. As the sector prepared for the implementation of this policy there was an increase in agency use (see comparison from quarter 1 2022-23 to quarter 1 2023-24 in Chart 7), especially for personal care workers & assistants in nursing and registered nurses. This increased reliance on agency staff was sustained throughout the 2023-24 financial year.

In quarter 1 2024-25, however, there has been a reduction at the sector level in the use of agency staff, including for providers in regional areas, when compared to quarter 1 2023-24. Notably, use of agency staffing at a sector level, and for enrolled nurses and personal care workers & assistants in nursing is lower than levels seen prior to the introduction of the care minutes responsibility. This change has been seen over a period through while compliance with the responsibility has increased, indicating that providers are increasingly recruiting and retaining directly employed staff to fulfill direct care roles. This comes after the 15.0% increase to award wages for these staff roles, due to the Stage 2 decision under the FWC's Aged Care Work Value Case.

**Chart 7: Agency staff costs as a proportion of the total direct care labour cost (quarter 1 2022-23, quarter 1 2023-24 and quarter 1 2024-25)**



## Allied health median staff cost and time

In quarter 1 2024-25, the proportion of providers that delivered allied health care was 98.7% (consistent with the proportion in quarter 1 2023-24). As shown in Table 3, the median total cost and time for allied health services per resident per day were \$5.56 and 4.25 minutes, respectively, in quarter 1 2024-25.

The highest median allied health cost and time per resident per day was for physiotherapists. The median cost was \$3.52 per resident per day (up \$0.05 on quarter 1 2023-24). The median cost per resident per day equates to a median spend on physiotherapy of \$320.60 per resident per quarter (up \$1.42 on quarter 1 2023-24). The median minutes delivered by physiotherapists was 2.68 minutes per resident per day (down 0.07 minutes in quarter 1 2023-24). The median minutes per resident per day equates to 243.50 minutes per resident per quarter (down 9.60 minutes on quarter 1 2023-24). It is likely that some of the reduction in physiotherapy time represents a decline in the overservicing driven by removing the incentives to deliver specific types of care under the Aged Care Funding Instrument (ACFI) that the Royal Commission for Aged Care Quality and Safety (Royal Commission) found were not the most appropriate or evidence based.

Table 5 shows the median cost and time for allied health per resident per day. Local, state or territory government providers are included in this data.

**Table 5: Quarter 1 2024-25 and comparison with quarter 1 2023-24, median allied health cost and time per resident per day**

	Cost per resident per day	Change in cost from Q1 2023-24	Allied health minutes of care per resident per day	Change in minutes from Q1 2023-24
Physiotherapist	\$3.52	▲ \$0.05	2.68	▼ 0.07
Podiatrist	\$0.35	▲ \$0.05	0.24	▲ 0.03
Dietetic care	\$0.27	▲ \$0.04	0.15	▲ 0.02
Speech pathologist	\$0.16	▲ \$0.04	0.07	▲ 0.01

Note: Results for occupational therapists, allied health assistants, and other allied health have not been included as over half of QFR respondents did not report expenditure for these categories.

### Insights: Provision of allied health services

All providers have an obligation under Schedule 1 of the [Quality of Care Principles 2014](#) to provide allied health services to their residents, in line with each care recipients' assessed care needs. For this reason, there are no requirements for *all* allied health services to be provided by each provider and allied health staff minutes do not contribute to care minute targets.

Table 6 shows the proportion of providers who reported delivering allied health services in quarter 1 2024-25. The figures are consistent with quarter 1 2023-24.

**Table 6: Proportion of providers who delivered each allied health service type in quarter 1 2024-25 and comparison with quarter 1 2023-24**

	Proportion of providers who delivered service in Q1 2024-25
Physiotherapist	94.1%
Dietetic care	83.3%
Podiatrist	80.5%
Speech pathologist	79.6%
Occupational therapist	28.2%
Other allied health *	25.4%
Allied health assistants	23.9%

\* Other allied health services include (but are not limited to): audiologists, diabetes educators, exercise physiologists, osteopaths, and psychologists.

## Food and nutrition

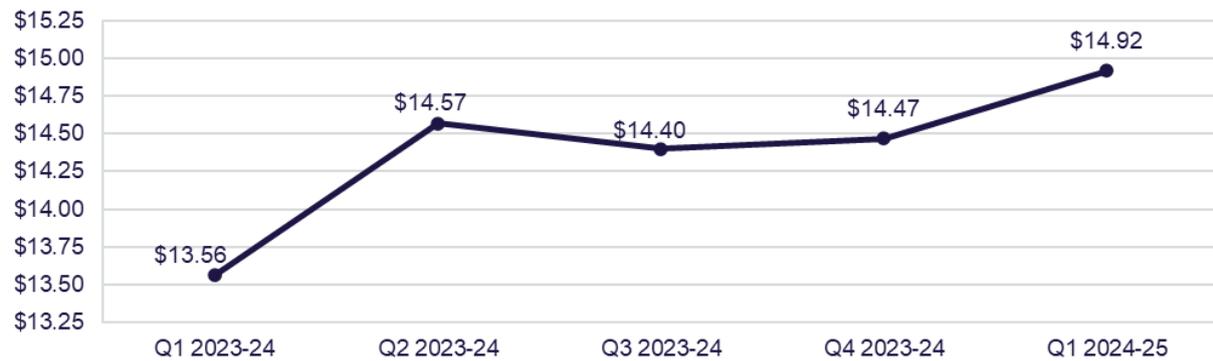
In quarter 1 2024-25, at a **sector level**:

- the median total cost of food and ingredients was \$14.92 per resident per day (up \$1.36 on quarter 1 2023-24)
- the median proportion of the total cost of food and ingredients spent on fresh food and ingredients (foods free of GST as per itemised purchase receipts) was 83.7% (up 1.5 percentage points on quarter 1 2023-24).

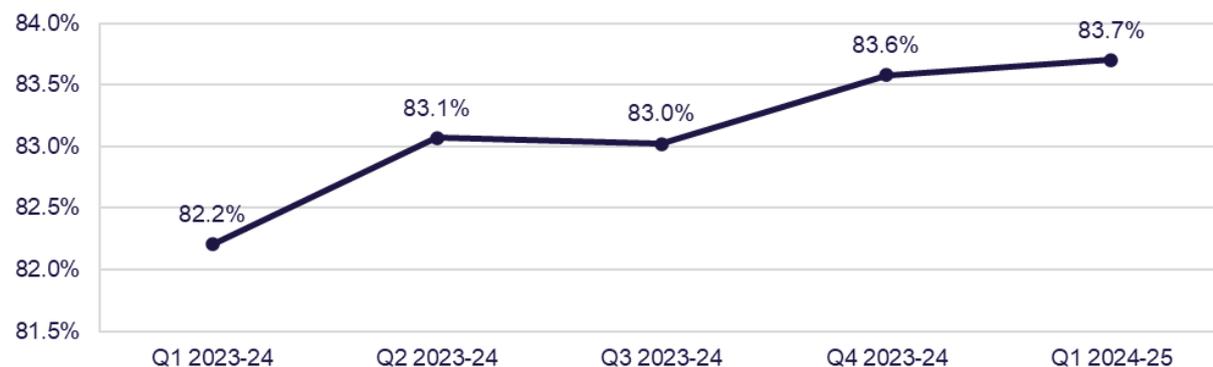
The amount spent on food and ingredients per resident per day is only one indicator of food quality. It should not be taken in isolation, as it does not consider factors such as residents' satisfaction, cooking preparation method and overall nutritional status.

Charts 8 and 9 show the sector median total cost of food and ingredients over the most recent five quarters, and median proportion spent on fresh food and ingredients.

**Chart 8: Median food and ingredients cost per resident per day (quarter 1 2023-2024 to quarter 1 2024-2025)<sup>4</sup>**



**Chart 9: Median proportion of the total cost of food and ingredients spent on fresh food and ingredients (quarter 1 2023-2024 to quarter 1 2024-2025)**



<sup>4</sup> Improvement between quarter 1 and quarter 2 2023-24 was influenced by data quality improvements. Following service level previews on My Aged Care, providers had an opportunity to correct data.

# Home care

## Financial performance

### Financial summary

The YTD financial performance of the home care sector in quarter 1 2024-25 was broadly consistent with the performance reported in quarter 1 2023-24.

- YTD EBITDA decreased by \$0.03 per care recipient per day, totalling \$6.11.
- YTD NPBT for the sector was \$138.3 million, an increase of \$9.2 million from quarter 1, 2023-24. This equates to improvement of \$0.05 per care recipient per day, totalling \$5.73.
- Revenue grew by \$7.42 per care recipient per day (up 10.2%).
- Expenses have grown by \$7.38 per care recipient per day (up 10.9%).

**Revenue increases** across the sector were driven by a 6.2% increase in claim days and increased utilisation of HCPs from 79.6% in quarter 1 2023-24 to 85.7% in quarter 1 2024-25.

**Expense increases** were predominantly driven by an increase in labour costs, due to the associated increase in labour hours provided (with higher claim days and package utilisation).

Table 7 provides a financial YTD summary to 30 September 2024.

**Table 7: 30 September 2024 YTD and comparison with 30 September 2023 YTD, summary of financial performance of home care for-profit and not-for-profit providers**

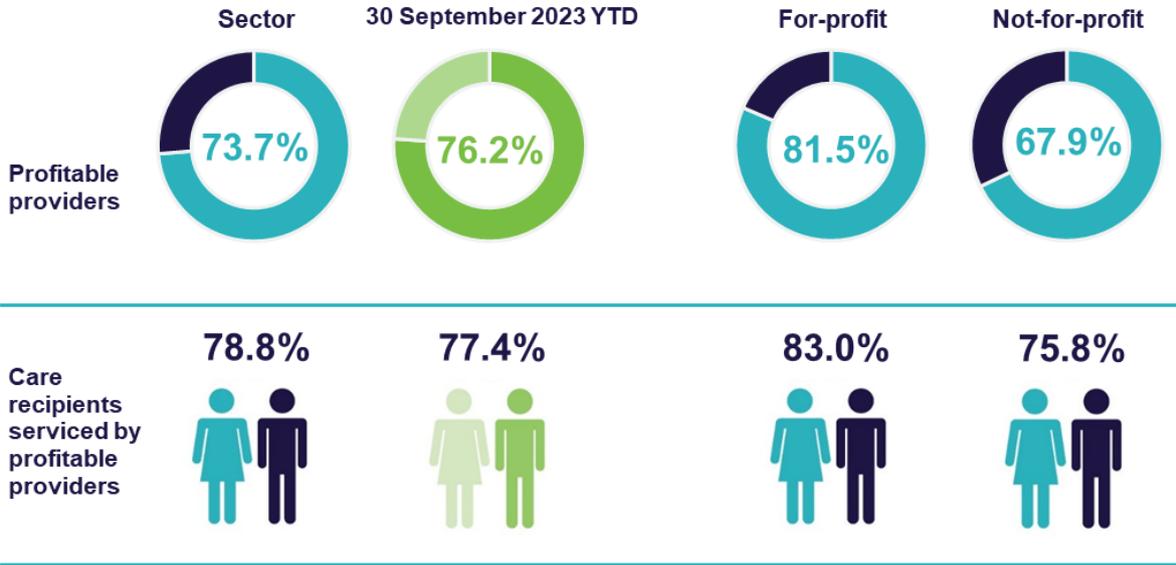
	Total	Per care recipient per day	Change from 30 September 2023 YTD per care recipient per day
Revenue	\$1,947.0m	\$80.57	▲ \$7.42
Expenses	\$1,808.6m	\$74.85	▲ \$7.38
Net profit before tax	\$138.3m	\$5.73	▲ \$0.05
Net profit before tax margin	7.1%	7.1%	▼ 0.65 percentage points
Earnings before interest, tax, depreciation and amortisation (EBITDA)	\$147.7m	\$6.11	▼ \$0.03

## Profitable providers

At 30 September 2024 YTD, the percentage of profitable providers (defined by NPBT) was 73.7%. This was a decrease of 2.5 percentage points from 30 September 2023 YTD. Profitable providers at 30 September 2024 YTD serviced 78.8% of home care recipients. This was an increase of 1.4 percentage points from 30 September 2023 YTD.

Figure 2 shows the percentage of profitable providers and percentage of home care recipients serviced by profitable providers.

**Figure 2: 30 September 2024 YTD percentage of profitable providers and percentage of home care recipients serviced by profitable providers and comparison with 30 September 2023 YTD**

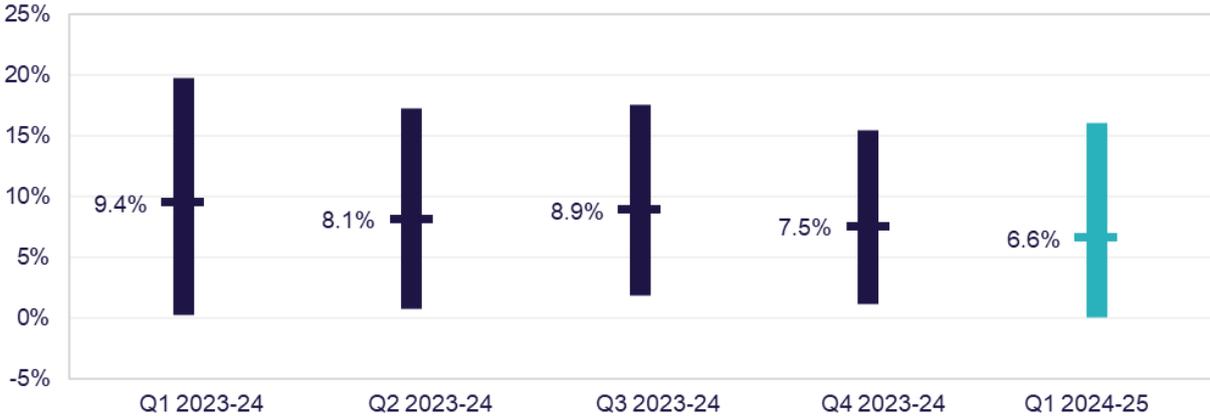


## EBITDA margin

At 30 September 2024 YTD, the median EBITDA margin for the sector was 6.6%. This means an EBITDA return of \$6.60 for every \$100 of revenue earned. This was decrease of 2.8 percentage points on the 30 September 2023 YTD result.

Chart 10 shows the median and quartile EBITDA margin over the most recent five quarters.

**Chart 10: YTD median and quartile EBITDA margin (quarter 1 2023-2024 to quarter 1 2024-2025)**

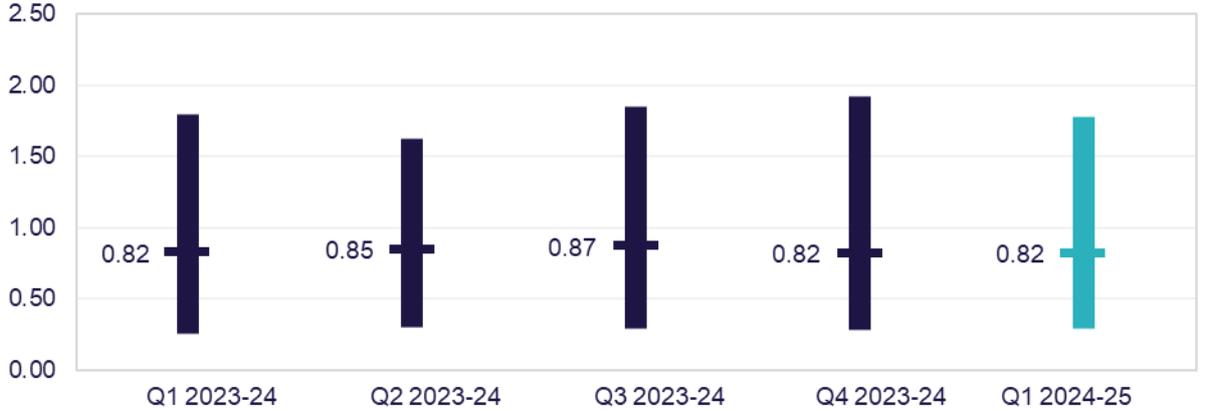


**Liquidity**

At 30 September 2024, the median sector liquidity ratio was 0.82. This remained consistent with the result from 30 September 2023. This means for every \$100 of debt obligations, providers had \$82 in liquid assets.

Chart 11 shows the median and quartile liquidity ratio over the most recent five quarters.

**Chart 11: Median and quartile liquidity ratio (quarter 1 2023-2024 to quarter 1 2024-2025)**



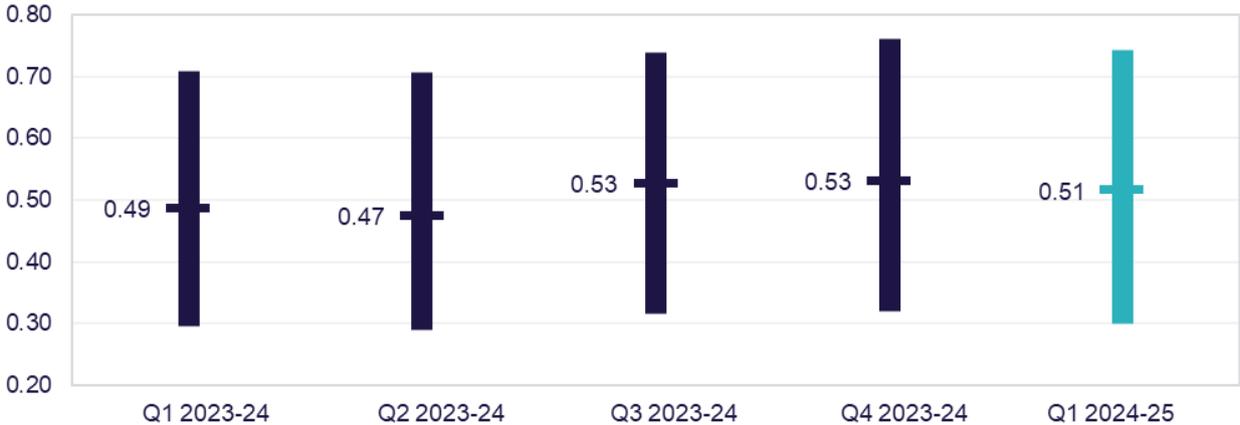
Liquidity ratio = (cash and cash equivalents + financial assets) ÷ (total liabilities – lease liabilities).  
 Calculations do not include undrawn credit facilities as liquid assets.

**Capital adequacy**

At 30 September 2024, the sector median capital adequacy ratio was 0.51. This means for every \$100 of assets owned, \$51 was funded through equity and \$49 was funded through debt or other liabilities. This is a slight increase of 0.02 from 30 September 2023.

Chart 12 shows the median and quartile capital adequacy ratio over the most recent five quarters.

**Chart 12: Median and quartile capital adequacy ratio (quarter 1 2023-2024 to quarter 1 2024-2025)**



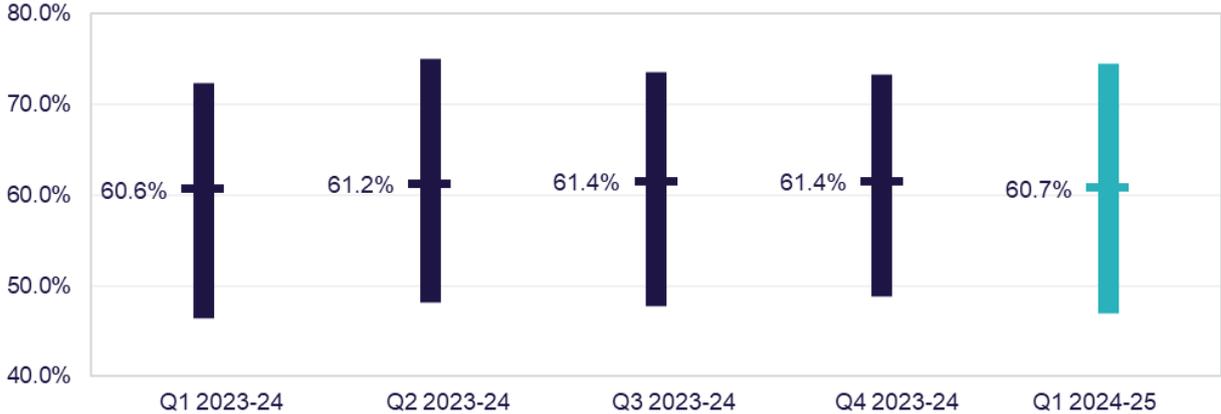
Capital adequacy ratio = (net assets - intangible assets) ÷ (total assets - intangible assets)

**Wages to revenue**

At 30 September 2024 YTD, wages as a proportion of revenue for the sector was a median of 60.7%. This is an increase of 0.1 percentage points from 30 September 2023. Wages include salaries and employment benefits, agency and subcontractor costs, and management fees. It does not include staff training and development.

Chart 13 shows the YTD median and quartile wages as a proportion of revenue over the most recent five quarters.

**Chart 13: YTD median and quartile wages to revenue percentage (quarter 1 2023-2024 to quarter 1 2024-2025)**



## Staff cost and time

Total median staff costs have increased to \$54.12 per care recipient per day (up \$5.86 or 12.1% from quarter 1 2023-24). Total median time increased to 57.63 minutes per care recipient per day (up 3.23 minutes or 5.9% from quarter 1 2023-24). The median staff costs and time increase when providers increase their care minutes. However, unlike in residential care, there is no mandated care minutes target in home care.

Table 8 shows the median total staff cost and time per care recipient per day. Local, state or territory government providers are included in this data.

**Table 8: Quarter 1 2024-25 and comparison with quarter 1 2023-24, median staff cost and time per care recipient per day**

	Cost per care recipient per day	Change in cost from Q1 2023-24	Minutes per care per recipient per day	Change in minutes from Q1 2023-24
Registered nurse	\$1.07	▲ \$0.22	0.79	▲ 0.18
Personal care staff	\$26.29	▲ \$2.84	30.58	▲ 1.52
Allied health	\$3.99	▲ \$1.31	1.78	▲ 0.40
Other direct care	\$0.44	▼ \$0.41	0.29	▼ 0.38
Care management	\$7.69	▲ \$0.63	8.11	▲ 0.05
Administration and non-care staff	\$7.40	▲ \$1.31	7.91	▲ 0.73
<b>Total median*</b>	<b>\$54.12</b>	<b>▲ \$5.86</b>	<b>57.63</b>	<b>▲ 3.23</b>

\* Total median staff cost and time was derived from the QFR data set, and is not the sum of the medians listed above the total medians.

Note: Any staff travel, or work done on administration tasks during care staff paid hours, is included in the results of Chart 12, which shows the median wages to revenue percentage.

Data for enrolled nurses has not been included as 70.0% of home care providers did not report any expenditure in this category.



### **Insights: Increased hourly wages following the FWC Decisions**

Total median staff costs have increased since 1 July 2023, and a 15.0% increase to award wages commenced for many aged care workers due to Stage 2 under the FWC's Aged Care Work Value Case. This decision included increases for all staff in home care. In quarter 1 2024-25, the sector median of the average hourly rate was:

- \$51.00 for registered nurses (up \$1.00 on quarter 1 2023-24)
- \$38.49 for enrolled nurses (up \$0.49 on quarter 1 2023-24)
- \$34.37 for personal care staff (up \$0.37 on quarter 1 2023-24).

The department undertook targeted quality assurance in quarter 2 2023-24, supporting home care providers in improving wage reporting. Improved financial reporting has impacted (decreased) wage results from quarter 2 2023-24 onwards.

Further award wage increases for aged care workers commenced in January 2025 due to the Stage 3 decision under the FWC's Aged Care Work Value Case and will be reflected in the QFS quarter 3 2024-25 report.

Refer to the *QFS data extract* on the [department's website](#) for the sector median of the average hourly rates from quarter 1 2022-23 to present.

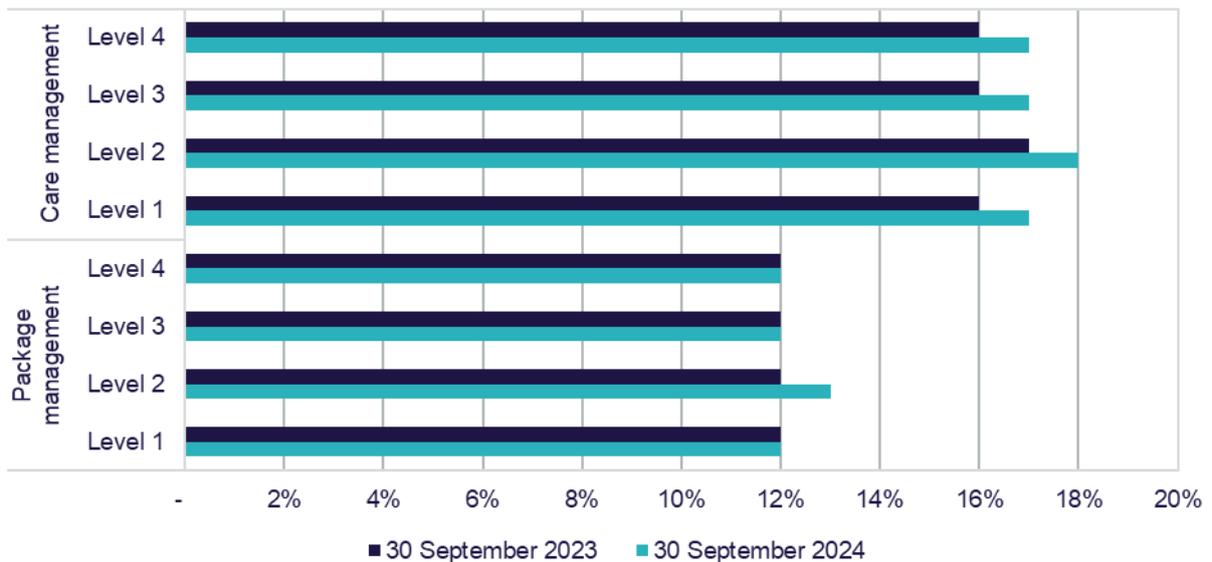
## Care and package management

In quarter 1 2024-25, all HCP levels had a median care management percentage of 17% per HCP, except for level 2 at 18%, under the cap of 20%. The care management percentage per HCP increased for all HCP levels when compared to quarter 1 2023-24 (up 1.0 percentage point).

In quarter 1 2024-25, the package management charges stayed consistent with quarter 1 2023-24 for all HCP levels at 12%, except for level 2 at 13%. All HCP package management charges remain under the 15% cap.

Chart 14 shows the quarter 1 2024-25 median care management and package management fee per HCP level, as reported on My Aged Care.

**Chart 14: 30 September 2024 and 30 September 2023, median care and package management percentage per HCP level**



Care management percentage = care management expenses ÷ total Government subsidy

Package management percentage = package management expenses ÷ total Government subsidy

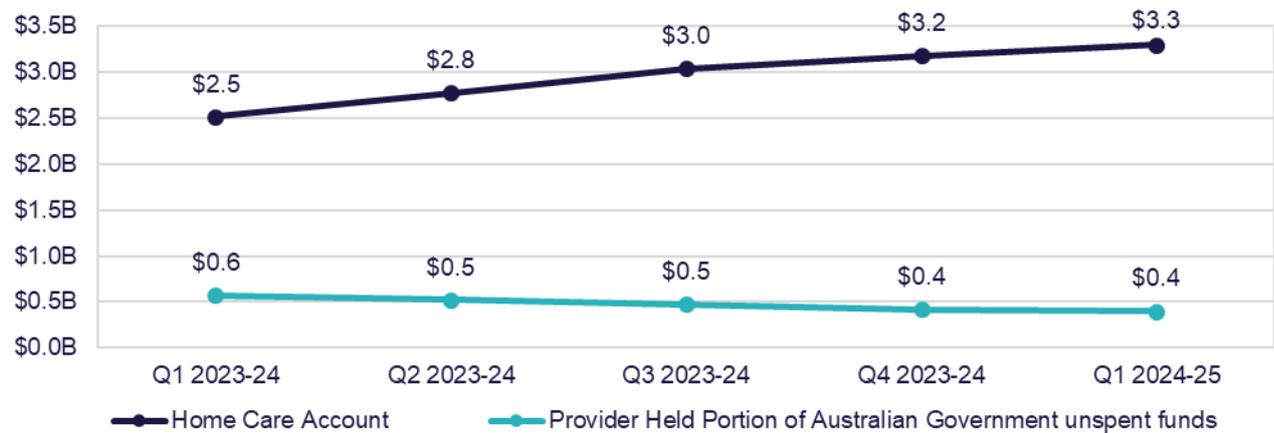
## Unspent funds

At 30 September 2024, there was \$3.7 billion in unspent HCP funds (up \$0.6 billion from 30 September 2023). This includes:

- \$3.3 billion of unspent funds in the Home Care Account (up \$0.8 billion)
- \$0.4 billion in the Provider Held Portion of unspent funds (down \$0.2 billion).

Chart 15 shows the change in unspent HCP funds over the most recent five quarters.

**Chart 15: Unspent funds (quarter 1 2023-2024 to quarter 1 2024-2025)**



# Glossary

Term	Description
<a href="#">Aged Care Outbreak Management Support Supplement</a>	<p>The Aged Care Outbreak Management Support Supplement was introduced on 1 February 2024. As at quarter 1 of 2024-25, the supplement provided funding at a rate of:</p> <ul style="list-style-type: none"> <li>• \$2.81 per day per occupied bed for residential aged care providers</li> <li>• \$2.81 per day per operational place for Multi-Purpose Services and National Aboriginal and Torres Strait Islander Flexible Aged Care providers.</li> </ul>
<a href="#">Australian National Aged Care Classification (AN-ACC) funding model</a>	<p>The AN-ACC funding model is a casemix funding model that represents the care component of residential aged care funding. AN-ACC is designed to provide equitable care funding to approved residential aged care services, by linking subsidy to characteristics of services and residents. The Independent Health and Aged Care Pricing Authority (IHACPA) provides annual pricing advice to the Minister of Health and Aged Care on the AN-ACC model. This ensures funding is based on advice on the actual cost of care.</p>
<a href="#">Care management</a>	<p>Care management ensures recipients receive the appropriate level of support in a way that meets their care needs. It is a service that home care providers must deliver to all care recipients. It may include ensuring a care recipient receives safe and effective personal and/or clinical care, organising the delivery of services, and ensuring the supports they receive are safe. Providers must not charge more than 20% of the Australian Government Subsidy for care management.</p>
<a href="#">Care minutes</a>	<p>Care minutes refers to the amount of care time older people who live in Government-funded residential aged care services receive from registered nurses, enrolled nurses, and personal care workers / assistants in nursing. From 1 October 2023, the sector-wide care minutes benchmark was an average of 200 total care minutes per resident per day, including 40 minutes of care per resident per day by a registered nurse. This sector-wide care minutes benchmark increased to 215 total care minutes on 1 October 2024, including 44 minutes of registered nurse time. From this time, approved providers are able to meet up to 10% of their registered nurse targets with care time provided by enrolled nurses. Approved providers of a residential care services have a responsibility to meet service-level care minutes targets for each service.</p> <p>Allied health, diversional / lifestyle / recreation / activities officer and care management staff minutes do not contribute to the care minute targets. Providers must, however, continue to deliver allied health and lifestyle services to their residents in line with requirements under Schedule 1 of the <a href="#">Quality of Care Principles 2014</a>. Care minutes data in this QFS report is consistent with the <a href="#">care minutes in residential aged care dashboard</a>.</p>

Term	Description
Capital adequacy ratio	The capital adequacy ratio measures a provider's net asset position divided by total asset position (not including intangibles). This ratio can be used as an indicator of a provider's ability to absorb any unexpected losses through their net asset position (also known as an asset buffer). If a provider has a stronger (higher) capital adequacy ratio, they will be able to fund and absorb the impacts of unforeseen circumstances by using business equity. Intangible assets are removed as they are not considered to have value in the event of insolvency.
EBITDA margin	EBITDA margin is used as an indicator of a provider's financial performance and underlying profitability before accounting for depreciation assumptions, tax obligations or financing choices. EBITDA margins focus on a provider's operating profitability and cash flow. The higher the EBITDA margin is, the lower operating expenses are in comparison to total revenue.
Fair Work Commission decisions	The Australian Government is providing funding to support the Fair Work Commission's decision under the <a href="#">Aged Care Work Value Case</a> of a 15% increase to award wages for registered nurses, enrolled nurses, assistants in nursing, personal care workers and home care workers, head chefs and cooks, and recreational activities officers (lifestyle workers). The wage increase came into effect on 30 June 2023. The Government also continues to provide funding to support FWC decisions relating to <a href="#">Annual Wage Reviews</a> (AWRs) through usual program funding arrangements. These wage increases take effect on 1 July each year. These decisions are collectively referred to as the 'FWC decisions' in this report.
<a href="#">Home Care Package subsidy</a>	The Australian Government pays a monthly subsidy amount into each care recipient's home care account which Services Australia creates and holds. The subsidy includes a basic subsidy amount and any supplements. Approved providers are paid in arrears for care management, package management and services delivered based on a month claim to Services Australia made against the care recipients home care account.
<a href="#">Hotelling supplement</a>	Approved providers of residential aged care have received a supplement to help meet hotelling costs from 1 July 2023. This supplement supports providers for the cost of services such as catering, cleaning, and gardening. The hotelling supplement will be indexed on 20 March and 20 September each year.
Total labour (staff) costs	Labour (staff) costs include salaries for all care and non-care staff, superannuation, bonuses and incentives, allowances, termination payments, value of fringe benefits, salary sacrifice and leave entitlements. Training costs for all employment categories are included under 'Administration and non-care staff' costs. Total worked staff hours excludes leave and training hours and only includes the time spent delivering care.

Term	Description
Liquidity ratio	The liquidity ratio measures the availability of cash and financial assets to cover providers' debt obligations (without raising external capital) if they were to become immediately due and payable. If the ratio result is greater than 1.0, the provider has more cash and financial assets than their debt obligations. If the ratio result is less than 1.0, the provider's debt obligations are more than their cash and financial assets.
<a href="#">Package management</a>	Package management is the ongoing administration and organisational activities associated with ensuring the smooth delivery of a home care package. Providers must not charge more than 15% of the Australian Government subsidy for package management.
Refundable Accommodation Deposit (RAD) and Daily Accommodation Payment (DAP)	<p>A refundable accommodation deposit (RAD) is the lump-sum payment for a room (or part of a room) in an aged care service. Providers earn a return on RADs by investing the funds, either by making capital improvements on their facilities or by investing in approved financial products.</p> <p>A daily accommodation payment (DAP) is an ongoing, non-refundable rental-style payment, paid instead of a RAD. The DAP is calculated by multiplying the RAD of a room by the Maximum Permissible Interest Rate (which is set by the government) and divided by 365.</p>
<a href="#">Support at Home Program</a>	The new Support at Home (SaH) program will replace the HCP Program and the Short-Term Restorative Care (STRC) Programme from 1 July 2025. The Commonwealth Home Support Programme (CHSP) will transition to the SaH program no earlier than 1 July 2027. More information on the SaH program can be found in the <a href="#">Support at Home program handbook</a> .
<a href="#">Unspent funds</a>	From 1 September 2021, unspent Government subsidy for HCPs is accrued in a Home Care Account set up for care recipients by Services Australia. These funds are available for providers to use for care and services provided to the care recipient. Some providers also have access to the Provider Held Portion of unspent funds accrued prior to 1 September 2021. These funds can be used towards a care recipient's care and services.

# Appendix

## How to read the QFS

### Comparison data

Comparison with the prior four quarters is presented in most **charts** to understand changes or trends in performance over time. The exception is *Chart 14: 30 June 2024 and 30 June 2023, median care and package management percentage per HCP level*, which compares to the corresponding quarter from the previous financial year.

Comparison with the corresponding quarter from the previous financial year results are reported at the sector-level in most **tables** to understand the change in performance, excluding seasonality. The exception is *Table 2: Average care minutes per resident per day (sector and by provider type)*, which compares to the immediate prior quarter.

Benchmarking calculations: Throughout the document, this grey box gives guidance on calculations, to support aged care service providers to benchmark their performance against sector-level results.

Quartile charts: show the median, and the upper quartile (50<sup>th</sup> to the 75<sup>th</sup> percentile) and lower quartile (25<sup>th</sup> to the 50<sup>th</sup> percentile). This highlights the spread of reported results.

### Insights

#### Insights

Throughout the document, these boxes are used to highlight key findings in relation to the data presented, including the trend in the data over time.

### Provider type definitions

Percentage of services is calculated using the proportion of claim days from a provider.

Provider type	Definition
Sector	Consolidated view of the provider types shown in the chart, figure or table.
For-profit	Providers that are either a Private Incorporated Body or a Publicly Listed Company.
Not-for-profit	Providers that are either charitable, community based or religious organisations.
Local, state or territory government	Refers to providers owned by a local, state or territory government. This acronym is used in tables and charts. These providers are included in labour cost and hours, home care account balance and unspent funds, and food and nutrition data only.

## Data sources and method

The QFS primarily draws on data collected from aged care providers through the QFR. The QFS quarter 1 2024-25 publishes data collected from 99.1% of residential aged care providers and 98.0% of HCP providers.

### Collection and analysis notes:

- The QFR data published in this QFS report was extracted from the department's Ageing and Aged Care Data Warehouse (CASPER) on 9 December 2024.
- QFR data is unaudited but must be authorised by a director of a provider's board, a member of the governing body, or one of the provider's Key Personnel (for government providers). The department undertakes data validation processes, and providers may be invited to re-submit data if anomalies are identified.
- The QFS presents the financial summary, wages to revenue percentage, EBITDA margin and percentage of profitable providers in YTD format. This ensures information is presented the way it has been collected, and consistent with standard accounting practices. Other data such as care minutes, labour costs and food and nutrition are reported as quarter-specific results only.
- Provider entry and exit data is extracted from the GPMS. Some providers may be counted in both residential and home care for entry and exit data.
- Occupancy has been calculated by dividing the total number of occupied bed days by the total number of available bed days, for the specified period. Approved providers of residential aged care have been included where available bed days and occupied bed days were greater than zero for the reporting period.
- The QFS draws on data collected through [My Aged Care](#) and other departmental sources. Sector-level results published in QFS may differ slightly from information on the My Aged Care website. The QFS presents median results at the provider-level, while My Aged Care website presents median results at a service-level.

## Previous snapshots and feedback

Previous [QFS publications](#) are available on the department's website. The QFS will evolve over time, and the department is committed to working with the sector to inform future publications. Feedback is welcome and should be directed to [QFS.FRAACS@health.gov.au](mailto:QFS.FRAACS@health.gov.au).

## Let's change aged care together

We invite Australians to continue to have their say about the aged care reforms.



Visit [agedcareengagement.health.gov.au](https://agedcareengagement.health.gov.au)



Phone **1800 318 209** (Aged care reform free-call phone line)

For translating and interpreting services, call 131 450 and ask for 1800 318 209.

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