

Pension Based Fees

Summary Fees payable by pensioners and benefit recipients are indexed by the Commonwealth biannually. NSW Health adjusts fees payable in line with these changes. These changes occur in March and September each calendar year. This Information Bulletin is updated twice yearly to reflect this.

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Audience Administrative, Directors of Finance, Revenue Managers, Billing Staff Administration

Pension Based Fees

Purpose

This Information Bulletin updates the pension-based fees following the bi-annual Commonwealth Government review. The advised charges are effective from 20 March 2025.

This Information Bulletin is to be read in conjunction with NSW Health Policy Directive *Charging Arrangements for Pension Based Scale of Fees* ([PD2021_009](#)).

Key Information

All rates listed in this Information Bulletin are daily rates of the pension-based fees.

Nursing Home Type Patients	
Patient Contribution (Public Patient)	78.95
Patient Contribution plus Fund Benefits (private patient)	262.35

State Government Residential Aged Care Facilities (SGRACF) subject to the Aged Care Act 1997 (Commonwealth)

Residents who entered an aged care facility before 1 July 2014	
Maximum Basic Daily Fee for Residents Eligible for Basic Daily Fee Supplement (Historical)	
Standard Resident Contribution	*63.11
Residents who entered an aged care facility before 1 July 2014	
Residential Care	
Standard Resident Contribution	*63.82

*The maximum fee is set at 85% of the single basic age pension. This fee increases twice a year in March and September in line with the age pension.

The 2012 Basic Daily Fee Supplement

This supplement helps residents who were in permanent care on 1 July 2012 and did not get any financial support to meet the 2012 basic daily fee increase.

Residents are eligible if, on 1 July 2012, they were in permanent residential care and did **not** have:

- an age pension
- a service pension
- a seniors supplement

- a seniors health card.

This supplement does not need to be applied for and is automatically paid to eligible care recipients by Services Australia.

Means tested care fee

The means tested care fee is a contribution that some residents pay toward their cost of care. It is paid in addition to the basic daily fee. This fee is different for everyone. Services Australia will advise the SGRACF and the resident of the amount payable in a fee advice letter.

Services Australia regularly reviews residents' means tested care fees. This ensures each resident is paying the right fee for their circumstances.

Residents entering an aged care facility on or after 1 July 2014 or are opting for the Post 1 July 2014 fee arrangement	
Basic Daily Fee	63.82

Flexible aged care services subject to the Aged Care Act 1997 (Commonwealth)

Flexible aged care services can be provided by Multipurpose Services Facilities (MPS), and as such a resident contribution is required.

Residential Aged Care Services provided in Multipurpose Services (MPS)	
Standard Resident Contribution	71.58
Respite Resident Contribution	58.33

Transitional Aged Care Services Program (TACP)

Transitional Aged Care Services Program (TACP)	
Residential places (hospital/ facility)	63.82
Community based places	13.14

There are 2 types of Transitional Aged Care Program (TACP) places available, hospital/facility and community based.

Community based TACP places involve the provision of a package of restorative care in the care recipient's own home for a period up to 12 weeks, where the frequency and hours of service may vary according to the care recipient's needs. Residential TACP places involves the provision of a package of restorative care in a home like setting provided in a hospital or residential aged care facility for a period of up to 12 weeks.

Recipients are to be charged in fortnightly blocks, which equates to 14 times the daily rate. The counting of days includes all calendar days during the package of care from the date of commencement to the date of completion. For example, if a person's length of stay on the program is 8 weeks and 6 days, the recipient contribution will be for 62 days. This will be invoiced on a fortnightly basis.

Residential services which are not subject to the Aged Care Act 1997 (Commonwealth)

Transitional behavioural assessment and intervention service (t-basis) units and other services.

Residential Services not subject to the Aged Care Act	78.95
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Patients of public psychiatric hospitals and residents of homes and home sections of hospitals

Excluding approved aged care facilities under the *Aged Care Act 1997* (Commonwealth).

Persons in receipt of a Pension	
Single Rate	67.65
Partner Rate (each)	53.80
Partnered – Illness separated (each)	67.65

Persons in receipt of benefits

Single without a dependant benefit	
Under 18 years of age at home	32.90
18-21 years of age at home	36.15
Under 22 years of age away from home	46.20
22 years of age and over away from home	52.35
Single with a dependant benefit	
Under 22 years of age	55.30
22 years of age and over	55.30
Partner rate (each) without dependant benefit	
Under 22 years of age	46.20
22 years of age and over	48.90
Partner rate (each) with dependant benefit	
Under 22 years of age	49.05
22 year of age and over	48.90
Non-Pensioner patients	
Standard Contribution	67.75