



How allied health care is supported under AN-ACC

The Australian National Aged Care Classification (AN-ACC) care funding model replaced the Aged Care Funding Instrument (ACFI) on 1 October 2022. This fact sheet provides information on allied health services under AN-ACC including how AN-ACC encourages and supports residential aged care providers to invest in restorative care.

Overview

The AN-ACC model provides more equitable care funding to providers that better matches resident funding with the costs of delivering care enabling a more efficient, transparent and sustainable system.

Previous ACFI funding, which included allied health care, was rolled into the AN-ACC funding allocation on 1 October 2022. This means providers are still funded for and required to provide allied health services to residents in accordance with their obligations under the [Aged Care Act 1997](#) and the associated Schedule of Specified Care and Services and the [Quality Standards](#).

Allied health professionals play an important part in the restorative care of senior Australians.

Providers are required under legislation to make available allied health services to residents who need them.

What are provider responsibilities for the provision of allied health services under AN-ACC?

It is the responsibility of approved providers to determine how best to meet the care needs of their residents in accordance with their obligations under the [Aged Care Act 1997](#) and the associated [Quality Standards](#). Consistent with this, care planning is not conducted as part of the independent AN-ACC assessment and will remain the responsibility of the provider.

Providers are required to make available (or to assist with access) to all residents who need them a range of services that are detailed under Schedule 1 of the [Quality of Care Principles 2014](#). This includes access to allied health services as part of an individual therapy program aimed at maintaining or restoring a resident's ability to perform daily tasks.

Is there funding for allied health services under the AN-ACC care funding model?

Previous ACFI funding was rolled into AN-ACC funding from 1 October 2022. This means providers are funded for and required to provide specified allied health services under the AN-ACC funding model.

How does AN-ACC improve access to allied health services and what incentives are there for providers to invest in allied health services?

The AN-ACC care funding model removes the incentives within the ACFI to deliver specific allied health treatments, such as massages for pain management, that may not necessarily be the most clinically appropriate or effective for a resident. AN-ACC does not link specific treatments to funding. It allows residential aged care services and allied health professionals to provide the treatments that are most beneficial to the resident consistent with their individual care plan (for example, treating pain through a rehabilitation program which may include exercises).

The AN-ACC funding model is underpinned by an explicit incentive for high quality care with a focus on restorative care and reablement. Consistent with Royal Commission recommendations, if the capability of a resident improves, there is no requirement for reassessment and potential reassignment to a lower payment class.

Are providers required to report allied health services under AN-ACC?

Recommendation 122 of the Royal Commission into Aged Care Quality and Safety recommended that providers should report the total direct care staffing hours provided each day at each facility they operate, including registered nurse, enrolled nurse, personal care worker, and allied health care professional time.

Providers have been required to report annually care time delivered by allied health professionals at the facility level from the 2020-21 financial year. Quarterly reporting, through the Quarterly Financial Report, commenced from July 2022. These reports give visibility about allied health services provided under AN-ACC and into the future to inform policy decisions.

For more information on the range and types of allied health generally recognised by the Australian Government and that providers will be limited to reporting on see [types of allied health professionals](#).

What other safeguards ensure provision of allied health services?

The Aged Care Quality and Safety Commission has regulatory powers and capability to ensure quality, safety and integrity of aged care service delivery, and effectively address any failures in care.

More information and resources

See [the AN-ACC Funding Guide](#) for information on how to receive AN-ACC subsidies.

Further information about the AN-ACC care funding model, including general information, is available on the webpage [Australian National Aged Care Classification funding model](#). The following resources are also available to stay informed.

Table 1 Aged care resources

Information source	Description
Resources and factsheets	Resources and factsheets can be located on the health website.
Social media	Follow us on Facebook , Twitter , LinkedIn and Instagram
Subscriptions	Subscribe to the Department of Health and Aged Care's newsletters for aged care updates.
Ageing and Aged Care Engagement Hub	Find current engagement activities and register your interest to be involved in workshops, focus groups, webinars and surveys. Website: https://www.agedcareengagement.health.gov.au/
My Aged Care service provider and assessor helpline	For help with the My Aged Care system or technical support for providers and assessors. Phone: 1800 836 799 The helpline is available from 8:00am to 8:00pm Monday to Friday and 10:00am to 2:00pm Saturday, local time across Australia.

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