Australian Government
Department of Health, Disability and Ageing

The Australian National Aged Care Classification (AN-ACC) Funding Guide

Version 1.21 – 1 November 2025

Contents

About this guide

Purpose

The purpose of the Australian National Aged Care Classification (AN-ACC) Funding Guide (the Guide) is to provide information to registered providers (providers) on the AN-ACC funding model. It sets out how to receive AN-ACC subsidies, including relevant compliance requirements that may apply.

Disclaimer

The AN-ACC funding model is governed by the applicable aged care legislation and not this Guide. Providers are responsible for understanding and complying with all legislation that is relevant to the delivery of residential care and respite care provided in a residential setting. This Guide is a general guide only and aspects of the legislation and policy have been simplified for ease of understanding. It is not a substitute for, and is not intended to replace, independent legal advice or legal obligations under the aged care legislation or provide any interpretation of the legislation.

Providers and residents of funded aged care services (residents) should consider the need to obtain their own independent legal advice relevant to their particular circumstances.

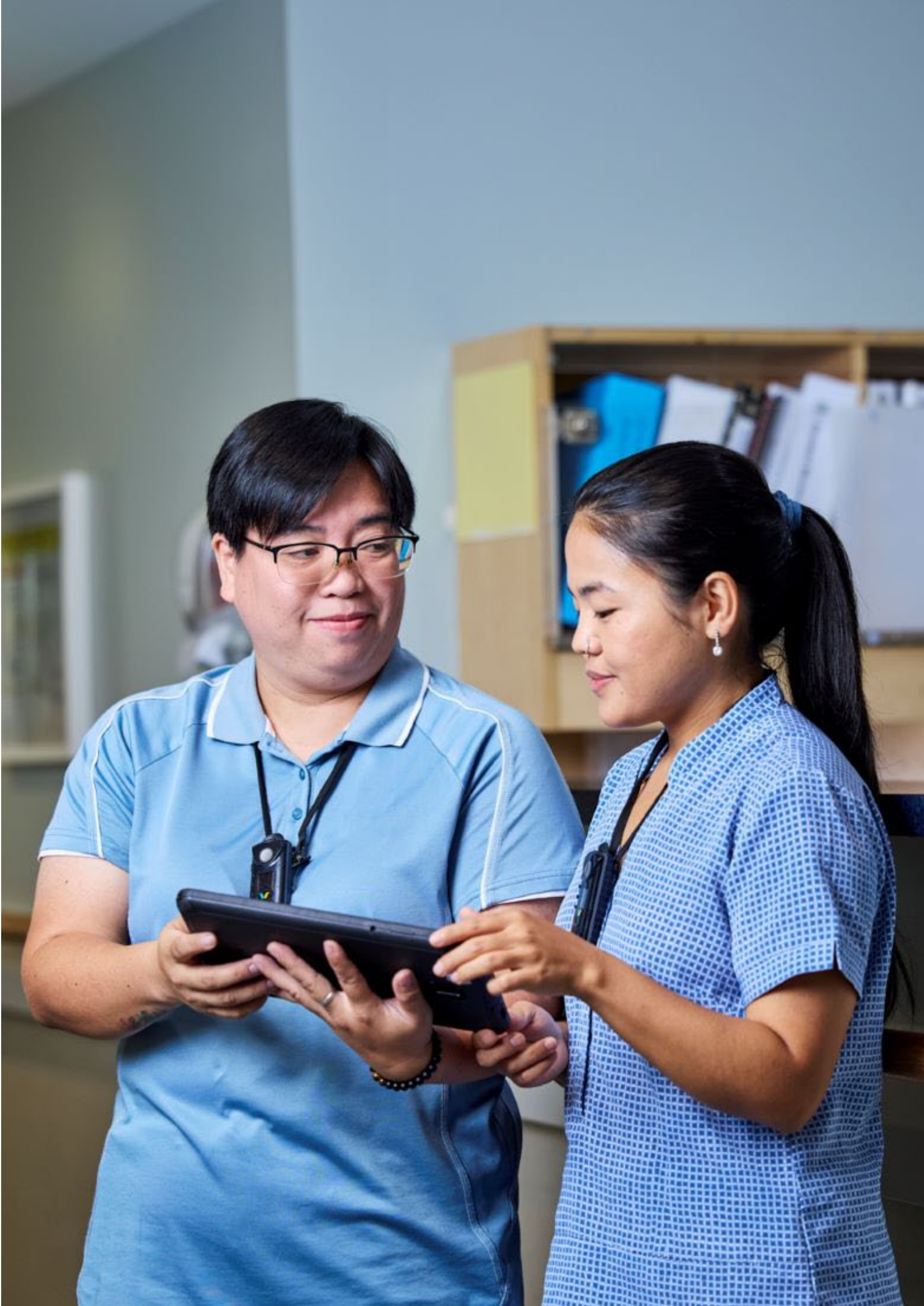
While we make every effort to make sure the information in this Guide is accurate and informative, the department does not make any representations nor provide any guarantees as to its accuracy, reliability, completeness or currency of the information. The department disclaims all and any liability to any person in respect of anything done by a person in reliance on this Guide, whether in whole or in part.

Guide updates

Date	Version	Content
23/9/2022	1.0	Initial publication
20/10/2022	1.1	Section 3 - split the former Table 1 into Tables 1a and 1b, with the amounts in Table 1b expressed as three decimal places. Table 5 in Section 5 updated to correct the title of AN-ACC respite classes and include Services Australia payment codes. Corrections and updates to example calculations in Appendix 3.
9/12/2022	1.2	Removed all references to the AN-ACC funding helpdesk, which closed permanently on 9 December 2022.
19/12/2022	1.3	Removed sections 3.3 - 3.8 (from version 1.2) – information on eligibility and application for Specialised Base Care Tariff status and replaced with URL link to new Specialised Status Guide for Residential Aged Care Approved Providers. Updated section 11.4 on 24/7 registered nursing and care minutes requirements.
04/05/2023	1.4	Updates throughout document to reflect new AN-ACC price from 1 July 2023 New Section 1.5 on funding higher wages through AN-ACC Section 4 – clarification of notification of palliative entry Removal of out-of-date information on decommissioned ACFI model
06/06/2023	1.5	Updates to Section 4.2.3 on initial classification for palliative care to clarify the process
31/08/2023	1.6	New Section 10.1 on provider access and assistance to IHACPA for costing studies
10/10/2023	1.7	Updates to Section 1.2 and 1.5 due to Hotelling Supplement indexation

Date	Version	Content
		Updates to various parts of Section 4 consistent with the updated palliative care form and process
01/12/2023	1.8	Updates for new AN-ACC price Removal of Section 1.5 on funding higher wages New Section 6.3 and update to Section 1.5 (formerly 1.6) on review of AN-ACC class reconsideration decisions
12/03/2024	1.9	Updates to Section 4 to clarify palliative entry process Updates to Section 11.4 on 24/7 RN reporting and care time reporting assessments Updates throughout document for clarification and currency of information
30/04/2024	1.10	Update to Section 11.2.1 to direct to current allied health information
26/06/2024	1.11	Minor edits throughout to improve consistency
11/09/2024	1.12	New Section 1.6 on AN-ACC price from 1 October 2024 New Section 3.4 on updates to Base Care Tariff categories and weightings from 1 October 2024 New Section 4.5 on voluntary assisted dying New Section 4.6 on updates to AN-ACC class weightings from 1 October 2024 New Section 5.5 on updates to respite class funding from 1 October 2024 Addition of Section 7.1.1 on assessment during acute injury or illness Update to Section 8 on one-off entry adjustment payment from 1 October 2024 Updates to some related definitions in glossary Removal of obsolete reporting training videos from Section 11.4.1
20/09/2024	1.13	Update to Section 7.1 on assessment timeframes
1/11/2024	1.14	Edits to incorporate changes and adjustments from **1 October 2024**, including: increasing the Australian National Aged Care Classification (AN-ACC) price changing the AN-ACC Base Care Tariff (BCT) structure and funding for services in Modified Monash (MM) 1 to 5 locations, through changes to National Weighted Activity Unit (NWAU) weightings changing AN-ACC class funding through changes to NWAU weightings changing care minutes associated with each AN-ACC class. Moved references to funding changes and adjustments from 1 October 2024 (sections 1.6, 3.4, 4.6 and 5.5) to new Appendix 5. Updated the following terms to align with new Single Assessment System terms, including: ACAT/ACAS assessor/assessment = aged care needs assessor/assessment or needs assessor/assessment Assessment Management Organisation = assessment organisation DEMMI tool = Integrated Assessment Tool (IAT) AN-ACC assessor/assessment = residential aged care funding assessor/assessment Updated some definitions and added new terms in glossary.
7/11/2024	1.15	Update to Section 1.4 as care minutes targets are now findable in the Government Provider Management System, not the My Aged Care Service and Support Portal.
6/12/24	1.16	Update to Section 4.3.2 which describes reclassification assessment processes.

Date	Version	Content
18/12/24	1.17	Update to Section 1.2.1 to remove historical content and add information regarding Upcoming changes to care minutes funding. Removal of Appendix 3 as historical content and renumbering previous Appendix 4 and 5.
28/2/25	1.18	Various updates to reflect new AN-ACC price as at 1 March 2025. These include: Sections 1.1, 4.1, 5.1, 8 and Appendix 3. Removal of Appendix 4 as historical content.
13/8/25	1.19	Update to Section 6.3 regarding how to request a detailed Statement of Reasons on a reconsideration review.
9/9/25	1.20	Various updates to reflect new AN-ACC price as at 1 October 2025. These include: Sections 1,1.1, 3, 3.1,4, 5, 8 11.2.1 and Appendix 2 and 3. Removal of previous Section 1.4 regarding Means Testing as out of date. Updated photos.
1/11/2025	1.21	General terminology update to reflect the new Aged Care Act 2024 from 1 November 2025. Update to Section 3 to incorporate information about the care minutes supplement. Removal of out of date information regarding transitional classifications for respite residents (from ACFI to AN-ACC). Removal of previous Chapter 11 – Provider Obligations as most information out of date. Remaining information about ‘residents exiting from care’ moved to section 2.3. Update to Appendix 3 to simplify AN-ACC funding calculations and introduce an example for funding from April 2026 for MM1 providers.
01/04/2026		Update to Section 3 reflect change in funding arrangements for standard homes in Modified Monash (MM) 1 areas that took effect from 1 April.



Section 1: Introduction

1. Introduction

The Australian National Aged Care Classification (AN-ACC) funding model is a casemix funding model is designed to provide equitable care funding to approved residential care homes, by linking subsidy to the characteristics of homes and residents. The AN-ACC funds the care component of residential aged care, that is, it funds providers to deliver clinical and non-clinical care services set out in the residential care service list in the Aged Care Rules 2025 and to meet mandatory care minutes requirements.

AN-ACC was developed for the government at the University of Wollongong between 2017 and 2019. The model has been independently researched, trialed, and tested. For more information see the Resource Utilisation and Classification Study reports.

The Royal Commission into Aged Care Quality and Safety recommended that Government fund residential aged care through a casemix classification system, such as AN-ACC. See recommendation 120 of the final report.

The Australian Government Department of Health, Disability and Ageing (the department) is responsible for the administration of AN-ACC, with Services Australia responsible for payment of AN-ACC subsidies.

The fundamental elements of the AN-ACC funding model include:

- 3 funding components: a fixed component (Base Care Tariff (BCT)), a variable component (AN-ACC classification funding) and a one-off adjustment payment when a new permanent resident enters a home
- residential aged care (RAC) funding assessments: AN-ACC classification (funding) decisions informed by RAC funding assessments. These are completed by specially trained and clinically qualified RAC funding assessors from contracted assessment organisations
- independent pricing advice: AN-ACC funding reflects the actual cost of care, informed by independent analysis and pricing advice provided by the Independent Health and Aged Care Pricing Authority (IHACPA).

AN-ACC funding is paid in addition to any everyday living and accommodation funding providers receive.

For more AN-ACC resources, see Australian National Aged Care Classification funding model.

1.1. AN-ACC price and National Weighted Activity Unit

The government sets the National Efficient Price for AN-ACC (the AN-ACC price). The AN-ACC price from 1 October 2025 is $295.64 per day. The price also includes funding for outbreak management costs, to align with the cessation of the Aged Care Outbreak Management Support Supplement on 30 September 2025.

The AN-ACC funding model works by applying weightings, or National Weighted Activity Units (NWAUs), to the AN-ACC price. The NWAUs reflect variations in the costs of providing care, based on the characteristics of a home and its individual residents. The AN-ACC price is the price of a unit of care, or 1.00 NWAU.

In determining the AN-ACC price and weightings, the government considers pricing and costing advice provided by IHACPA. IHACPA's advice is based on the actual costs of delivering care based on analysis of provider financial reports and independent costing studies.

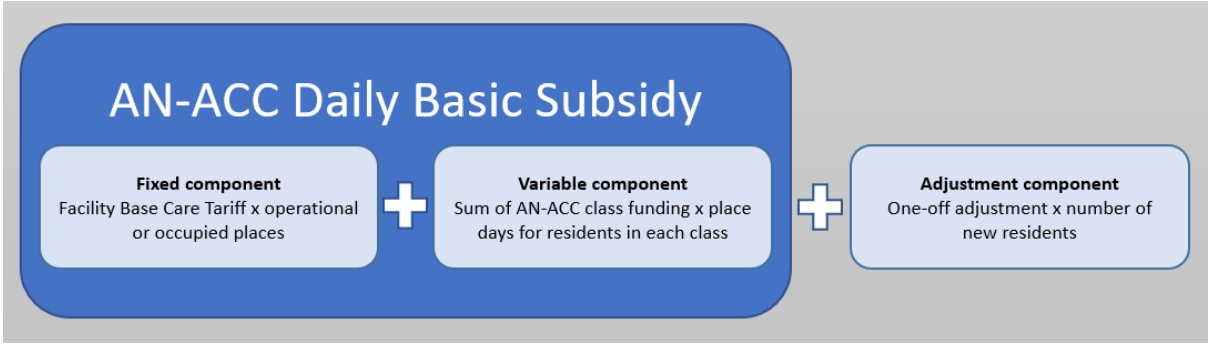
1.2. AN-ACC funding components

AN-ACC funding is delivered through 3 components:

- the BCT subsidy, a fixed funding component representing shared care costs that do not vary greatly between individual residents, which may include higher care costs due to the location of the approved residential care home (such as regional and remote homes) or specialisation (such as homeless or remote Aboriginal and Torres Strait Islander homes)
- the AN-ACC classification subsidy, a variable funding component based on the characteristics and care needs of individual residents, which includes funding for homes.
- one-off entry adjustment payments for transitioning a permanent resident into a home.

The BCT and AN-ACC classification components make up the AN-ACC Daily Basic Subsidy. A provider's total AN-ACC funding for a payment period is equal to their AN-ACC Daily Basic Subsidy plus any one-off adjustment funding for new permanent resident entries for the month (Figure 1).

Figure 1 AN-ACC Daily Basic Subsidy



Providers do not receive the one-off adjustment payment for respite residents.

1.3. Monthly claims

The payment period for residential care is one calendar month. If a provider is operating more than one home, separate claims must be submitted for each home.

Providers can submit a claim for each payment period through the Services Australia Aged Care Provider Portal including details of each resident for whom they are claiming subsidies in that month.

1.3.1. Advance payments

Providers are paid in advance on a calendar monthly basis. Advances are calculated on a home's entitlement for the period 2 months before the month in which the advance is paid. It is pro-rated for the number of calendar days in that month.

Services Australia will make any relevant adjustments once providers have lodged their claim for the month the advance was paid.

1.4. AN-ACC provider portals

Registered providers can view the AN-ACC status of residents and make claims for AN-ACC subsidies through the following online portals.

Department of Health, Disability and Ageing's My Aged Care Service and Support Portal:

- interact with the resident's RAC funding assessment and classification process, and view classification outcomes

- upload a Palliative care status form, and view the status and outcome of palliative care entry submissions
- request reclassification of residents
- request reconsideration of a RAC funding assessment where a provider believes that the assessment was not completed in a satisfactory manner or the AN-ACC class assigned does not reflect the usual condition of the resident.

Services Australia Aged Care Provider Portal:

- submit client entry records for all new residents, including residents entering for palliative care, permanent care, and respite care
- submit claims for each residential care home for each payment period, including details of each resident for whom subsidies are claimed
- notify when a resident leaves a home.

Section 2: Eligibility for AN- ACC funding

2. Eligibility for AN-ACC funding

AN-ACC is a type of person-centre subsidy. It is a payment by the government to certain registered providers for providing residential care to certain residents at an approved residential aged care home.

The requirements for person-centred subsidy for residential care are set out in section 227 of the Aged Care Act 2024.

The Aged Care Quality and Safety Commission is responsible for provider registration and approving residential care homes. For more information, see Aged Care Quality and Safety Commission – Aged care homes.

2.1. Emergency entry

If a person enters residential care under urgent circumstances, without an aged care needs assessment (needs assessment) and approval, the provider must complete the emergency case section of the Application for Care form and send the form to their local assessment organisation within 5 business days of care commencing.

The department may extend this period by request in exceptional circumstances. On receipt of the form, the assessment organisation will schedule a suitable time with the provider for the resident's comprehensive needs assessment.

2.2. Respite eligibility

To be eligible to access government-subsidised residential respite care, a person must receive a needs assessment from an assessment organisation.

Approval for respite care allows a resident to receive 63 days of respite care in a financial year. On request, the assessment delegate can grant a 21-day extension.

If a resident is eligible for residential respite care, the registered provider must create a client entry record in the Services Australia Aged Care Provider Portal and enter the person into 'residential respite care' in order to receive respite payments for the resident.

The respite resident's provider can request residential respite extensions through the My Aged Care Service and Support Portal.

2.3. Residents exiting from care

Residents may choose to leave a residential care home at any time, or they could be asked to leave due to certain circumstances.

If a resident is asked to leave a home, the provider must comply with certain requirements, including notifying Services Australia through the Aged Care Provider Portal.

These requirements also apply in circumstances where the resident passes away.

Providers must notify Services Australia within 28 days if a resident exits care, to ensure the integrity of AN-ACC funding.

Section 3: Base Care Tariff (fixed funding)

3. Base Care Tariff (fixed funding)

The BCT subsidy is the fixed funding component of the AN-ACC Daily Basic Subsidy. The BCT subsidy covers care costs that are determined by the overall needs of the homes that do not change significantly with changes in individual resident characteristics or small changes in occupancy. For example:

- the cost of providing general oversight of residents eating in common areas
- higher costs associated with a home's location (e.g., regional and remote homes)
- the additional costs of providing specialised programs and supports (homes with specialised homeless or remote Aboriginal and Torres Strait Islander funding status).

The BCT subsidy is determined at the individual service level. There are 6 BCT subsidy categories, based on a home's Modified Monash (MM) location, MM category and/or specialisation (homeless or remote and very remote Aboriginal and Torres Strait Islander).

Homes automatically receive a BCT category based on their MM location. Homes must seek approval from the department to access specialised BCT categories.

Tables 1a and 1b outline the BCT categories and their corresponding Services Australia payment statement code, NWAU value, funding basis and BCT subsidy, from 1 October 2025. For the funding prior to this date, see Schedule of Subsidies and Supplements for Aged Care.

Table 1a BCT funding for homes where funding is calculated based on occupied places

BCT Category	Services Australia Payment Statement code	NWAU	Funding Basis	Funding per occupied bed
Standard MM 1	Fixed subsidy – class 6	0.387*	Occupied beds	$114.41
Standard MM 2-3	Fixed subsidy – class 4	0.53	Occupied beds	$156.69
Standard MM 4-5	Fixed subsidy – class 7	0.58	Occupied beds	$171.47
Specialised homeless	Fixed subsidy – class 5	0.92	Occupied beds	$271.99

* From 1 April 2026 the NWAU for the Standard MM 1 BCT was reduced by 0.113 NWAU. This funding has been redirected to the care minutes supplement. The total funding associated with this BCT remains 0.50 NWAU when including the care minutes supplement funding.

Table 1b BCT funding for homes where funding is calculated based on operational beds

BCT Category	Services Australia Payment Statement code	NWAU*	Funding Basis	Notional funding per operational bed*
Standard MM 6 – 7	Fixed subsidy – class 3H	0.68 for first 29 places	Operational beds	$201.040
Standard MM 6 – 7	Fixed subsidy – class 3L	0.52 for places 30 and above	Operational beds	$153.730
Specialised Aboriginal and Torres Strait Islander MM 6	Fixed subsidy – class 2	0.78	Operational beds	$230.600
Specialised Aboriginal and Torres Strait Islander MM 7	Fixed subsidy – class 1	1.80	Operational beds	$532.150

* Notional funding per 'operational bed' for calculating the total uses three decimal places per bed per day, to reduce rounding effects on the per resident per day subsidy amounts.

3.1. The Modified Monash Model

The Modified Monash Model (MMM) is a measure of remoteness and population size used by the department to define whether a location is metropolitan, regional, rural, remote, or very remote. Locations are categorised from MM 1 – MM 7, with MM 1 denoting a major city and MM 7 a very remote location. Until September 2025 the AN-ACC used 2019 MM categories to determine a home's BCT category. From October 2025 the 2023 MM categories are used to determine a home's BCT category.

Providers can find the 2023 MM category of their residential care home by typing the street address into the department's health workforce locator tool and selecting 2023 as the MM classification filter.

3.2. BCT National Weighted Activity Units

Each BCT category has a corresponding NWAU value. These values determine the amount of subsidy provided under each BCT category. This allows BCT subsidies to be weighted to reflect the different structural characteristics of residential care homes, such as:

- higher fixed care costs and often low and/or variable occupancy levels experienced by homes in remote and very remote areas (MM 6 and 7)
- increased costs of providing care in small rural towns (MM 5)
- additional costs of providing specialised care to vulnerable groups such as residents with a history of homelessness and Aboriginal and Torres Strait Islander residents in remote and very remote communities.

3.2.1. BCT funding basis

BCT funding is paid per occupied bed or per operational bed. Homes located in:

- MM 1 – 5 locations (and homes with specialised homeless funding status) receive the BCT subsidy for the number of occupied beds.
- MM 6 and MM 7 locations receive the BCT subsidy for the number of operational beds.

3.3. Specialised BCT status – homeless status and Aboriginal and Torres Strait Islander status

For information on eligibility criteria, the application process and operational requirements for the Specialised Homeless status or the Specialised Aboriginal and Torres Strait Islander status, see the Specialised Status Guide for Residential Aged Care Registered providers.

Section 4: AN-ACC classification subsidy – permanent residents (variable funding)

4. AN-ACC classification subsidy – permanent residents (variable funding)

The AN-ACC classification subsidy is a variable funding component based on the individual characteristics of aged care residents. Different arrangements apply to permanent residents and respite residents. This section deals with the AN-ACC classification subsidy for permanent residents, including palliative residents, and details the types of permanent classifications, reclassification, and the subsidy dates of effect.

See Section 5 for details on the variable subsidy for respite residents.

Registered providers can view any of their residents' AN-ACC classifications in the My Aged Care Service and Support Portal. Registered providers can also view the classification history of their residents, including active and inactive classes. A new classification (initial classification or reclassification) will normally be available within 24 hours after a RAC funding assessment was completed.

4.1. AN-ACC classifications

There are 13 AN-ACC classes for permanent residents, including a class for planned admissions for palliative care. The AN-ACC class determines the amount of variable subsidy the provider will be paid for the resident.

Table 2 outlines the AN-ACC classes for permanent residential care and corresponding NWAU values and subsidy amounts, from 1 October 2025. For funding prior to this date, see Schedule of Subsidies and Supplements for Aged Care.

Table 2 Variable funding rates by AN-ACC class

AN-ACC class	Resident description	NWAU	AN-ACC ^
Class 1	Admit for palliative care	0.73	$215.82
Class 2	Independent without compounding factors	0.21	$62.08
Class 3	Independent with compounding factors	0.40	$118.26
Class 4	Assisted mobility, high cognition, without compounding factors	0.29	$85.74
Class 5	Assisted mobility, high cognition, with compounding factors	0.43	$127.13
Class 6	Assisted mobility, medium cognition, without compounding factors	0.39	$115.30
Class 7	Assisted mobility, medium cognition, with compounding factors	0.54	$159.65
Class 8	Assisted mobility, low cognition	0.60	$177.38

AN-ACC class	Resident description	NWAU	AN-ACC ^
Class 9	Not mobile, higher function, without compounding factors	0.53	$156.69
Class 10	Not mobile, higher function, with compounding factors	0.59	$174.43
Class 11	Not mobile, lower function, lower pressure sore risk	0.68	$201.04
Class 12	Not mobile, lower function, higher pressure sore risk, without compounding factors	0.66	$195.12
Class 13	Not mobile, lower function, higher pressure sore risk, with compounding factors	0.73	$215.82

^ Rounded to the nearest cent per person per day

4.1.1. Default subsidy rates

One of 2 default subsidy rates applies until a permanent resident is assigned an AN-ACC class. For permanent non-palliative residents, the default rate is equal to the Class 8 subsidy. For permanent residents being admitted for the purpose of planned palliative care, the default rate is equal to the Class 1 subsidy.

The default Class 8 classification will be replaced by the resident's actual classification once the outcome of their RAC funding assessment is known. Payments are adjusted in the next pay period to account for any difference between the default and actual rate of subsidy.

4.2. Initial classification

To classify a resident and pay the related subsidy, information about the characteristics of the resident must first be collected through a RAC funding assessment of the resident's care needs. Residents entering for non-palliative care will undergo a standard RAC funding assessment to determine their classification (see Section 4.2.1), while residents approved by the department for palliative care entry are assessed based on a medical assessment completed by their medical practitioner (see Section 4.2.3).

4.2.1. Initial classification assessment (non-palliative)

A RAC funding assessment referral will be automatically generated when a provider notifies Services Australia of a new resident who does not yet have a permanent classification.

If the RAC funding assessment is completed before the resident permanently leaves the residential care home the resident will receive an initial classification, which will determine the subsidy paid to the provider.

In limited circumstances (see Section 4.4.2), a resident who permanently leaves a residential care home before their initial RAC funding assessment has been completed, and then immediately enters another home may:

- subsequently be assessed; and
- receive an initial classification backdated to their time in the first home, with effect on the subsidy paid to both homes.

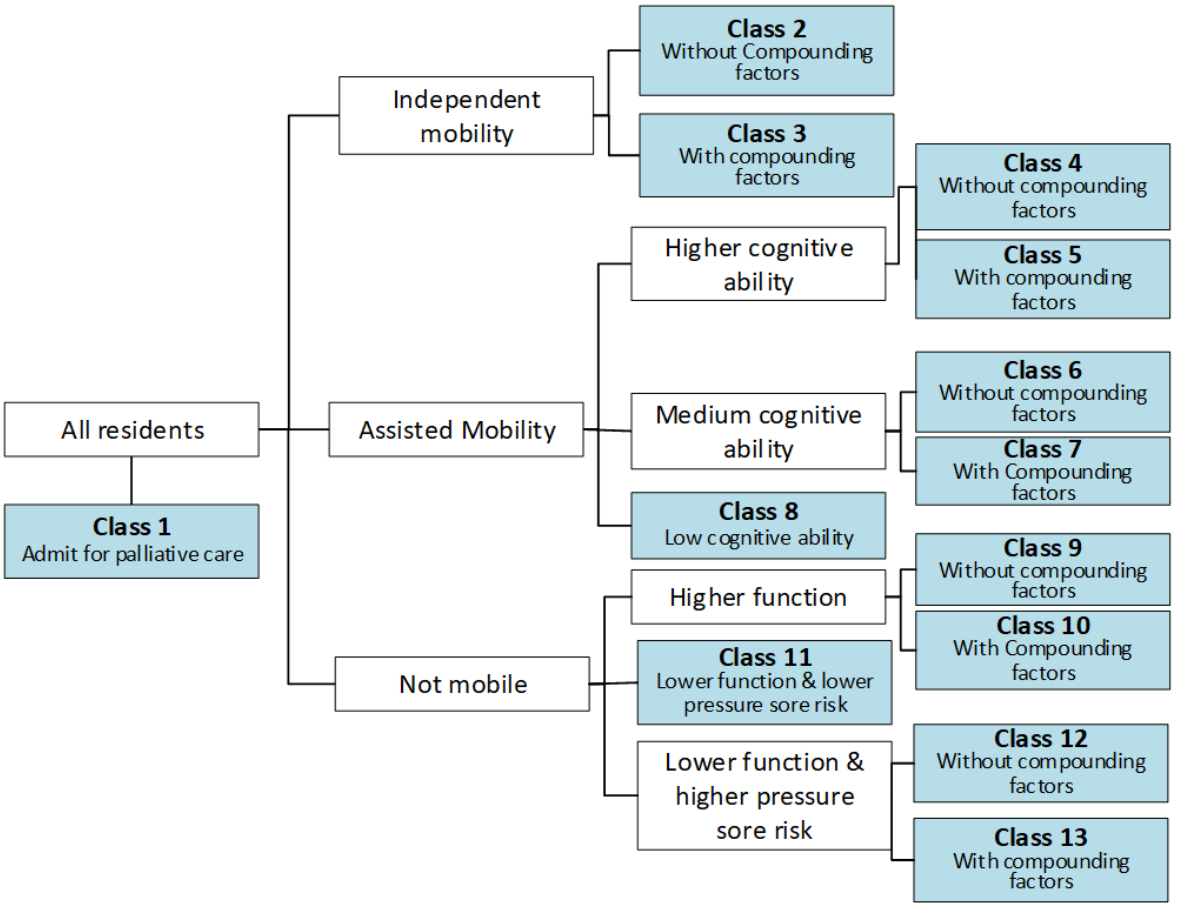
In all other circumstances, a resident who permanently leaves a residential care home before their initial RAC funding assessment has been completed will remain unclassified. The relevant default rate will be the final rate paid for their stay.

4.2.2. Classification levels

After a RAC funding assessment is completed and submitted to the department by a RAC funding assessor, the department processes the assessment data received and assigns the resident a classification status.

AN-ACC classifications employ a branching casemix approach to group residents with like characteristics (as recorded through RAC funding assessments) and like average care costs (Figure 2).

Figure 2 AN-ACC Variable Funding Classes



4.2.2.1. Compounding factors

In some cases, placing a resident into a classification level depends on whether the resident has significant compounding factors. Which compounding factors are relevant for the classification decision varies based on the resident's circumstances as outlined in section 81-8 of the Aged Care Rules 2025.

4.2.3. Entry for AN-ACC Class 1 (Admit for Palliative Care)

When a new resident enters permanent residential aged care to receive planned palliative care the provider may request Class 1 subsidy for the resident.

To be eligible to receive Class 1 subsidy, the provider must ensure each of the following eligibility requirements have been met:

- a medical assessment has taken place no more than 3 months prior to, and no later than 14 days, following the resident's date of entry into the residential care home to receive

permanent (non-respite) residential aged care. The medical assessment must be completed by a medical practitioner or nurse practitioner who is independent of the provider
- the medical assessment must provide an estimated life expectancy of 3 months or less
- the medical assessment must provide an Australia-Modified Karnofsky Performance Scale (AKPS) score of 40 or less (the resident is in bed for at least 50% of the time and requires special care and assistance).

Registered providers accepting a new resident for planned palliative care can submit a request for Class 1 subsidy by submitting a completed Palliative Care Status Form.

4.2.3.1. Class 1 palliative care entry process

The Class 1 palliative care entry process is:

- notify the resident's entry for planned palliative care by completing the Aged Care Entry Record (ACER) in the Services Australia Aged Care Provider Portal within 28 days of the resident's entry to the home, after determining that the resident meets all eligibility requirements
- submit the completed Palliative Care Status Form by attaching it to the IT palliative care application in the My Aged Care Service and Support Portal **within 14 days of submitting the ACER**.

Providers are responsible for ensuring all parts of the Palliative Care Status Form have been completed correctly, including discussing the planned palliative care with the resident and recording their consent.

The department may give an extension to submit the Palliative Care Status Form in exceptional circumstances.

4.2.3.2. Approval of Class 1 palliative care entry

If all the eligibility requirements are met, the department will approve AN-ACC Class 1 status for the resident, and the provider will receive Class 1 subsidy for the resident for the entire duration of their stay.

Residents who are allocated Class 1 status do not require a RAC funding assessment.

4.2.3.3. Rejection of Class 1 palliative care entry

The department may reject Class 1 status for a resident where any of the Class 1 eligibility requirements have not been met, for example if:

- the resident is palliative but is assessed by their medical practitioner or nurse practitioner as having an AKPS score of 50 or more and/or a life expectancy of more than 3 months
- the Palliative Care Status Form is incomplete, unclear or illegible
- the medical assessment in Part B of the Palliative Care Status Form pre-dates the resident's entry by more than 3 months
- the medical assessment is dated more than 14 days following the resident's permanent date of entry
- late submission (over 28 days) of the ACER (see Section 4.2.3.4 below).

If the department rejects the request for AN-ACC Class 1 status, the resident will be considered a standard permanent resident and the process for standard permanent entry applies. This includes referring the resident for a RAC funding assessment to determine their AN-ACC classification.

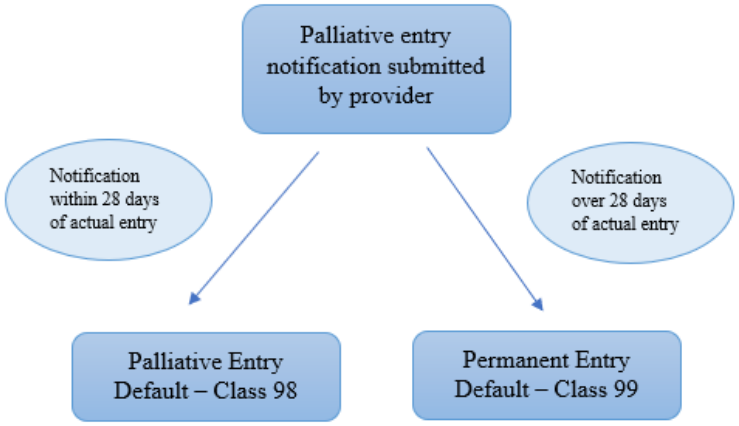
4.2.3.4. Notification of palliative entry

Palliative residents have limited life expectancy, so timely creation of an entry record in the My Aged

Care Service and Support Portal is essential. Providers must notify the department of palliative entry through this portal within 28 days of the resident's actual entry to the home.

Where a **palliative entry notification is submitted after 28 days**, the resident will not receive AN-ACC Class 1 status and the payment of Class 1 subsidy will be rejected. The resident will instead receive the non-palliative Class 99 default rate of subsidy (equivalent to Class 8) and will be referred for a RAC funding assessment.

Figure 3 Notification of palliative entry



In Figure 3 above, Class 98 is equal to AN-ACC Class 1 and Class 99 is equal to AN-ACC Class 8.

4.2.3.5. Death of the resident prior to classification

If the **palliative entry notification is submitted within 28 days**, and the resident passes away before Class 1 is assigned, the home will receive AN-ACC Class 98 (equivalent to Class 1) for each day of care provided.

If the **palliative entry notification** is **not submitted within 28 days** and the resident passes away before the RAC funding assessment, AN-ACC Class 99 (equivalent to Class 8) will remain the final rate for each day of care provided.

4.3. Reclassification

Reclassification is an AN-ACC classification level with a new date of effect replacing an existing classification. The AN-ACC class after a reclassification may be different from or be the same as the previous class.

4.3.1. Reclassification request

A provider can request that the department reclassify a permanent resident if, since their existing classification took effect, any of the following criteria are met:

- there has been a change in the care resident's cognitive ability, compounding factors, function, mobility, or pressure sore risk
- the resident has been an inpatient of a hospital for a total of at least 5 days
- the resident has been an inpatient of a hospital for a total of at least 2 days and was administered general anesthetic while an inpatient
- for a resident with an existing classification level of Class 9, Class 10, Class 11, Class 12, or Class 13 – at least 6 months have passed
- for a resident with an existing classification level of Class 2, Class 3, Class 4, Class 5, Class 6, Class 7, or Class 8 – at least 12 months have passed.

Reclassification requests can be made through the My Aged Care Service and Support Portal after a client entry record has been entered in the Services Australia Aged Care Provider Portal.

If a resident with an AN-ACC permanent classification moves to another residential care home to be admitted for palliative care (that is, to get AN-ACC Class 1) the entry process at the new home includes a step that will generate the necessary reclassification request.

If the reclassification request was made in error, or is no longer required, the request can be recalled in the My Aged Care Service and Support Portal.

4.3.2. Reclassification assessment

As for an initial classification, to reclassify a resident requires data about the characteristics of the resident. This is collected through a RAC funding assessment.

The same 2 types of RAC funding assessments apply, a standard RAC funding assessment and an admit for planned palliative care assessment.

A standard reclassification assessment will typically occur within 28 days of the request being received and an urgent assessment will typically occur within 14 days. Refer to the My Aged Care – Provider Portal User Guide for further information.

A reclassification to planned palliative care can only occur where a resident moves to a new home.

4.3.3. Reclassification not required with resident transfers

Providers do not need to submit a reclassification request for a resident who transfers into their care from another provider's residential care home.

If the resident already has an AN-ACC class, the new provider will receive payment based on that AN-ACC class. If the resident has not been assessed, an initial referral for a RAC funding assessment will be issued.

Where a resident transfers to a new home and the receiving provider believes that, since their existing classification took effect, any of the reclassification criteria above are met, the provider can request a reclassification of the resident.

4.4. Subsidy date of effect

The date of effect of a permanent classification for subsidy purposes depends on whether the classification is an initial classification or a reclassification.

4.4.1. Initial classification (subsidy date of effect)

Generally, a resident's initial classification will affect subsidy from the resident's day of entry.

Once the initial classification takes effect, the subsidy for the actual classification will replace any default subsidy paid up to that time. Any difference between actual and default subsidy will be adjusted through the payment system.

4.4.2. Resident permanently leaves before classification

If an unclassified resident permanently leaves a residential care home before a RAC funding assessment and the related classification decision, then the resident usually remains unclassified, and the default subsidy applies to their stay without adjustment.

The exception is if the resident permanently leaves but then enters a different residential care home within 28 days. In this case only, a classification assigned at the second home will have effect from the day of entry to the first home.

The subsidy for the classification will replace any default subsidy paid up to that time at both homes. Any difference between the actual and default subsidy at both homes will be adjusted through the payment system.

4.4.3. Reclassification (subsidy date of effect)

For a reclassification, the new AN-ACC permanent resident classification will take effect from the day the reclassification request was made. Once assigned, the subsidy for the actual classification will replace any default subsidy paid up to that time. Any difference between actual and default subsidy will be adjusted through the payment system.

4.4.3.1. Resident permanently leaves before reclassification

If a permanent resident for whom a reclassification has been requested leaves a residential care home before the reclassification assessment and decision is made, then the resident's classification does not change in respect of their time at that home.

As part of this, any outstanding RAC funding assessment referral for the resident is withdrawn. If the resident later enters another home and is reclassified, then the new classification has effect only from the date of the subsequent reclassification request made at the second home.

4.5. Voluntary assisted dying

Voluntary assisted dying (VAD) is when someone chooses medical assistance to end their life because they have an advanced medical condition that causes intolerable suffering.

Eligibility for VAD is legislated by state/territory law and is separate to a resident's other care needs. Providers should contact their relevant state/territory health department for more information about VAD.

Where a change in a resident's care needs coincides with end of life, a reclassification request can be made through the My Aged Care Service and Support Portal.

Section 5: AN-ACC classification subsidy – respite residents (variable funding)

5. AN-ACC classification subsidy – respite residents (variable funding)

This section applies to AN-ACC subsidy for respite residents, and will explain the types of respite classifications, reclassification and the subsidy dates of effect.

In addition, a supplement is paid to support accommodation costs for all residential respite residents. This funding is aligned with the maximum amount of accommodation supplement for permanent residents. For more information, see Appendix 3.

Registered providers can view any of their residents' AN-ACC classifications in the My Aged Care Service and Support Portal. Registered providers can also view the classification history of their residents, including active and inactive classes. A new classification (initial classification or reclassification) will be available within 7 days after the RAC funding assessment is completed.

5.1. AN-ACC respite resident classification and related subsidy

There are 3 AN-ACC classifications for respite residents. The AN-ACC class will determine an amount of subsidy the provider will be paid for meeting the respite resident's care needs.

Table 3 outlines the AN-ACC classes for respite residential care and corresponding NWAU values and subsidy amounts, from 1 October 2025. For the funding prior to this date, see Schedule of Subsidies and Supplements for Aged Care.

Table 3 Respite classes

Respite Class	Services Australia Payment Statement code	Resident description	NWAU	Respite Class Funding^
Respite Class 1	Variable subsidy – class 101	Independent mobility	0.405	$119.73
Respite Class 2	Variable subsidy – class 102	Assisted mobility	0.574	$169.70
Respite Class 3	Variable subsidy – class 103	Not mobile	0.714	$211.09

^Subsidy rounded to the nearest cent.

5.1.1. Default subsidy rates

Where a person with a respite care approval enters for residential respite care without an AN-ACC respite classification, a default subsidy equal to the Respite Class 102 subsidy will apply.

The actual subsidy for a respite class, once assigned, will replace the relevant default rate from the date of effect of the classification.

If a respite resident leaves a residential care home before a RAC funding assessor can undertake a RAC funding assessment, the referral will transfer to an assessment organisation to undertake the

DEMMI-modified in the community before another respite episode, to enable a classification decision that will have as its date of effect the first day of the previous respite episode.

5.2. Initial classification

Generally, to classify a respite resident, and pay the related subsidy, required data about the characteristics of the resident must first be collected through a needs assessment.

5.2.1. Initial classification assessment

When a provider notifies Services Australia of the entry of a resident who does not yet have a respite classification, a RAC funding assessment referral to the department will be generated automatically to undertake the DEMMI-modified whilst the resident is in the residential care home.

5.2.1.1. Classification levels

After a RAC funding assessment is completed and submitted to the department by a RAC funding assessor, the department processes the RAC funding assessment data received and assigns the resident a classification level as outlined in Table 3.

5.3. Reclassification

Reclassification is a classification level with a new date of effect replacing an existing classification. The class after a reclassification may be different from or the same as the previous class.

5.3.1. Reclassification request

A provider can request the department reclassify a respite resident if, since the existing classification of the resident took effect, any of these criteria are met:

- the resident changed from being independently mobile to being mobile only with assistance
- the resident changed from being independently mobile to being not mobile
- the resident changed from being mobile only with assistance to being not mobile.

Reclassification requests can be made through the My Aged Care Service and Support Portal after a client entry record has been entered in the Services Australia Aged Care Provider Portal.

Providers must select one of the respite reclassification criteria when submitting a reclassification request in the portal – see My Aged Care – Provider Portal User Guide: Part 2 Team Leader and Staff Member Functions

If the reclassification request was made in error, or is no longer required, the request can be recalled in the My Aged Care Service and Support Portal.

5.3.2. Reclassification assessment

As for an initial classification, to reclassify a resident required data about the characteristics of the resident must be collected through a RAC funding assessment.

5.3.3. Reclassification not required with resident transfers

Providers do not need to submit a reclassification request for a resident who transfers into their care from another provider's residential care home.

If the resident already has an AN-ACC respite class, the new provider will receive payment based on that AN-ACC class. If the resident has not been assessed, an initial referral for a RAC funding assessment will be issued.

5.4. Subsidy date of effect of classifications

The date of effect of a residential respite classification for subsidy purposes depends on whether the classification is an initial classification or a new classification for an already classified resident.

5.4.1. Initial classification (subsidy date of effect)

For a person who enters a residential care home for respite care without an AN-ACC classification, the initial AN-ACC residential respite classification takes effect for subsidy purposes from the day of entry.

In this case, once the classification takes effect, the subsidy for the actual classification will replace any default subsidy paid up to that time. Any difference between actual and default subsidy will be adjusted through the payment system.

5.4.1.1. Resident leaves before initial classification

If an unclassified respite resident ends a respite episode at a residential care home before an assessment and classification decision can be made, the department will attempt to arrange a RAC funding assessment to be performed in the community before another respite episode. This will enable a classification decision to have a date of effect as the first day of the first respite episode.

If the person dies before a RAC funding assessment can be performed in the community and an initial classification decision made, the person remains unclassified for the respite period, and the default subsidy applies to their stay without adjustment.

5.4.2. Reclassification: subsidy date of effect

For a reclassification, the new AN-ACC respite resident classification will take effect from the day the reclassification request was made. Once assigned, the subsidy for the actual classification will replace any default subsidy paid up to that time. Any difference between actual and default subsidy will be adjusted through the payment system.

5.4.2.1. Resident leaves before reclassification decision made

If an unclassified respite resident ends a respite episode at a residential care home before an assessment and reclassification decision can be made then the department will attempt to arrange a RAC funding assessment to be performed in the community before another respite episode, to enable a reclassification decision that will have as its date of effect the day of the reclassification request.

If the person dies or starts a new respite episode before an assessment can be performed in the community and a reclassification decision made, the person remains at their existing classification for the respite period, and that subsidy rate applies to their stay

Section 6: Reconsideration of classification decisions

6. Reconsideration of classification decisions

A provider or resident can request a reconsideration through the My Aged Care Service and Support Portal within 28 days after they receive notification of an AN-ACC initial classification decision or reclassification decision if they believe either of the following has occurred:

- the RAC funding assessor did not compete the RAC funding assessment in a satisfactory manner, resulting in an inaccurate classification
- the resident's condition during the RAC funding assessment did not accurately reflect their usual condition or relevant information was not considered, resulting in an inaccurate classification.

A provider must select one of those criteria to submit the reconsideration request. Additional information can be included as free text. A request can relate to either a permanent or a respite classification or reclassification decision.

Providers can request reconsideration of an AN-ACC classification through the My Aged Care Service and Support Portal – see My Aged Care – Provider Portal User Guide: Part 2 Team Leader and Staff Member Functions

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6.1. Reconsideration assessment

A reconsideration request will generate a referral for a new RAC funding assessment to be completed. The new RAC funding assessment will be completed by a different RAC funding assessor and, where possible, one employed by a different assessment organisation than the first RAC funding assessor's employer.

In performing the RAC funding assessment, the new RAC funding assessor will consider any specific issues raised by the provider. These issues can be raised by entering free text in the request screen in the My Aged Care Service and Support Portal.

The department will consider the RAC funding assessment results in making the decision to confirm, vary or set aside the original decision.

6.2. Reconsideration decision date of effect

The decision to confirm, vary or set aside the classification will take effect from the day of the original decision, unless another day is specified in the notice of decision.

6.3. Review of reconsideration decision

Providers may seek review of a reconsideration decision by application to the Administrative Review Tribunal.

If providers are considering seeking a review of a reconsideration decision, they can request a detailed Statement of Reasons to support the review process. For requests or further information email anaccoperations@health.gov.au.

Section 7: Residential aged care funding assessment

7. Residential aged care funding assessment

Following the submission of a new client entry record for a resident entering care, a referral for a residential aged care (RAC) funding assessment is automatically generated and assigned to one of the assessment organisations that is responsible for conducting RAC funding assessments in the area of the home. RAC funding assessments may also be triggered by requests for reclassification or reconsideration.

Visit the department's website for information on the funding assessment pathways for an aged care resident.

7.1. Assessment timeframe

Once a referral is received and accepted by an assessment organisation, it will be assigned to a RAC funding assessor who will arrange for the RAC funding assessment to be completed. From the date of referral:

- 90% of all accepted assessments will be completed within 28 calendar days; and
- 97% of all accepted assessments will be completed within 56 calendar days.

Providers are able to see the status of the referral in the My Aged Care Service and Support Portal.

If a provider has submitted an entry record and cannot see the referral for the resident, they should email ANACCassessments@health.gov.au.

Following completion of the RAC funding assessment, an AN-ACC class will normally be assigned to the resident the next day and viewable in the My Aged Care Service and Support Portal

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Residents, and their nominated representatives, can see the AN-ACC class that has been assigned to them in the My Aged Care Online Account, which can be accessed through their MyGov account.

7.1.1. Assessment during acute illness or injury

Where a resident scheduled for a RAC funding assessment has an acute illness or injury (such as COVID-19 or a broken bone), the RAC funding assessor may liaise with the provider, facility manager, or care manager to reschedule the assessment. This is because of the temporary nature of acute illness or injury. RAC funding assessments at this time may not reflect the resident's typical care needs and/or a RAC funding assessment may be inappropriate for the resident (for example, they are in pain or unwell).

Rescheduling a RAC funding assessment until a resident has recovered supports timely, more accurate assessments and ensures the stability of the resident. It also ensures that funding and care minutes reflect the ongoing needs of the resident.

7.2. Assessor qualifications

All RAC funding assessors employed by an assessment organisation, are experienced aged care clinicians who have satisfied all qualifications and training requirements. This includes confirmation that:

- they are an unrestricted registered nurse, occupational therapist, or physiotherapist with AHPRA

- they have at least 5 years of clinical experience in the delivery of aged care services or related health services as a registered nurse, occupational therapist, or physiotherapist
- a police certificate issued for the person within the last 3 years does not record that the person has a serious offence conviction in Australia
- for persons who have been a permanent resident of a country other than Australia while over 16 years of age, a statutory declaration that the person does not have a serious offence conviction in that country.

In addition, RAC funding assessors complete a comprehensive training course on the use of the AN-ACC Assessment Tool and are required to achieve a pass mark of at least 75% .

For respite assessments, needs assessors are guided by the Integrated Assessment Tool (IAT) User Guide and trained in use of the DEMMI-modified tool (respite assessments).

7.3. AN-ACC Assessment Tool (permanent residents)

RAC funding assessors use the AN-ACC Assessment Tool to assess permanent residents.

The AN-ACC assessment tool was designed by clinical experts in health and aged care and comprises a suite of tools that focus on the characteristics of residents that drive the costs of care, including:

- Technical Nursing Requirements
- Resource Utilisation Groups – Activities of Daily Living (RUG-ADL)
- Australia-modified Karnofsky Performance Status
- Rockwood Clinical Frailty Scale
- Braden Scale for Predicting Pressure Sore Risk
- De Morton Mobility Index (DEMMI) – modified
- Australian Functional Measure (AFM)
- Behaviour Resource Utilisation Assessment (BRUA)

A RAC funding assessment using the AN-ACC assessment tool considers the resident's:

- physical ability, including pain
- cognitive ability, including communication, social interaction, problem solving and memory
- behaviour, including cooperation, agitation, wandering, passive resistance and verbal aggression
- mental health, including depression and anxiety.

7.4. Respite Assessments

RAC funding assessors and Clinical needs assessors use the De Morton Mobility Index - modified (DEMMI-modified) tool for respite assessments. The use of this DEMMI-modified tool must only be conducted during a face-to-face assessment by an assessor who has completed department-approved training.

Unlike residential aged care funding assessments, which must be performed within a residential care home, clinical needs assessors in the community or hospital setting use the DEMMI-modified tool within the Integrated Assessment Tool (IAT).

Older people who are approved for respite care following a comprehensive aged care assessment, where the DEMMI-modified tool was used, will be assigned a respite funding class and will not need to be assessed again on entry to a service, unless the approved provider makes a reclassification request. If the DEMMI-modified cannot be completed at the time of assessment, by a clinical needs assessor, a default classification will be assigned.

7.5. Assessment quality assurance

7.5.1. Data analysis

Analysis of RAC funding assessment data provides information on trends, anomalies and patterns. This is used to refine RAC funding assessor training or check specific assessment results.

7.5.2. Dual assessments

A RAC funding assessor assigned to conduct a RAC funding assessment will sometimes be required to do the assessment alongside another RAC funding assessor, as part of a dual assessment process, for quality assurance purposes. Only the first RAC funding assessor's data will be used to make the classification decision. The results of the second assessment are reviewed for quality assurance.

RAC funding assessors follow certain requirements for a dual assessment to be conducted.

7.6. Provider assessment responsibilities

A provider must give specific types of assistance to a RAC funding assessor if the assessor (including through their assessment organisation) has given at least 2 days prior notice in writing that they need access to a residential aged care service on a particular day or days.

RAC funding assessor visits are only triggered by provider actions (such as admitting new residents, requesting reclassifications, or requesting reconsiderations).

Assessment organisations will endeavour to schedule requested visits at times convenient to providers, subject to the need to complete RAC funding assessments in target timeframes and subject to impacts of events such as public health emergencies or natural disasters.

The provider must allow the RAC funding assessor timely access to the following on the specified day as required to make the RAC funding assessments:

- all areas of the premises used to provide care through the home
- staff members of the provider who are on those premises on the specified day
- the residents whose care needs are to be assessed
- records relating to the care needs of those residents.

If a provider does not provide access and assistance to RAC funding assessors, the provider is in breach of responsibilities under section 177 of the Aged Care Act 2024, which will incur a civil penalty of 30 penalty units.

Section 8: One-off adjustment payment

8. One-off entry adjustment payment

Providers are paid a one-off entry adjustment payment each time a permanent resident enters a residential care home, including residents transferring from one home to another or a transferring from respite to permanent care at the same home. This supports costs related to initial planning and monitoring required when a resident permanently enters a new care environment.

The one-off entry adjustment payment will be paid after claims information has been submitted through the Services Australia Aged Care Provider Portal.

This funding component is 5.28 NWAU multiplied by the AN-ACC price, or $1,560.98 per new resident from 1 October 2025.

Section 9: Leave

9. Leave

The *Aged Care Act 2024* (the Act) provides the number of days a resident may be on leave from the residential care home. For each day the resident is on leave, the resident is taken, for the purposes of the Act, to be provided with care and the provider of the home will continue to receive resident fees and government subsidy as though the resident was receiving care.

9.1. Hospital leave

A resident can take unlimited days of leave to receive hospital treatment. A subsidy continues to be paid for residents during periods of hospital leave. Hospital leave is not available until after a resident has entered the residential care home.

9.2. Extended hospital leave

Extended hospital leave is where a resident has hospital leave for a continuous period of 29 days or more, to receive treatment in hospital. For residents who are on extended hospital leave, the subsidy amounts paid to the residential care home is reduced from the 29th day onward to an amount equal to the amount of BCT for the home (that is, not including the amount linked to the resident's AN-ACC class).

Resident fees cannot be increased during extended hospital leave to cover the reduction in subsidy payments.

9.3. Social leave

Residents are entitled to up to 52 overnight absences (that is, 52 days of social leave) per financial year. This allows residents to spend time with their families, without losing their place at the home.

Subsidies to the home will continue during social leave, however, government subsidies for that resident will cease once the resident has used up their 52 days of social leave. The resident can take extra social leave but may be charged an additional amount by the provider to secure their place. While on social leave, the resident continues to pay their agreed basic daily fees, means tested care fee and daily accommodation payments.

9.4. Emergency leave

In certain circumstances, the government may activate emergency leave by declaring an emergency situation. This includes such things as pandemics, epidemics, or natural disasters. Emergency leave gives permanent aged care residents the option to take special leave during the declared emergency, to temporarily leave their residential care home.

While a resident is on emergency leave, residential care homes will continue to be paid their AN-ACC subsidy, ensuring providers are not disadvantaged and residents do not have to pay additional fees to hold their place.

For more information, see managing temporary leave for residential aged care.

Section 10: Pricing updates

10. Pricing updates

The government is responsible for setting the AN-ACC price under the AN-ACC funding model. The Independent Health and Aged Care Pricing Authority (IHACPA) provides annual pricing advice to the government to inform AN-ACC price adjustments. IHACPA may also make recommendations regarding adjustments to the NWAU values (weightings) for AN-ACC BCTs and AN-ACC casemix classifications.

10.1. Providing access and assistance to IHACPA

Section 177 of the Aged Care Act 2024 requires registered providers of residential care homes must cooperate with, and provide all reasonable facilities and assistance necessary to any person who is undertaking IHACPA advice activities in accordance with the requirements prescribed in Part 7, section 177-10 to 177-20 of the Aged Care Rules 2025. This includes:

- giving data or records held by the provider
- allowing access to certain residents at the residential care home
- allowing and facilitating access to the residential care home.

A civil penalty of 30 penalty units applies if the provider contravenes Section 177 of the *Aged Care Act 2024.*

Appendices

Appendix 1: Glossary

Term	Explanation
Aged Care Act 2024 and Aged Care Rules 2025	Main legislation that covers government-funded aged care. It sets out rules for things like funding, regulation, approval of providers, quality of care and the rights of people receiving care.
Aged Care Assessment Service (ACAS)	Defunct term. See “aged care needs assessor”.
Aged Care Assessment Teams (ACATs)	Defunct term. See “aged care needs assessor”.
Aged care needs assessment	An assessment that either a clinical or non-clinical aged care needs assessor completes using the Integrated Assessment Tool (IAT). For residential respite care funding, the AN-ACC **respite** class is determined via a needs assessment using the IAT. For residential **permanent** care, see “residential aged care funding assessment”.
Aged care needs assessor or needs assessor	Aged care assessors who conduct needs assessments using the Integrated Assessment Tool (IAT). For residential respite care funding, the AN-ACC respite class is determined via a needs assessment using the IAT. Defunct terms: • Aged Care Assessment Service (ACAS) • Aged Care Assessment Teams (ACATs) • Regional Assessment Service (RAS) assessor. For residential **permanent** care, see “residential aged care funding assessor”.
Aged Care Quality and Safety Commission	End-to-end regulator of aged care homes and is responsible for provider registration and renewal process, administering the Serious Incidents Response Scheme and reducing the use of restrictive practices.
Aged Care Quality Standards	Standards that outline service obligations on providers, including delivery of care plans and allied health services.
Allied health services	Services provided by a broad range of health professionals who are not doctors, dentists, nurses, or midwives. Funding for allied health services is included in AN-ACC. Providers are required to make services available to residents. Requirements are detailed in Section 8-155 of the Aged Care Rules 2025.
AN-ACC assessment	Defunct term. See “Residential aged care funding assessment”.
AN-ACC Assessment Tool	Tool used by residential aged care funding assessors to conduct residential aged care funding assessments.
AN-ACC class	Classification of residents that reflects their characteristics and determines the associated variable subsidy. Determined through residential aged care funding assessment.
AN-ACC subsidy	Variable AN-ACC funding component based on the characteristics of aged care residents.
AN-ACC Daily Basic Subsidy	See Section 1 for an explanation of the AN-ACC Daily Basic Subsidy.
AN-ACC price (National Efficient Price)	Price set by the Government that represents the subsidy for standard day of care, also known as the National Efficient Price.

Term	Explanation
Assessment organisations	Organisations that are employed as part of the Single Assessment System workforce to do aged care assessments, including residential aged care funding assessments using the AN-ACC Assessment Tool and aged care needs assessments using the IAT. Defunct term: Assessment Management Organisations (AMOs).
Australian National Aged Care Classification (AN-ACC)	Funding model for residential aged care, effective from 1 October 2022.
Base Care Tariff (BCT)	Fixed AN-ACC funding component for homes reflecting characteristics such as location and specialisations for remote Aboriginal and Torres Strait Islanders or homelessness.
Base Care Tariff (BCT) category	Fixed funding category based on MM location and approved specialisation. Category determines funding basis of occupied or operational beds.
Care plan	A document that outlines a person's care needs, the services they will receive to meet those needs and who will provide the services. Providers must continue to deliver care plans under AN-ACC.
De Morton Mobility Index -modified (DEMMI-modified)	The tool used to assess the mobility of older people within AN-ACC for respite funding purposes.
Default class	Default statuses given to residents pending AN-ACC assessment and assignment of ongoing AN-ACC class.
Department of Health, Disability and Ageing (the department)	The Australian Government department responsible for the administration of the AN-ACC funding model.
Hotelling supplement	Supplement provided in addition to AN-ACC from 1 July 2023, for hotelling services such as cleaning, catering and laundry.
Independent Health and Aged Care Pricing Authority (IHACPA)	Independent body that provides AN-ACC price recommendations to the Government. Formerly named the Independent Hospital Pricing Authority (IHPA).
Integrated Assessment Tool (IAT)	The IAT replaced the NSAF on 1 July 2024, for assessing the eligibility of older people for government-subsidised aged care. The IAT includes the De Morton Mobility Index – modified (DEMMI-modified) assessment tool, used for needs assessments for residential respite care. The AN-ACC Assessment Tool will continue to be used for RAC funding assessments for residential permanent care.
Leave	Days a resident may be absent from a residential care home without losing their place, as defined by the Act.
Modified Monash Model (MMM)	Measure of remoteness and population size used by the department to define whether a location is city, rural, remote, or very remote. Locations are categorised from MM 1 to MM 7, with MM 1 denoting a major city and MM 7 a very remote location.
My Aged Care Service and Support Portal	Portal for providers to manage information about their services, manage referrals, update client records, generate reports and ask an assessor to review a client's AN-ACC or Respite classification.
National Weighted Activity Units (NWAUs)	Weightings applied to the AN-ACC price to reflect variations in the costs of providing care, based on the characteristics of a home and the individual care needs of a resident.

Term	Explanation
Occupied beds	An operational bed for the home that is occupied by an individual to whom funded aged care services are delivered on the day.
One-off entry adjustment payment	One-off payment each time a resident enters a residential care home, including transfers between homes. This supports costs related to entry of a resident to a new care environment.
Operational beds	A bed covered by the approval of the home that is not an offline bed for the home.
Palliative care	Palliative care helps people live as fully and comfortably as possible with a life-limiting or terminal illness. Palliative care aims to ease the suffering of patients and their families.
Palliative care status form	Form that must be completed and signed by a medical or nurse practitioner, the resident and the provider prior to the resident entering residential care.
Palliative entry	Entry to a home for palliative care under AN-ACC Class 1, with life expectancy of less than 3 months and an Australia-Modified Karnofsky Performance (AKPS) score of 40 or less.
Permanent entry	Entry of a resident into a home on a permanent basis.
Quality Standards	Standards that reflect level of care homes must provide to residents, monitored by the Aged Care Quality and Safety Commission.
Quarterly Financial Report (QFR)	Mandatory report by registered providers. Includes care minutes reporting.
Reclassification	Change to AN-ACC class of a resident to reflect a change in care needs. Providers can request reclassification through the My Aged Care Service and Support Portal at any time, if any of the criteria specified under Section 4.3.1 are met. The AN-ACC class after a reclassification may be different from or the same as the previous class.
Reconsideration	Request by provider for re-assessment of AN-ACC classification. Providers can make a reconsideration request within 28 days after they receive notification of an AN-ACC initial classification decision or reclassification decision, if they believe the initial or new classification is inaccurate (see Section 6 for more information).
Registered Provider	An entity that satisfies requirements for delivering funded aged care services in an approved residential care home. Providers may deliver funded aged care services in multiple approved residential care homes.
Remote service	Service in MM 6 or MM 7 categories.
Resident	Person receiving accommodation and personal care 24 hours a day in an approved residential care home. Residents also receive access to nursing and general health care services.
Residential aged care funding assessment	An assessment a residential aged care funding assessor completes using the AN-ACC assessment tool. Defunct term: AN-ACC assessment.
Residential aged care funding assessor	An aged care assessor who is completing a residential aged care funding assessment using the AN-ACC assessment tool. Defunct term: AN-ACC assessor.
Residential care subsidy	Payment by the government to certain registered providers for providing funded aged care services to certain residents. AN-ACC is a residential care subsidy.

Term	Explanation
Respite assessment	Assessment conducted by aged care needs assessors using the IAT when undertaking the DEMMI-modified tool in a home setting. Additionally Respite Assessments can be undertaken by a RAC funding assessor in a residential aged care setting. See also “aged care needs assessments”, noting any “assessment” references in this document only refer to residential aged care assessments.
Respite care	Residential care provided as an alternative care arrangement with the primary purpose of giving a carer or an individual a short-term break from their usual care arrangements.
Respite supplement	Supplement paid for respite accommodation costs for all residential respite resident, aligned with the maximum amount of accommodation supplement for permanent residents.
Royal Commission into Aged Care Quality and Safety report	Report on aged care tabled on 1 March 2021. AN-ACC was implemented in response to recommendations in this report.
Services Australia	Agency responsible for AN-ACC payment and claims IT system – the Service Australia Aged Care Provider Portal.
Services Australia Aged Care Provider Portal	Portal for registered provider to make claims for aged care subsidies and supplements.
Single Assessment System workforce	The aged care assessment workforce, including the previous Regional Assessment Service (RAS), Aged Care Assessment Teams (ACATs) and Australian National Aged Care Classification (AN-ACC) assessors. More information is available on the department’s website.
Specialised Aboriginal and Torres Strait Islander home	Approved residential care home that meets specialised Aboriginal and Torres Strait Islander provider and resident requirements. Only remote (MM 6) or very remote (MM 7) locations are eligible.
Specialised homeless	Approved residential care home that meets specialised homeless provider and resident requirements. May be in any MM location.
Voluntary assisted dying	Voluntary assisted dying (VAD) is when someone chooses medical assistance to end their life because they have an advanced medical condition that causes intolerable suffering.

Appendix 2: Resources

Information source	Description
Resources and factsheets	Resources and factsheets are located here.
Social media	Follow us on Facebook, X, LinkedIn and Instagram.
Subscriptions	Subscribe to the department's newsletters here for aged care updates.
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.

Appendix 3: Payment calculations

The calculations and examples below are based on funding for a single day only and apply from 1 October 2025.

Any estimates providers make using the methodology are a point in time estimate only, based on the existing AN-ACC resident classifications for the home.

All estimated amounts are based on the AN-ACC price of $295.64 from 1 October 2025 and have been rounded to the nearest cent.

Note, to estimate funding for a monthly payment period, providers need to apply the same calculation methodology for the variable and BCT funding components for each day, based on the number of residents that were in care, **plus** any one-off adjustment payment for each new resident for the month.

Example 1: MM1 (non-specialised home) before 1 April 2026

ABC Aged Care is located in a MM1 area. It is a non-specialised home and receives fixed funding based on the payment rate for the standard MM1 BCT category (Services Australia code = BCT 6). On a single day, the home had 30 residents in care with the following AN-ACC and respite classifications:

- 10 residents are in AN-ACC Class 3
- 10 residents are in AN-ACC Class 5
- 5 residents are in AN-ACC Class 8
- 5 residents are in respite class 102

ABC Aged Care works out the funding for a single day (before 1 April 2025) using the following formulas:

- Variable funding: [sum of (AN-ACC Class funding x number of residents)]
- BCT (or fixed) funding: [BCT funding per occupied bed x number of occupied beds].

Table 4: AN-ACC funding for a single day before 1 April 2026

Funding component	Class/BCT	No. of residents	Class/BCT funding amount	Amount for the day
Variable	AN-ACC class 3	10	$118.26	$1,182.60
	AN-ACC class 5	10	$127.13	$1,271.30
	AN-ACC class 8	5	$177.38	$886.90
	Respite class 102	5	$169.70	$848.50
Fixed	Standard MM1 (BCT 6)	30*	$147.82^	$4,434.60
Total funding for the day				**$8,623.90**

* BCT funding is calculated per occupied bed for Standard MM 1, Standard MM 2-3, Standard MM 4-5 and Specialised Homeless service groups.
^ BCT funding amount is based on 0.5 NWAU for standard MM1 homes, applicable for days before 1 April 2026.

Example 2: MM1 (non-specialised home) on or after 1 April 2026

For a day **on or after 1 April 2026**, ABC Aged Care need to apply the same calculation methodology for both the variable and fixed funding components, with the exception that the BCT funding amount will be comprised of the standard BCT amount and the care minutes supplement. This example assumes that ABC Aged Care have fully met its care minute requirements and

receive the full rate of supplement. For more information see Changes coming to care minutes funding.

Table 5: AN-ACC funding for a single day on or after 1 April 2026

Funding component	Class/BCT	No. of residents	Class/BCT funding amount	Amount for the day
Variable	AN-ACC class 3	10	$118.26	$1,182.60
	AN-ACC class 5	10	$127.13	$1,271.30
	AN-ACC class 8	5	$177.38	$886.90
	Respite class 102	5	$169.70	$848.50
Fixed	Standard MM1 (BCT 6)	30*	$114.41^	$3,432.30
	Care minutes supplement	30	$33.41	$1,002.30
Total funding for the day				**$8,623.90**

* BCT funding is calculated per occupied bed for Standard MM 1, Standard MM 2-3, Standard MM 4-5 and Specialised Homeless service groups.
^ BCT funding amount is based on 0.387 NWAU for standard MM1 homes, applicable for days on or after 1 April 2026.

Example 3: MM6 home with specialised Aboriginal and Torres Strait Islander funding status

Mary's Aged Care is located in a MM6 area and has specialised Aboriginal and Torres Strait Islander funding status. Fixed funding is based on the payment rate for the Specialised Aboriginal and Torres Strait Islander MM 6 BCT category (Services Australia code = BCT 2). The home has 35 operational beds. On a single day, the home had 25 residents in care with the following AN-ACC and respite classifications:

- 8 residents are in AN-ACC Class 6
- 8 residents are in AN-ACC Class 8
- 6 residents are in AN-ACC Class 10
- 3 residents are in respite class 102

Mary's Aged Care works out the funding for a single day using the same formulas as set out in example 1.

Table 6: AN-ACC funding for a single day

Funding component	Class/BCT	No. of residents	Class/BCT funding amount	Amount for the day
Variable	AN-ACC class 6	8	$115.30	$922.40
	AN-ACC class 8	8	$177.38	$1,419.04
	AN-ACC class 10	6	$174.43	$1,046.58
	Respite class 102	3	$169.70	$509.10
BCT	Specialised Aboriginal and Torres Strait Islander (BCT 2)	35*	$230.60	$8,071.00
Total funding for the day				**$11,968.12**

* Fixed funding is calculated per operational bed for Standard MM 6 – 7, Specialised Aboriginal and Torres Strait Islander MM 6 and Aboriginal and Torres Strait Islander MM 7.