Applications open for AN-ACC transition fund

Residential aged care providers that receive less funding under the incoming funding model compared to the existing one can now apply for transition funding.

The Australian National Aged Care Classification – or AN-ACC – is set to replace the Aged Care Funding Instrument as the residential sector's funding model from 1 October this year.

Under AN-ACC, providers were told average resident funding is approximately $22 more than the current average subsidy under ACFI – in part to pay for the additional minutes of care required under the reforms – and that no one would be worse off.

Applications for the AN-ACC Transition Fund opened on Thursday via a grant opportunity for those providers whose funding under AN-ACC is less than under ACFI. There is a total of $55,440,000 available for eligible providers, which the Department of Health and Aged Care will identify and invite to apply for the fund.

AN-ACC aims to provide more equitable care funding to providers that better matches residents' needs with the costs of delivering care. It involves independent

assessors classifying residents into one of 13 classes using the AN-ACC assessment tool, which considers physical ability, cognitive ability, behaviour and mental health.

Mark Sheldon-Stemm, who is chief executive officer of West Australian aged care provider ValleyView Residence and principal at aged care consultancy Research Analytics, credits a strong clinical care system and allied health presence for a good AN-ACC outcome.


Mark Sheldon-Stemm

At ValleyView Residence, a 64-bed aged care home in Collie in the south-west of the state, the average subsidy under ACFI has “gone from $175 to $230” under AN-ACC, Mr Sheldon-Stemm told *Australian Ageing Agenda*.

Whereas among his clients, a large provider in Victoria has gone from an average of $195 under ACFI to $193 under AN-ACC while another in Perth has seen their average subsidy move from $195 under ACFI to $200 under AN-ACC, he said.

“So that one shows only a small uplift and the other one has had a decrease,” Mr Sheldon-Stemm said. After getting feedback from the assessors and comparing the three situations, Mr Sheldon-Stemm said he believed the better result at ValleyView Residence came down to having a good clinical care system and full-time physiotherapist in place that provide the assessors the evidence they need.

“We had the assessors out last week at ValleyView and we had a good talk to them about what they are looking for and there’s a couple of standout items,” he said. “One is the clinical care system and the ability for them to interrogate that system and to go through the various elements in AN-ACC and easily find data for residents based on what the system says. We found in some of the systems that people are using, the data is not readily available.”

The other is a strong allied health presence to ensure accurate claims for mobility, Mr Sheldon-Stemm said.

"If someone's had a fall, you have to be able to have someone assess them and put a plan in place and then they will be deemed a falls risk or low mobility and so on. Unless you have a physiotherapist who can effectively do those assessments for your resident, and document that accordingly on a system that is easily accessible by the assessors, then you're not going to get the uplift in classes and you're not going to get the increased funding."

For this reason, Mr Sheldon-Stemm thinks allied health could thrive under AN-ACC, rather than suffer as many stakeholders have raised concerns about. Another reason is that under AN-ACC, a resident can stay at the same class and funding level after their health improves despite the likelihood of not needing as much care, he said.

Unlike ACFI, there is no requirement for a resident to be reassessed and potentially reassigned to a lower payment class under AN-ACC if their capability improves. This aims to "encourage providers to invest in restorative care and reablement services, including through allied health services," according to the department's factsheet.

Mr Sheldon-Stemm said the funding increase at ValleyView would pay for the home's "normalisation" care model, which already exceeded incoming minimum care minute requirements.

ValleyView operates the MyCDC model, which is consumer directed approach for residential aged care developed by Mr Sheldon-Stemm and Research Analytics.

"What I have found now is that AN-ACC actually supports that model of care, which is what everybody wants," he said. "That's what the whole royal commission was about – making life normal in residential aged care and not some institutional model."

AN-ACC Transition Fund queries

Organisations who have not received an invitation to apply but believe they are eligible for transition funding are advised to contact the AN-ACC Funding Helpdesk on (02) 4406 6002 or ANACCfundinghelpdesk@health.gov.au for information on how to estimate the difference between their ACFI base and AN-ACC funding.

Providers can access more information via the fact sheets 'How do I calculate my AN-ACC care funding' and 'What is the AN-ACC Transition Fund?'

Do you have an AN-ACC story to share? Get in touch at editorial@australianageingagenda.com.au