



Australian Government
Department of Health

Fact sheet

Changes to residential aged care funding arrangements –

1 January 2017

Following consultation with the sector, the Government has made adjustments to the previously announced 2016–17 Budget measures relating to the Aged Care Funding Instrument (ACFI).

This fact sheet provides details of these changes. The changes come into effect from 1 January 2017 for new appraisals or reappraisals – existing appraisals are not affected.

After these changes are implemented, funding to the residential aged care sector will grow in aggregate at an average of 5.1 per cent each year over the forward estimates.

What are the changes coming into effect 1 January 2017?

1. Complex Health Care Domain – New scoring matrix

As announced in the 2016–17 Budget, the new matrix reduces the rating categories for medication under Question 11 from four rating points to three rating points. If assistance is needed with medication, this will now in all cases receive the middle ‘B’ rating, rather than the previous matrix which provided an incentive to take longer to deliver medication by allocating the highest level of funding where medication assistance was required for more than 11 minutes per day.

CHC scoring matrix – from 1 January 2017

Question 11 Medication Rating	Question 12: Complex Health Care			
	A	B	C	D
No Assistance Needed (New A)	0	0	1	2
Assistance Needed (New B)	1	1	2	3
Injections (subcutaneous, intramuscular, intravenous) (New C)	1	2	2	3

A rating of ‘A’ (No Assistance Needed) will apply where there is no medication or medication is self-administered. A rating of ‘B’ (Assistance Needed) will apply where any assistance is required daily with medications or patches are required to be applied at least weekly. A rating of ‘C’ (Injections) will apply where daily administration of a listed injection is required.

2. Complex Health Care Domain – ACFI 12 Changes to scores and eligibility requirements for certain Complex Health Care procedures

Under Question 12 of ACFI, scores are allocated to certain procedures with the total of all scores determining the overall domain funding category. Changes will be made (for new appraisals and reappraisals) to the scores and eligibility requirements for certain items as outlined below to better reflect the complexity of care delivery in light of contemporary care practices. The following changes will ensure higher funding is better targeted to residents with the highest care needs.

Item 12.1– Blood pressure measurement

- The score will be reduced from 3 points to 1, as announced in the 2016–17 Budget.

Item 12.4b – Complex pain management by allied health professional at least 4 days per week.

- A timing requirement will be added requiring 80 minutes of delivery of treatment over a week. This is lower than the 120 minutes per week of treatment that was announced in the 2016–17 Budget.

Item 12.12 – management of oedema, deep vein thrombosis, arthritic joints or chronic skin conditions by fitting of certain garments, bandages and dressings

- The score will be reduced from 3 points to 1 where the treatment is for the management of arthritic joints and oedema related to arthritis by the application of tubular and/or other elasticised support bandages. This change is as announced in the 2016–17 Budget.

2016-17 Budget measures that will not proceed

The following elements of the 2016–17 Budget measures will not proceed, and will be replaced with an indexation pause on all ACFI subsidies in 2017–18 and a 50 per cent indexation pause to the Complex Health Care domain in 2018–19:

Item 12.4a – Complex pain management at least weekly and for 20 minutes.

- The score will remain at 3 points (and will not be reduced from 3 points to 2).

Item 12.4b – Complex pain management by allied health professional at least 4 days per week.

- The score will remain at 6 points (and will not be reduced from 6 points to 4). As noted above, the timing requirement has been reduced from 120 minutes to 80 minutes of treatment per week.