

AMENDMENTS TO THE CLASSIFICATION PRINCIPLES 2014

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On January 1, 2017 amendments were made to the Aged Care Act 1997 to strengthen compliance actions. The Department of Health is now beginning to implement some of the changes announced in the 2015-16 MYEFO measure, Aged Care Funding – improved compliance. As such, amendments to the Classification Principles 2014 have been outlined and have come into effect from 1 March, 2017.

WHAT'S CHANGED?

The Department will be able to take into account the manner in which care was provided, and the qualifications of the person providing the treatment in determining the level of care that a care recipient needs.

A fee of \$375 (exclusive of GST) per ACFI question will be charged for a request for reconsideration of an ACFI review decision.

WHAT THIS MEANS FOR ACFI

This is particularly relevant in relation to the treatments undertaken within the Complex Health Care Domain, ACFI Question 12. Treatments must be undertaken by the Health Professional referred to in the requirement section for the selected item and the nominated professional must be practicing within their scope of practice. Refer to pages 38-39 of the [ACFI User Guide](#) for further clarification.

For each question that a reconsideration is requested for, the organisation will be invoiced \$375 + GST, a reconsideration will not continue until this is paid.

This fee will be refunded if no additional information *has to be* provided in the request for reconsideration and the outcome of the review visit is changed in favour of the reconsideration. It is important that as much additional information is provided at the time of review, or within 2 business days post the review, so that where a reconsideration is requested, all available information has already been provided to the DoH.

The DoH has developed a request for reconsideration template that must be completed and submitted to the department before a reconsideration can occur. [A Copy of the template can be found here.](#)

WHAT'S CHANGED?

WHAT THIS MEANS FOR ACFI

The Department will no longer routinely seek additional information to verify ACFI subsidy claims after the ACFI review visit is completed.

Approved Providers must keep notes during meetings with the Review Officers to ensure that any additional information required to support the claim is provided. Approved Providers still have 2 business days following the completion of the review to provide extra information.

Review Officers have the powers to inspect any document or record kept at the premises and to take extracts from, or make copies of, any document or record at the premises.

Review Officers can review any documentation in order to substantiate a claim. If a Provider does not provide requested documents the matter may be referred to the ACFI Compliance team to ascertain whether compliance action will be taken. It is important to remember that an Approved Provider has the responsibility to provide any documentation requested by a Review Officer.

It is important for Providers to ensure that documentation is congruent, reflecting the care needs of the resident through the assessment and care planning processes. Best practice supports and encourages ongoing report writing to be through exception reporting, in which progress notes only identify changes to the resident's usual care needs that have been originally identified through the Assessment and Care Planning processes.

See more at: <https://providerassist.com.au/news-resources/amendments-to-the-classification-principles-2014/>