The Director  
Aged Care Accountability Section  
Prudential and Approved Provider Regulation Branch  
Aged Care Policy and Regulation Division  
Department of Health  

Dear ACFI Delegate  

Re: Request for reconsideration of an Aged Care Funding Instrument (ACFI) decision  

Under 85-4 of the Aged Care Act 1997, [Insert name of approved provider] is seeking reconsideration of a decision made on [Insert date] to change the classification of the level of care for the following care recipients:  

• [Insert name of care recipient and ID SPARC number]  
  [Insert basis of your claim (what you want reconsidered)]  

Acknowledgement:  
In submitting this request for reconsideration of an ACFI decision(s), I acknowledge that:  

• Following receipt of this request, the Department of Health (the department) will send my organisation a tax invoice.  
• This request for reconsideration starts on the day on which the department receives this application and my organisation will not pay the application fee until a tax invoice is received.  
• The application fee is $375 (GST exclusive) for each ACFI appraisal question for each care recipient that I have sought reconsideration for and payment is due within 30 days of the invoice date.  
• The reconsideration fee will not be refunded in the following circumstances:  
  o if new information is provided that should have reasonably been provided at the ACFI review;  
  o my organisation withdraws the request for reconsideration after the department has raised a tax invoice; and/or  
  o the decision to which the request relates is confirmed or varied.  
• If payment for this reconsideration is not received by the department by the due date, this request for reconsideration may, upon written notice, expire.  
• I am responsible for setting out the reasons for making this request and providing all relevant evidence as required to support my claim for subsidy.  
• I must submit the same evidence, relevant to this reconsideration request that:  
  o supported the ACFI appraisal; and  
  o was considered at review by the department’s ACFI review officer.  

I have attached all documents that will be relied upon for the Secretary to complete this ACFI reconsideration.  

Yours sincerely,  

<Insert name>  

<Insert title>  

<Insert date>
Care recipient name: [Name]
ID SPARC: [Number]
Service details: [Insert service name here]
  [Insert ABN/ACN]
  [Insert postal address]
Contact details: [Insert Contact Name and title]
  [Insert phone and email details]
Date Today's Date

Note: you MUST complete a separate reconsideration costing for each care recipient. Do NOT send payment with the request for reconsideration, the department will raise a tax invoice for the total fee. Do NOT send a payment with your request for reconsideration.

Table 1: ACFI reconsideration costing:

<table>
<thead>
<tr>
<th>Item</th>
<th>List any new evidence to support your claim (this information must be in addition to any documentation that was provided at the time of the original review)</th>
<th>Tick each question that you are seeking a reconsideration for</th>
<th>Fee ($375 per question)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACFI 1 Nutrition</td>
<td></td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>ACFI 2 Mobility</td>
<td></td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>ACFI 3 Personal Hygiene</td>
<td></td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>ACFI 4 Toileting</td>
<td></td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>ACFI 5 Continence</td>
<td></td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>ACFI 6 Cognitive Skills</td>
<td></td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>ACFI 7 Wandering</td>
<td></td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>ACFI 8 Verbal Behaviour</td>
<td></td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>ACFI 9 Physical Behaviour</td>
<td></td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>ACFI 10 Depression</td>
<td></td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>ACFI 11 Medication</td>
<td></td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>ACFI 12 Complex Health Care</td>
<td></td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Table 2: ACFI evidence summary**

This must be attached to the evidence provided for each resident’s reconsideration to assist in organising the evidence you are providing for each reconsideration.

Note: the ACCR or NSAF must be included in the ACFI appraisal pack.

<table>
<thead>
<tr>
<th>ACFI</th>
<th>Checklist complete?</th>
<th>Evidence provided</th>
<th>Comments (provide details of attachments title, section and/or page numbers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental and Behavioural Diagnosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Disorder/diagnosis</td>
<td>☐</td>
<td>☐ ACCR/NSAF</td>
<td></td>
</tr>
<tr>
<td>☐ Source material</td>
<td>☐</td>
<td>☐ GP comprehensive medical assessment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Other practitioner assessment / notes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provide the title of additional documents that were seen at review</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provide the title of documents that were NOT seen at review</td>
<td></td>
</tr>
<tr>
<td>Medical Diagnosis</td>
<td>☐</td>
<td>☐ ACCR/NSAF</td>
<td></td>
</tr>
<tr>
<td>☐ Disorder/diagnosis</td>
<td>☐</td>
<td>☐ GP comprehensive medical assessment</td>
<td></td>
</tr>
<tr>
<td>☐ Source material</td>
<td>☐</td>
<td>☐ Other practitioner assessment / notes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>Provide the title of additional documents that were seen at review</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>Provide the title of documents that were NOT seen at review</td>
<td></td>
</tr>
<tr>
<td>1: Nutrition</td>
<td>☐</td>
<td>☐ Nutrition Checklist</td>
<td></td>
</tr>
<tr>
<td>Readiness to eat</td>
<td>☐</td>
<td>☐ Contemporaneous Assessment (e.g. Registered Nurse, Allied Health)</td>
<td></td>
</tr>
<tr>
<td>Eating</td>
<td>☐</td>
<td>☐ Contemporaneous Assessment (e.g. Registered Nurse, Allied Health)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>Provide the title of documents that were seen at review</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>Provide the title of documents that were NOT seen at review</td>
<td></td>
</tr>
<tr>
<td>2: Mobility</td>
<td>☐</td>
<td>☐ Mobility Checklist</td>
<td></td>
</tr>
<tr>
<td>Transfers</td>
<td>☐</td>
<td>☐ Contemporaneous Assessment (e.g. Registered Nurse, Allied Health)</td>
<td></td>
</tr>
<tr>
<td>Locomotion</td>
<td>☐</td>
<td>☐ Contemporaneous Assessment (e.g. Registered Nurse, Allied Health)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>Provide the title of additional documents that were seen at review</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>Provide the title of documents that were NOT seen at review</td>
<td></td>
</tr>
<tr>
<td>3: Hygiene</td>
<td>☐</td>
<td>☐ Personal hygiene Checklist</td>
<td></td>
</tr>
<tr>
<td>Dressing and undressing</td>
<td>☐</td>
<td>☐ Contemporaneous Assessment (e.g. Registered Nurse, Allied Health)</td>
<td></td>
</tr>
<tr>
<td>Washing and drying</td>
<td>☐</td>
<td>☐ Contemporaneous Assessment (e.g. Registered Nurse, Allied Health)</td>
<td></td>
</tr>
<tr>
<td>Grooming</td>
<td>☐</td>
<td>☐ Contemporaneous Assessment (e.g. Registered Nurse, Allied Health)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>Provide the title of additional documents that were seen at review</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>Provide the title of documents that were NOT seen at review</td>
<td></td>
</tr>
<tr>
<td>4: Toileting</td>
<td>☐</td>
<td>☐ Toiling Checklist</td>
<td></td>
</tr>
<tr>
<td>Use of toilet</td>
<td>☐</td>
<td>☐ Contemporaneous Assessment (e.g. Registered Nurse, Allied Health)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>Provide the title of additional documents that were seen at review</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>Provide the title of documents that were NOT seen at review</td>
<td></td>
</tr>
</tbody>
</table>
# ACFI Evidence Summary

This must be attached to the evidence provided for each resident’s reconsideration to assist in organising the evidence you are providing for each reconsideration.

<table>
<thead>
<tr>
<th>Toilet completion</th>
<th>☐ Registered Nurse, Allied Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Documentation seen at review</td>
<td>☐ Provide the title of additional documents that were seen at review</td>
</tr>
<tr>
<td>☐ New documentation</td>
<td>☐ Provide the title of documents that were NOT seen at review</td>
</tr>
</tbody>
</table>

## 5: Continence

### Urinary continence
- ☐ Continence Assessment Summary
- ☐ Continence Checklist
- ☐ Continence Record
- ☐ Evidence of incontinence prior to scheduled toileting

### Faecal continence
- ☐ Documentation seen at review
- ☐ Provide the title of additional documents that were seen at review
- ☐ New documentation
- ☐ Provide the title of documents that were NOT seen at review

## 6: Cognition

- ☐ Cognitive Skills Assessment Summary
- ☐ Cognitive Checklist
- ☐ PAS – CIS (if appropriate)
- ☐ Clinical report

### Documentation seen at review
- ☐ Provide the title of additional documents that were seen at review

### New documentation
- ☐ Provide the title of documents that were NOT seen at review

## 7: Wandering

- ☐ Assessment summary
- ☐ Behaviour Checklist
- ☐ Behaviour record

### Documentation seen at review
- ☐ Provide the title of additional documents that were seen at review

### New documentation
- ☐ Provide the title of documents that were NOT seen at review

## 8: Verbal

- ☐ Assessment summary
- ☐ Behaviour Checklist
- ☐ Behaviour record

### Documentation seen at review
- ☐ Provide the title of additional documents that were seen at review

### New documentation
- ☐ Provide the title of documents that were NOT seen at review
### ACFI evidence summary

This must be attached to the evidence provided for each resident’s reconsideration to assist in organising the evidence you are providing for each reconsideration.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>9: Physical</strong></td>
<td></td>
</tr>
</tbody>
</table>
|   | □ Assessment summary  
|   | □ Behaviour Checklist  
|   | □ Behaviour record  
|   | □ Documentation seen at review  
|   | □ Provide the title of additional documents that were seen at review  
|   | □ New documentation  
|   | □ Provide the title of documents that were NOT seen at review  
| **10: Depression** |   |
|   | □ Assessment Summary  
|   | □ Cornell Scale for Depression  
|   | □ Diagnosis/Provisional diagnosis  
|   | □ Clinical report  
|   | □ Documentation seen at review  
|   | □ Provide the title of additional documents that were seen at review  
|   | □ New documentation  
|   | □ Provide the title of documents that were NOT seen at review  
| **11: Medication** |   |
|   | □ Medication Checklist  
|   | □ Source materials Checklist  
|   | □ Medication chart at time of appraisal  
|   | □ Documentation seen at review  
|   | □ Provide the title of additional documents that were seen at review  
|   | □ New documentation  
|   | □ Provide the title of documents that were NOT seen at review  
| **12: Complex Health Care Procedures** |   |
| **Items claimed** | □ 1  
| | □ 7  
| | □ 2  
| | □ 8  
| | □ 3  
| | □ 9  
| | □ 4  
| | □ 10  
| | □ 5  
| | □ 11  
| | □ 6  
| | □ 12  
| | □ Checklists  
| | □ Diagnoses  
| | □ Assessments  
| | □ Directives  
| **Item number** | □ Documentation seen at review  
| | □ Provide the title of additional documents that were seen at review  
| **Item number** | □ New documentation  
| | □ Provide the title of documents that were NOT seen at review  

Instructions on submitting your request for reconsideration

Submitting your request for reconsideration
Send your request via express post to:
The Delegate
Accountability Section
MDP 462
Department of Health
GPO Box 9848
Canberra ACT 2601

Confirmation that your request for reconsideration has been submitted
After submitting your request for reconsideration, please ensure you receive a confirmation email.
If you do not receive a confirmation email from the department, please
email ACFI@health.gov.au within 24 hours of submitting your request for reconsideration.

How to pay
Following submission of your request for reconsideration, the department will raise a tax invoice.
The invoice will include the department’s bank account details and an invoice reference number.
The reference number must be used in the reference field of your payment. The invoice must be
paid in full by the due date for a reconsideration request to be valid.

Please note: An approved provider’s reconsideration request must be accepted by the department
and within 28 days, or such longer period as the Secretary allows, after the day on which an
organisation first received notice of the decision.

The request for reconsideration application fee must be paid within 30 days of the date of the tax
invoice.

It is your responsibility to submit all documentation to support your request for reconsideration
including all information that was relied on in making your ACFI appraisal.