



6: The ACFI and Aged Care Assessment Teams

From 20 March 2008, the ACFI replaces the Resident Classification Scale (RCS) as the method of classifying residents and determining the residential care subsidies paid by the Australian Government.

What does this mean for ACATs?

- There will be no change to existing assessment processes for the purposes of determining eligibility for Australian Government subsidised care and services.
- The information you record on an ACCR may be used by the aged care home to support their ACFI claim for funding. This relates specifically to diagnoses, continence, behaviours, and complex health care needs.
- Please remember you cannot be asked by the aged care home to provide any additional information or emphasise certain conditions over or above what is normally performed when completing the ACCR.
- The *Approval of Care Recipients Principles 1997* have been amended to prevent an approval lapsing where a resident enters another care service within 28 days of leaving a care service. This means that a new ACAT approval will not be required when a resident transfers from one aged care home to another even if the initial approval was for low care.
- There are two further qualifications to this new transfer rule that should be highlighted.
 - Firstly, an ACAT may be requested to approve the resident for high care in a transfer if the resident wishes to pay an accommodation charge. The resident will need to enter the new facility with a high level approval. If the resident wants to roll over an existing bond, they would then enter the new facility on their current low level approval.
 - Secondly, as per current arrangements, ACATs may be asked to reassess a resident where the existing aged care service can no longer provide the required level of care for the resident under the *User Rights Principles 1997*. This approval can also be provided by two independent medical practitioners.

Background

Development of a new funding tool for aged care was precipitated by:

- the desire to reduce the documentation burden on staff
- to reduce the requirements of the accountability and monitoring systems
- Pricing Review outcomes:
 - Better target residents with higher care needs
 - Addition of two targeted supplements
 - Simplify the funding model

Principles of the ACFI development

- Measure need for care, not care provided when determining funding
- Include only questions directly related to the cost of care
- Fewer questions are sufficient to deliver the required precision for a facility based funding approach. The ACFI has been designed to focus on the core measurable needs that best explain the differences in resident care costs.

The primary components of the new arrangements

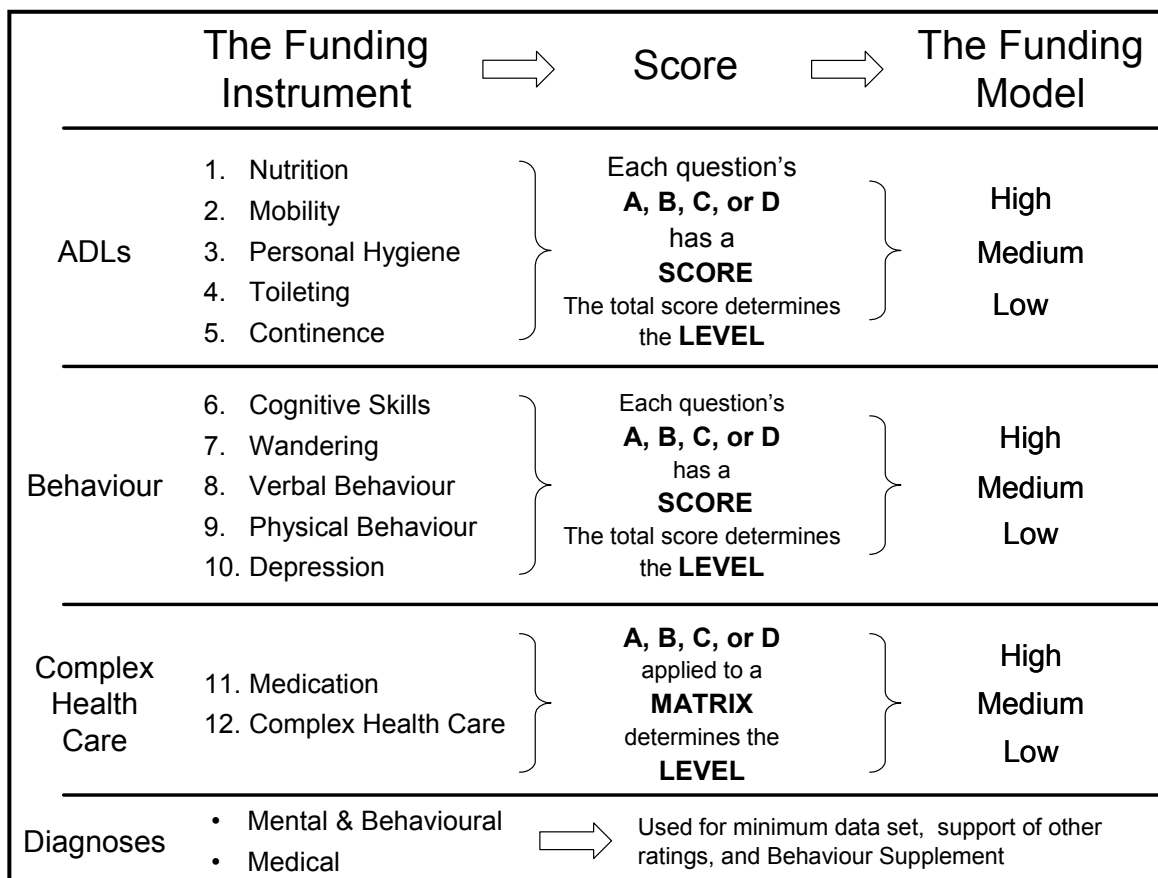
The two major parts of the new funding system are:

1. the funding instrument; and
2. the funding model.

The funding instrument uses 12 questions and two categories of diagnoses to classify a resident across the three domains of the funding model. These are - Activities of Daily Living, Behaviour, and Complex Health Care.

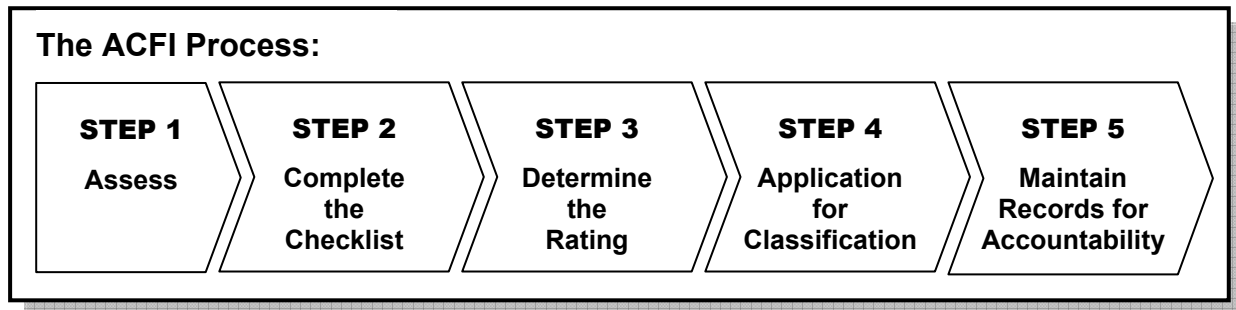
How do the instrument and the funding model work together?

The illustration below lists the three funding domains in the left hand column, then the relevant questions from the funding instrument that are used to classify the resident as high, medium or low in each of the domains.



The ACFI process

The ACFI measures the need for care through the use of standard assessment tools and the completion of ACFI checklists. The basic process of the ACFI is represented in the diagram below.



Some of the questions have specified assessment tools. The details of the required assessments are in the ACFI User Guide and Assessment Pack. The outcome of questions 1 to 12 is a rating of A, B, C, or D. The outcome of the diagnosis questions is a record of diagnosed disorders.

Points of Particular Relevance to Aged Care Assessment Teams

Diagnoses

The ACFI Answer Pack provides room for three ‘Mental and Behavioural’ diagnoses, and three ‘Medical’ diagnoses that impact on the care needs of the resident. Providers may use the diagnoses recorded in the ACCR as evidence. In general these can be taken from existing documentation and care notes and are not essential to funding except as outlined below. Reminder: your responsibility is to meet the requirements of the Aged Care Assessment Program.

Behaviour Supplement (determined by Questions 6 – 10)

In order to be paid the highest level of the behaviour supplement, there must be a relevant diagnosis as expressed below:

To qualify for the highest level of the Behaviour Supplement, a dementia diagnosis, provisional dementia diagnosis, psychiatric diagnosis or behavioural diagnosis is required. In the case of diagnoses covering depression, psychotic and neurotic disorders (refer mental and behavioural diagnosis codes 540, 550A, 550B, 560) the diagnosis, provisional diagnosis or re-confirmation of the diagnosis must have been completed within the past 12 months.

(ACFI User Guide p.11 and 13)

ACFI 10: Depression

The rating for ACFI 10 – Depression, will be limited to a ‘B’, unless there is a diagnosis on file, or an indication that a diagnosis is being sought, as expressed below:

For a rating of C or D, there must be a diagnosis or provisional diagnosis of depression. Where an existing diagnosis or provisional diagnosis is not available, and the service has indicated that a diagnosis is being sought, then a conditional C or D rating, as appropriate, will be used to determine the resident’s classification. A period of three months has been allowed for a service to obtain the diagnosis.

The diagnosis/provisional diagnosis, or reconfirmation of the diagnosis/provisional diagnosis, should have been completed in the past twelve months.

(ACFI User Guide p.32)

ACFI 5: Continence

There is an option on the continence record for ‘scheduled toileting’. This is conditional on the following:

If claiming for scheduled toileting, you must provide documentary evidence that the resident was incontinent prior to the implementation of scheduled toileting e.g. ACCR or a continence flowchart completed prior to scheduled toileting being implemented.

(ACFI User Guide p.9 and 23)

ACFI 12: Complex Health Care

The complex health care question lists a number of complex health care procedures and their respective documentary requirements.

Some procedures can only be claimed where there is a ‘Directive’ or an ‘Assessment’, or a ‘Diagnosis’

ACAT role in determining low and high residential care

There will be no change to existing ACAT assessment processes. ACATs will continue to approve clients for either high or low residential care. However, once a person is in residential care, the ACFI will be used to determine the appropriate level of residential care subsidy. Where the ACAT approval is limited to low care the level of subsidy will be capped until the resident ages in place or the ACAT provides a new high care approval.

Definition of high and low once in residential care

Once a person is in residential care, an ACFI based definition for the level of care needed will apply.

The definition for high care is illustrated below and described as:

- Medium or High in ADLs
OR
- High in Behaviour
OR
- Medium or High in CHC

High	H	H	H
Medium	M	OR	M
Low			
0			
	ADL	Behav- iour	Complex Care

If a resident is categorised at ANY of the care levels above, indicated by the shaded squares in the illustration, they are considered to require a high level of residential care. If a resident is categorised at any other care levels they are considered to require a low level of residential care.

For example a resident classified as ADL High, Behaviour Nil, and Complex Health Care Low, is considered high care. By way of contrast, a resident classified as ADL Low, Behaviour Medium and CHC Low would be low care.

Respite care

Respite care subsidies will continue to be paid to service providers at a fixed rate depending on whether the ACAT approval is limited to low or high care.

Further information

Further information on the ACFI is contained in the other information sheets and available from the Department of Health and Ageing’s web site: www.health.gov.au/acfi

The ACFI User Guide and other documents are available for download at this site.