



1. Aged Care Funding Instrument (ACFI) – Information for GPs

The aim of this document is to provide information for GPs to:

- 1) Give an overview of ACFI
- 2) Explain how GP documentation of **DIAGNOSES** can be an important part of the ACFI assessment
- 3) Explain how GP documentation of **MANAGEMENT** can be an important part of the ACFI assessment

About ACFI

- The ACFI is a new tool to assess key care needs of each resident in order to determine aged care home funding. It replaces the old RCS system.
- The ACFI will be used from **20th March 2008 for new residents**
- The ACFI will be used **for existing residents** when a funding review is due (i.e. within 12 months) or when required due to change of circumstances
- If funding assessed by ACFI is significantly lower than that from the old RCS system for an existing resident, then the RCS level of funding will remain

Advantages over old system (RCS)

- Less questions – the ACFI asks about key aspects of ADLs, diagnoses and management that have been found to determine the majority of funding needs
- Nursing care plans will no longer be needed for funding purposes, so there will no longer be the need for every staff member who documents day to day care to worry about the potential impact on funding. The care plan can once more be a document focused on clinical care

Difference between ACFI and Accreditation

Accreditation assesses quality of care (and therefore will still assess nursing care plans). ACFI only assesses funding needs.

Details of ACFI

	3 Funding Domains	12 questions	Rating	3 levels of funding
1	Activities of Daily Living	Qu 1-5	A, B, C or D	High, Medium, Low
2	Behaviour supplement	Qu 6-10	A, B, C or D	High, Medium, Low
3	Complex Health Care supplement	Qu 11-12	A, B, C or D	High, Medium, Low
		Some complex health care needs require a doctor's written directive		
	Diagnoses <ul style="list-style-type: none"> • Mental & Behavioural • Medical (Only 3 diagnoses in each of these categories are used in ACFI assessment. Some diagnoses attract more funding than others)	Two roles for diagnoses: <ul style="list-style-type: none"> • Provide data for research & planning (ie not for funding purposes) • Support ratings in Qu 6-10, 11 & 12 (ie affects funding) Some diagnoses require documentation by a doctor		



2. Aged Care Funding Instrument (ACFI) – the GP role

The areas specifically requiring GP documentation are:

- 1) Mental health
- 2) Behavioural problems
- 3) Medications: a medication chart is used
- 4) Complex health care (i.e. specific types of management that requires more staff time)

What documentation is required?

- The majority of this GP documentation is likely to have been recorded by the GP in the course of his/her usual work
- However, if it is not documented you may be asked to provide a written diagnosis or management instruction that is **signed and dated**
- Documentation can be in progress notes, care plan contributions, CMA, or medical history summaries
- **NOTE:** A CMA is one of the sources of documentation of diagnoses & management that is accepted by ACFI, but a CMA is not essential

	Qu	Sections requiring GP documentation	Diagnoses & Management/ Orders needed from a GP
Mental & Behavioural	6-10	<ul style="list-style-type: none"> • Cognitive skills • Wandering • Verbal behaviour • Physical behaviour 	<ul style="list-style-type: none"> • For mental health & behavioural diagnoses the diagnosis needs to have been re-confirmed within the last 12 months (ie every 12 months GP will need to document diagnosis again) • Examples of diagnoses: dementia (Alzheimers, vascular, other – the type does not have to be specified), delirium, depression, schizophrenia, paranoia, bipolar disorder, anxiety, PTSD, OCD, nervous tension/stress, autism, intellectual disability, alcoholism, Korsakov's psychosis, personality disorder • The GP does not have to provide MMSE or other measurements of cognitive function or depression. Nursing staff will undertake a Psychogeriatric Assessment Scale (PAS) for cognition, and a Cornell score for severity of depression
	10	Depression	<ul style="list-style-type: none"> • A confirmation of the diagnosis must have been documented within the last 12 months (ie every 12 months GP will need to document diagnosis again) • The diagnosis may be a provisional diagnosis awaiting confirmation. If recorded as a "provisional diagnosis of depression" the diagnosis must be confirmed within 3 months of submitting the ACFI • The GP does not need to provide diagnostic tests. Nursing staff will conduct a Cornell Scale. • A combination of Diagnosis plus Cornell Score is used to determine care needs eg well controlled depression will score low on the Cornell
Medical	11	Medication	A copy of the medication chart is used
Complex Health Care	12	Complex Health Care	<p>Some complex health care management requires a Medical Practitioner to document a description of the management for it to be included in the ACFI assessment. Others accept a directive from a nurse, an allied health practitioner or a doctor.</p> <p>The only complex health care management for which documentation can ONLY come from a medical practitioner are:</p> <ul style="list-style-type: none"> • BP required at least daily • BSL required at least daily <p>Note (i) this management must be the resident's USUAL management i.e. not just short-term management of an acute condition</p> <p>Note (ii) a diagnosis that supports this management is also required e.g. Diabetes, Hypertension</p>