



## 4. The ACFI and Medical Practitioners

As of 20<sup>th</sup> March 2008 the Aged Care Funding Instrument (ACFI) is the assessment used to determine Australian Government care funding to residential aged care facilities.

The new method is simpler with fewer basic funding categories, and two new supplements that will ensure funding is better matched to the needs of people with dementia and those with complex health care needs.

An ACFI assessment will be completed by the aged care home. It is not intended that the ACFI will significantly impact the work of medical practitioners.

### What do medical practitioners need to know?

- The resident's medication chart may be an input document for the ACFI assessment.
- Directives you have written for particular health procedures may also be used in the assessment.
- Completing an ACFI will involve collating information about a resident's medical conditions. In general these diagnoses can be taken from existing documentation and care notes. You may however be asked to review or reconfirm the diagnosis of certain conditions.

### Why is this necessary?

- as evidence that medication is appropriately authorised
- as evidence that complex health care procedures are appropriately authorised
- there are two instances where a diagnosis supports an assessment outcome (details below)

### When does this have to be done?

For existing residents an ACFI assessment is completed during the twelve month period beginning 20 March 2008 as their existing funding classification expires.

New residents will have an ACFI assessment completed within two months of entering residential care.

### Is a Comprehensive Medical Assessment required?

No. Comprehensive Medical Assessments are not required by the ACFI. If one is completed however, the information may be used in completing an ACFI assessment. CMAs remain a voluntary service.

### When is a diagnosis required for funding?

There are two instances where a diagnosis may be required to support a funding claim.

The first instance relates to the question on depression - ACFI 10. The second instance relates to the level of the Behaviour Supplement. Diagnoses do not need to be supplied in any specific form or format. They must identify the name and profession of the person providing the diagnosis and be dated.

## ACFI 10 – Depression

ACFI 10 specifies the use of the Cornell Scale for Depression in Dementia (CSD) in order to claim funding for care costs associated with depression. The CSD score determines a rating of A, B, C, or D.

A rating of C or D also has a requirement for a diagnosis or provisional diagnosis of depression. If a diagnosis is not available, a three month period is allowed to arrange a medical consultation. This is expressed in the ACFI User Guide as follows:

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.

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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)*

## The Behaviour Supplement

The funding model has three streams, or 'domains', of funding – Activities of Daily Living, Behaviour, and Complex Health Care. Each of these has three funded levels – Low, Medium and High.

To be paid the High level of the Behaviour Supplement, a resident must have a relevant diagnosis as below. A list of the relevant disorders is contained on p.14 of the ACFI User Guide.

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 ... the diagnosis, provisional diagnosis or re-confirmation of the diagnosis must have been completed within the past 12 months.

*(ACFI User Guide p.11)*

## Additional points of reference:

**ACFI 11 – Medication:** For a rating of B, C, or D, a copy of the medication chart that was applicable during the appraisal period must be included in the ACFI Appraisal Pack.

**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 'Medical Directive'. For others a directive from a medical practitioner is one of several options for that procedure. (See ACFI 12 for details).

## Further information:

More information including the ACFI User Guide is available at the web address below.

**The ACFI funding categories**

There are three categories, or 'domains', of funding:

1. Activities of Daily Living
2. Behaviour Supplement
3. Complex Health Care Supplement

Each of these domains has *three funded levels* - Low, Medium and High.

**The ACFI process**

The ACFI measures the need for care through the use of standard assessment tools and the completion of ACFI checklists.

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.

**How does the ACFI work?**

The ACFI uses information from 12 questions and 2 categories of diagnosis to place a resident in the Low, Medium, or High category of each of the three funding domains. No funding will be provided for a domain if the resident has no or minimal assessed care needs.

The relationship between the questions and the funding domains is shown in the illustration below.

