

The Aged Care Funding Instrument (ACFI)

2008

A message from the Chair, AMA Committee on Care of Older People

The AMA Committee on Care of Older People has carefully followed the development of the Aged Care Funding Instrument (ACFI) over the past year. On 20 March 2008, the ACFI replaces the Resident Classification Scale (RCS) as the method of determining Australian Government Funding to residential aged care facilities (RACFs). The AMA Committee on Care of Older People believes the ACFI is an improvement on the RCS with the potential to enhance both care planning and quality of care.

New government initiatives usually generate some level of concern about how they will work in practice. The AMA has received a number of enquiries from members concerned about the impact the ACFI will have on the work they do. This fact sheet is designed to answer many of those questions for medical practitioners who provide care to older Australians living in RACFs. It has been prepared based on an assessment of information provided by the Australian Government of Health and Ageing on the ACFI by the AMA.



Dr Peter Ford

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How will the ACFI impact on medical practitioners?

The Department has assured the AMA that the ACFI will not significantly impact on the work of medical practitioners. Its introduction does not mean that a comprehensive medical assessment is required on each occasion (see below). Nor is the ACFI an automatic trigger for a review of diagnoses or treatment orders for existing residents, although naturally these would be carried out if clinically necessary. RACFs are required to complete an ACFI assessment for all existing residents during the twelve-month period beginning 20 March 2008 as a resident's existing funding application expires. New residents will have an ACFI assessment completed within two months of entering residential aged care.

Are Comprehensive Medical Assessments (CMAs) required for the ACFI?

No. A CMA is not a mandatory requirement of ACFI. A CMA (MBS Item 712) will continue to be available to new residents upon admission to a RACF, or for existing residents where it is required in the opinion of the medical practitioner. Information gathered during a CMA may be used as evidence by RACFs to support ACFI questions.

What does the ACFI assess?

The ACFI consists of twelve questions about assessed care needs, each having four ratings (A,B,C,D) and two diagnostic sections – Mental & Behavioural and Medical.

Is a doctor's note in the progress notes sufficient for a diagnosis when all it has is the doctor's signature?

Yes. In general, diagnoses can be taken from existing documentation and care notes. The diagnoses must be dated and signed by the medical practitioner who confirmed the diagnoses, in either the resident's progress notes or in the resident's CMA documents.

When is a diagnosis from a medical practitioner required for ACFI funding?

Access to medical services and diagnosis will be an integral part of ACFI for residents with high care, chronic and complex care needs. There are four instances where a medical diagnosis is required to support an ACFI claim for higher funding. In these instances the AMA agrees it is appropriate that a medical practitioner should exclusively confirm medical diagnoses:

1. To receive the highest level of **Behaviour Supplement**, a dementia diagnosis, provisional dementia diagnosis, psychiatric diagnosis or behavioural diagnosis is required. For diagnoses covering depression, psychotic and neurotic disorders the diagnosis, provisional diagnosis or reconfirmation of the diagnosis must have been completed within the past twelve months.
2. For **ACFI 10 – Depression**, the rating will default to a B, unless there is a medical diagnosis on file, or a commitment to obtain a medical diagnosis.
3. For **ACFI 11 – Medication**, a copy of an appropriately authorised medication chart related to the appraisal period must be included to receive a rating of B, C or D.
4. For **ACFI 12 – Complex Health Care**, some complex health care procedures/health care needs can only be claimed where there is a medical directive. For others a directive from a medical practitioner is only one of the options.

What is required for a diagnosis of depression?

ACFI 10 – Depression specifies the use of the Cornell Scale for Depression in Dementia (CSD) in order to claim funding for the care costs associated with depression. It is not intended that a medical practitioner completes the CSD – RACFs will nominate a trained staff member to complete the ACFI questions, including the CSD. The AMA supports the use of the CSD as a screening tool, and expects that a higher score will trigger a medical referral.

How will the ACFI improve access to medical services in RACFs?

It won't. In fact, the introduction of the ACFI strengthens the AMA argument that new initiatives are urgently required to improve access to medical services for residents in RACFs. These include introducing MBS items that reflect the clinical services provided and innovations in other areas of the MBS that foster high quality team based care, introducing clinical management and prescribing systems, and providing access to clinical treatment rooms in RACF. These measures will ensure that our sick and frail older Australians have access to the same quality of care that other Australians take for granted.

Will RACFs receive less funding using the ACFI?

Any resident admitted to a RACF from 20 March 2008 will be assessed using ACFI. Existing residents will not lose any of their current funding. Existing residents whose ACFI assessment provides less than their current RCS funding will continue to be paid at the existing RCS rate plus indexation until their care needs increase (referred to as 'grand parenting') and an equivalent ACFI rate is payable.

Who received ACFI training?

TAFE training was provided to aged care providers and their staff who needed to understand the ACFI appraisal and claiming process in order to claim Government subsidies. Other parties with an interest in the ACFI changes were not eligible to attend. The Department has placed the training materials on its website listed below.

Will ACFI be reviewed?

Yes. The impact of the ACFI on funding will be monitored over the first twelve months to determine whether any adjustments to the funding model are required. The Department has advised that a formal review will be conducted 18 months after the ACFI has been in use.

Who can I contact with questions about ACFI?

Medical practitioners should direct any queries to:

ACFI business rules and funding acfi@health.gov.au or 1800 500 853

For information on ACFI, visit <http://www.health.gov.au/acfi>

The ACFI User Guide and other documents are available from this site.