

ACFI Compared to Proposed R-ACFI

ADL Domain Changes – at a glance

ACFI	R-ACFI
A,B,C,D ratings	Standard Care, Monitoring (Nutrition only), Moderate Assistance, Full Assistance Nutrition, Full Assistance Mechanical Lifting (Mobility only)
Nil, Low, Medium, High domain levels	Low, Medium, High, Very High domain levels
Some residents can receive Nil for ADLs = \$0.00	All residents at a minimum will be funded at the Low domain level = \$44.54
Assessments valid for 6 months	Assessments valid for 3 months
Can use own tools for assessments	Must use particular mandated assessments for each care need
Grooming is included in Personal Hygiene	Removal of Grooming from Personal Hygiene
For the highest claim in Urinary continence you require more than 3 episodes daily of urinary incontinence or passing of urine during scheduled toileting	For the highest claim in Urinary continence you require more than 4 episodes daily of urinary incontinence or passing urine during scheduled toileting
12.12a – management of arthritic joints and oedema is included in the CHC domain not the ADL domain	12.12a – management of arthritic joints and oedema is now included in the ADL domain under the Personal Hygiene question for the section dressing and undressing
No supporting evidence required	Supporting evidence is now required regarding the reasons for the assistance needed

ADL Daily Funding Amounts for each Category

ACFI		R-ACFI	
Category	Daily Funding	Category	Daily Funding
Nil	\$0.00	Low	\$44.54
Low	\$36.65	Medium	\$71.27
Medium	\$79.80	High	\$98.00
High	\$110.55	Very High	\$124.73

ADL Summary of Assistance Needed

ACFI	R-ACFI
<p><u>Nutrition</u> Independent – no assistance</p> <p>Supervision – place utensils in hand, monitor and/or standby assistance</p> <p>Physical assistance – cutting up food, feeding for majority of meal</p>	<p><u>Nutrition</u> Standard care – independent or standby assist, or provision of modified textured food and drinks, cutting up food, verbal assistance</p> <p>Monitoring – needs general monitoring for an assessed nutritional need</p> <p>Moderate assistance – always providing physical assistance on a one to one basis for part of the EATING activity</p> <p>Full assistance – always providing physical assistance on one to one basis throughout the entire meal</p>
<p><u>Mobility</u> Independent – no assistance</p> <p>Supervision – monitor and/or standby assistance</p> <p>Physical assistance – one to one physical assistance</p> <p>Mechanical Lifter – requiring physical assistance with the use of mechanical lifting equipment for transfers</p>	<p><u>Mobility</u> Standard care – Independent, standby assist, setting up etc.</p> <p>Moderate assistance – always providing physical assistance on one to one basis for at least part of the activity</p> <p>Full assistance – always providing physical assistance by at least 2 staff throughout the entire activity</p> <p>Mechanical Lifting – Always providing physical assistance by the use of mechanical lifting equipment, throughout the entire transfer activity, whenever the activity is needed</p>

<p><u>Personal Hygiene/Toileting</u> Independent – no assistance</p> <p>Supervision – choosing and laying out garments, undoing/doing up zips, setting up toiletries or turning on and adjusting taps, setting up articles for grooming, setting up toilet aids, handing resident bedpan or urinal, placing ostomy articles in reach, emptying drainage bags, urinals, bed pans or commode bowls and monitor/or standby assistance</p> <p>Physical assistance – one to one physical assistance with dressing and undressing, washing and drying the body, dental care, hair care or shaving, positioning resident for use of toilet or commode or bedpan or urinal, adjusting clothing and wiping peri-anal area</p> <p><u>Continence</u> Urinary continence</p> <ol style="list-style-type: none"> 1. No episodes of urinary incontinence or self manages continence devices 2. Incontinent of urine less than or equal to once per day 3. 2-3 episodes daily of urinary incontinence or passing of urine during scheduled toileting 4. More than 3 episodes daily of urinary incontinence or passing urine during scheduled toileting <p>Faecal continence</p> <ol style="list-style-type: none"> 1. No episodes of faecal incontinence or self-manages continence devices 2. Incontinent of faeces once or twice per week 3. 3 to 4 episodes weekly of faecal incontinence or passing faeces during scheduled toileting 4. More than 4 episodes per week of faecal incontinence or passing faeces during scheduled toileting 	<p><u>Personal Hygiene/Toileting</u> Standard care – Independent (with or without aids); OR Standing by for occasional or episodic assistance; OR Setting up activities: Dressing e.g. choosing and laying out clothes Washing e.g. up toiletries within reach, turning on or adjusting taps Use of Toilet e.g. setting up toilet aids or handing the resident the bedpan or urinal, or placing ostomy articles in reach Toilet Completion: e.g. emptying drainage bags, urinals, bed pans or commode bowl; OR Verbal assistance, prompting, cuing.</p> <p>Moderate assistance - Always providing physical assistance, on a one-to one basis, for at least part of the activity, whenever the activity is needed</p> <p>Full assistance - Always providing physical assistance, by at least two staff, throughout the entire activity, whenever the activity is needed</p> <p><u>Continence</u> Urinary continence</p> <ol style="list-style-type: none"> 1. No episodes of urinary incontinence or self-manages continence devices <i>OR has catheter</i> 2. Incontinent of urine up to 4 times per day 3. Incontinent of urine > 4 times per day (always or most of the time) <p>Faecal continence</p> <ol style="list-style-type: none"> 1. No episodes of faecal incontinence in past week, or self-manages continence devices <i>OR has ostomy</i> 2. Incontinent of faeces up to 4 times per week 3. Incontinent of faeces >4 episodes per week
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Behaviour Domain Changes – at a glance

ACFI	R-ACFI
Nil, Low, Medium, High domain levels	Nil, Moderate and High domain levels
3 separate questions for different behaviours: ACFI 7 Wandering, ACFI 8 Verbal Behaviour, ACFI 9 Physical Behaviour	A single ACFI behaviour question replaces the 3 separate behaviour questions
Depression is included in Behaviour domain and has 3 levels – mild, moderate and severe impairment	Depression item has been removed from the Behaviour domain and included in the CHC domain as it now focuses on Major Depression
Level of Cognition is calculated through the use of the PAS-CIS (Psychogeriatric Assessment Scales- Cognitive Impairment Scale)	Level of Cognition is calculated through the use of the S-MMSE (Standardised Mini Mental State Examination)
Frequency of behaviour rating descriptors: A – Nil behaviours B – Behaviour occurs at least 2 days per week C – Behaviour occurs at least 6 days per week D – Behaviour occurs at least twice a day for 6 days a week	Frequency of behaviour rating descriptors: Measurement 1 – Frequency: Less than daily Daily Twice a day More than twice a day Measurement 2 – Disruptiveness: Mildly Moderately Severely Extremely

<p>Behaviour Descriptions include: <i>Wandering</i> – interfering while wandering & trying to get to inappropriate places <i>Verbal</i> – Verbal refusal of care, verbal disruption to others, paranoid ideations, verbally sexually inappropriate <i>Physical</i> – Physically threatens or does harm to self or others or property, socially inappropriate behaviour that impacts on others, constantly physically agitated Total Behaviour Types = 9</p>	<p>Behaviour Descriptions “constantly physically agitated” and “verbal refusal of care” have been removed due to the definitional problems and inappropriate labelling Total Behaviour Types = 7</p>
<p>A mental and behavioural diagnosis is required to support a High in the Behaviour Domain (including Depression)</p>	<p>A mental and behavioural diagnosis (excluding depression) is required to receive the highest funding level & a referral and review by a Behaviour Specialist (DBMAS – Dementia Behaviour Management Advisory Service, Psychiatrist, Psychologist)</p>

Behaviour Daily Funding Amounts for each Category

ACFI		R-ACFI	
Category	Daily Funding	Category	Daily Funding
Nil	\$0.00	Base	\$0.00
Low	\$8.37	Moderate	\$17.51
Medium	\$17.36	High	\$30.65
High	\$36.19		

Complex Health Care (CHC) Domain Changes – at a glance

ACFI	R-ACFI
<p>Consists of 2 questions: ACFI 11 – Medication ACFI 12 – Complex Health Care</p>	<p>Consists of 1 question only. Medication has been moved into the R-ACFI Complex Health Care Procedures list as 2 separate items: (i) 12.9a – daily medications, patches, suppositories and enemas (weight 3) and (ii) 12.9b – daily injections (weight 6) <i>can only claim one item – either 12.9a or 12.9b</i></p>
<p>Pain management is covered in the CHC domain under the ACFI through items: 12.3 12.4a 12.4b</p>	<p>Relocation of pain management items (12.3, 12.4a, 12.4b) and funding into the new R-ACFI Therapy Program which has a broader physical therapy focus. The funding determined from the pain management items over the past 4 years has been averaged and \$15 per day has been transferred from the CHC Domain into the new Therapy Program</p>
<p>Depression is included in the Behaviour domain not the CHC domain and has four levels – Nil, Mild, Moderate and Severe</p>	<p>Depression is now included in the CHC domain under 12.8 – Depression and requirements are a diagnosis of Major Depressive Disorder, Directive and Depression Assessment – there is no longer 4 levels of Depression, only 1 – Major Depression</p>
<p>No requirement for a regular ongoing Comprehensive Health Assessment</p>	<p>Requirement for a claim in the Complex Health Care domain is that there is documented evidence that the resident has a regular ongoing 3 monthly Comprehensive Health Assessment undertaken and signed off by a registered nurse</p>
<p>Consists of 20 Complex Health Care procedures</p>	<p>Consists of 15 Complex Health Care procedures</p>
<p>The below procedures are included in CHC: 12.1 – Daily blood pressure monitoring 12.18 – Vital signs technical equipment are included</p>	<p>Removal of the below procedures from CHC: 12.1 – Daily blood pressure monitoring 12.18 – Vital signs technical equipment</p>
<p>12.12a – management of arthritic joints and oedema is included in CHC procedures</p>	<p>Removal of 12.12a – management of arthritic joints and oedema from the CHC procedures list, and is now included and covered in the ADL domain under the Personal Hygiene question section “dressing and undressing”</p>
<p>12.12b – management of non-arthritic oedema by the fitting and removal of compression garments and/or compression bandages. Requirements: 1. Diagnosed conditions: - Non-arthritic oedema or; - DVT or; - Chronic skin conditions AND 2. Directive by RN or MP or AHP</p>	<p>12.7 – complex management of oedema when the management plan includes the use of compression therapy that includes bandages/hosiery/garment applied at least weekly. Requirements: 1. Diagnosed conditions: - chronic venous insufficiency - lymphoedema - acute (ongoing) DVT (lower leg) AND 2. Directive by RN, MP or AHP and must contain:</p>

<p>There is no requirement for a record of treatment under the ACFI.</p>	<ul style="list-style-type: none"> (i) Aim of compression therapy (ii) Type/description of the bandage/ hosiery/ garment (iii) Objective measurements eg. Calf size, ankle size (iv) Compression mmHg (v) Application directions eg. Frequency of application (vi) Review details <p>AND</p> <p>3. Record of Treatment</p>
<p>Procedure Weighting Changes 12.2 – daily blood glucose measurement = 3 points 12.13 – oxygen therapy not self managed = 3 points 12.14 – palliative care program = 10 points</p>	<p>Procedure Weighting Changes 12.2 – daily blood glucose measurement = 1 point 12.3 – oxygen therapy not self managed = 1 point 12.15 – palliative care program = 15 points & resident must be in the <u>final days or weeks</u> of life & will require a <u>mandatory reappraisal in 6 months</u></p>

Complex Health Care Daily Funding Amounts for each Category

ACFI		R-ACFI	
Category	Daily Funding	Category	Daily Funding
Nil	\$0.00	Base	\$0.00
Low	\$16.37	Low	\$33.11
Medium	\$46.62	Medium	\$44.15
High	\$67.32	High	\$55.19

Therapy Program Replacing Pain Management Section of Complex Health Care

Differences Between Current ACFI Pain Management to Proposed Therapy Program

Total proposed funding per day allocated to residents for the Therapy Program is \$15.

ACFI	R-ACFI
<p>Allied Health Professionals include the following:</p> <ul style="list-style-type: none"> - Occupational therapist - Physiotherapist - Podiatrist - Chiropractor - Osteopath 	<p>Allied Health Professionals include the following:</p> <ul style="list-style-type: none"> - Occupational therapist - Physiotherapist - Podiatrist - Chiropractor - Osteopath - Exercise physiologists
<p>Pain management was delivered on a 1:1 basis</p>	<p>Therapy programs will be designed and delivered as 1:1 or group activities</p> <p>One-on one therapy</p> <ul style="list-style-type: none"> - Usually requires a more intense input by the participant - Best delivered in a session time of around 20-30 minutes <p>Group therapy sessions</p> <ul style="list-style-type: none"> - Maximum of 5 people - Small group sessions should be delivered in approximately 50 minute sessions
<p>Options for pain management are: 12.3 – heat pack or staff massage 20 mins p/week 12.4a – RN therapeutic massage 20 mins p/week 12.4b – AHP therapeutic massage 4 days p/week for at least 80 mins p/week</p> <p>can only claim either 12.4a or 12.4b</p>	<p>Options for Therapy Program:</p> <p>Option A: 1 individual physical therapy session and 3 small group sessions with a total requirement of 180 minutes p/week</p> <p>Option B: 2 individual physical therapy sessions and 2 small group sessions with a total requirement of 140 minutes p/week</p> <p>Option C: 3 individual physical therapy sessions with a total requirement of 60 minutes p/week</p>
<p>Only residents with identified pain through an evidence based pain assessment are eligible for claiming pain management.</p>	<p>All residents of aged care facilities will be eligible for the Therapy Program. The only requirements will be:</p> <ul style="list-style-type: none"> - Resident must want to participate on an ongoing basis - Program benefits to be evaluated and reported on every 3 months - An appropriately qualified person must be available to design, manage and run the program

Summary of Changes:

Activities of Daily Living

- Majority of residents currently receiving a High in the ADL domain, will now only qualify for a Medium in the R-ACFI, as to qualify for a High the resident needs 2 person assist (usually residents only require 1 person assist). Even if they do maintain a High, the daily funding will reduce by \$12 odd per bed day. The small percentage of residents requiring mechanical lifting equipment will qualify for a Very High. 0.6% of Nil in ADLs will increase to Low and this does not make up for the reductions as the ADL domain is where facilities receive the most significant funding

Behaviours

- The R-ACFI proposes to remove the 2 most commonly claimed behaviours completely: verbal refusal of care and constantly physically agitated. The reasoning for this is due to “definitional problems and inappropriate labelling”, however these 2 behaviours are no more open to problems than the remaining 7 behaviours

Complex Health Care

- The removal of pain management questions 12.3, 12.4a and 12.4b from the Complex Health Care domain and into a new proposed ‘Therapy Program’
- Removal of 12.1 – daily blood pressure monitoring, 12.18 – monitoring of vital signs all together, they will no longer be claimable
- Removal of 12.12a – management of arthritis and oedema related to arthritis from the CHC domain into the ADL domain under the question Personal Hygiene
- Depression has been removed from the Behaviour domain into the Complex Health Care domain, however they have removed the sliding scale to claim for it (ie. Mild, moderate, severe) and to be able to claim for it now, you must have a diagnosis of “Major Depressive Disorder” meaning now you can only claim for residents with “severe” depression

Therapy Program

- Based on the proposed option for the Therapy Program, they are suggesting that the best options for residents would be 1 individual physical therapy session (best delivered in a session time of around 20-30 minutes) and 3 small group sessions (maximum of 5 people and approximately 50 minute sessions per week) with a total requirement of 180 mins per week and each resident receives \$15 per day totalling \$105 per week. Based on these figures, the total amount they are proposing to pay for an AHP is \$95 p/hour plus GST (\$105 p/hour total). This amount does not take into consideration training, completing assessment and documentation, supplies required (especially with exercise as a focus) and general retention of an AHP

Allied Care Group question this proposal. Furthermore, we question the ethics of it. The author has proposed a computer program to recognise voluntary upgrades ongoing for RACFs and this author also happens to have a computer program that fits the proposed option. However most in the industry will recognise that it is not a viable option. Many voluntary upgrades won't be found as the program is only as good as the documentation provided. One of the biggest issues RACFs face is incongruent staff documentation and ensuring the information being documented is up to date and accurate to care needs, especially with regards to care changes. This is one of the biggest reasons we find RACFs miss upgrades in the industry.