

What is ACFI????

The Aged Care Funding Instrument or ACFI will replace the Resident Classification Scale (RCS) and will be used to determine residential subsidies for residents. ACFI is a funding tool, it measures only those care elements that best distinguish the costs of care. It was developed in response to the Review of Pricing Arrangements in Residential Aged Care and the RCS Review (2003).

Residents will still have their facility care plans and care will still be defined by the Aged Care Act 1997 and not the ACFI.

The ACFI appraisal involves an assessment of the person's usual care needs. It is based largely on the resident's dependency (need for care) rather than on care planning or care provided by an aged care home.

There are 12 questions. Diagnostic information about mental and behavioural disorders and other medical conditions is also collected. This information is used to categorise residents as having low, medium or high care needs in the following areas:

- Activities of Daily Living
- Behaviour
- Complex Health Care

Although ACFI comes in from 20th March, not all residents will move to the new system. It will be for new residents and other residents will move across to ACFI when their current RCS plan comes up for review.

What does it mean for GPs

ACFI allows for three "Mental and Behavioural" diagnoses and three "Medical" diagnoses that impact on the care of resident.

The diagnosis must be dated and signed (by a medical practitioner) and can be either

- in the resident's progress notes or
- in the resident's Comprehensive Medical Assessments.

The diagnoses and management requirement must be current (e.g. if a resident has hypertension (diagnosis) and GP requires BP to be done daily (management). This information is required for a RACF to justify a claim.

Residents with dementia and/or depression

To qualify for the highest level of 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 disorder the diagnosis, provisional diagnosis and re-confirmation of the diagnosis must have been completed with the past 12 months.

A period of 3 months has been allowed for a service to obtain a diagnosis.

CMA's

Whilst a CMA is **not** a mandatory requirement of ACFI- it will greatly assist RACF in completing the ACFI assessment.

More Information about CMAs inside!!

COMPREHENSIVE MEDICAL ASSESSMENTS (CMAs)

Why do a CMA?

An up to date medical summary for patients, including in residential care, is a general practice accreditation standard.

There is a Medicare Rebate to support GPs.

CMAs are for permanent residents of RACFs receiving either high or low care. There is no age limit for a resident to be eligible. Veterans in RACFs are eligible for CMAs.

A CMA is available for all patients by only if there has not been one undertaken in the previous 12 months.

It is good practice to initiate a CMA with all new resident admissions to Residential Aged Care.

What is included in a CMA?

- Review of background documents, including investigations, specialist letter and allied health provider assessments.
- Detailed history, including medication
- Full Physical Examination
- Functional assessment, including mental state examination and assessment of capacity to make decisions; and
- Formulation of a list of medical problems.

Information can be gathered from documents, resident, relatives, RACF staff and other service providers.

Parts of the CMA can be completed by your practice nurse or with assistance from RACF staff.

Useful tips from local GPs

- On admission – get past hx on MD by practice nurse, practice nurse to organise recall every 12 months
- Develop a system with the RACF to streamline process – determine the information that RN can help gather.
- Arrange regular time slot every 2 weeks to do them.
- Notify NUM/DON of intent to do CMA 1 week before.
- Have consent form ready for patient to read (or have nursing staff at facility obtain consent)

CMA templates

There are numerous templates availableGo to the Division website www.dddgp.com.au. Click on resources and then Health Programs, MBS Items , CMA

- http://www.dddgp.com.au/_cms/CMS_images/resources/CMA%20Template.61.rtf

The Abbreviated Mental Test is also located on this site. ("CMA back page")

CMA Rebate

MBS Item 712 has a rebate of \$191.80

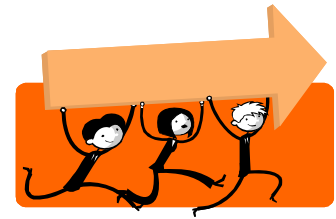
A CMA can be undertaken once every 12 months per resident.

ALLIED HEALTH INITIATIVES

After visiting many RACFs and combining their thoughts along with ideas from the DoN network meetings and the questionnaires sent out late last year we are starting to move forward on some activities in the Allied Health area.

The key areas of need include:

- Diabetes,
- Behaviour management,
- Falls Prevention Initiatives and
- Nutrition/Dental health for residents.



There are seven facilities that identified Diabetes education and professional development for staff. We are in the process of organising dates and tailored programs for these facilities.

If you are interested in this initiative please contact Christine Prendergast.

Another area of interest was up-skilling staff in dealing with the residents with Dementia, particularly around hints and strategies for behaviour management. We have identified that this service is already available free of charge to all facilities (provided by Secondary Consultants), but does consist of 6 x 1 hour sessions. However after discussion, they are happy to tailor a program specifically for RACFs with limited time. When this available, we will keep you informed. Initially the service will be offered to RACFs who identified this as a priority area. However if you would like to be added to the list, just let us know.

Palliative Care is another area that crosses over into the Allied Health Initiative. There is a lot of discussion around Advanced Care Planning, the Respecting Patient Choices Program and the services provided by that Specialist Palliative Care Services. We will be planning some palliative care workshops and staff education in this area. We would welcome any feedback or requests.

Due to the detailed nature of falls, we will be conducting a more detailed analysis of falls prevention activities within RACFs. This will include a discussion with relevant staff and allied health professionals providing services at the facility. Contact will be made with you in the near future to arrange a suitable time for this discussion.

Please contact Christine Prendergast on 9706 7311 to discuss any of these initiatives.

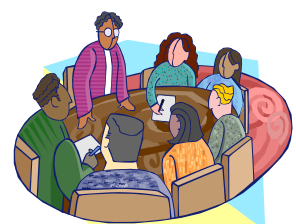
Are you a interested in joining a working group?

We would love to have your input and involvement in one of our working groups or committees. These are a great opportunities for you to represent the views and perspective from the RACF setting.

We have a vacancy for a RACF representative to join our Aged Care Executive Committee (meetings are held every second month). This group oversees all the activities of the Aged Care Panel Program.

In addition, we will be convening specific working groups to progress priority areas such as advanced care planning and the hospital & RACF interface.

Please contact us if you are interested in participating and making a difference! We would love to hear from you.



Useful News

Staff Changes

Amy Derrick will soon take up the position of Aged Care Program Coordinator. Amy will commence on the 14th April and take over from Julie Sutherland, who is relocating to Bendigo.

Many of you will know Amy as the Director of Nursing from Cardinal Knox Village in Dandenong. Amy has been an active participant in the Divisions Aged Care Program, including dressing up and performing at past AGMs!

We are very pleased to welcome her to the Division and look forward to exciting times ahead.

Amy will be working Monday—Friday.

Christine Prendergast will continue to work on Wednesdays and Thursdays.

Discontinuation of Medicare Dental Items

The Medicare dental items that were available for residents of aged care facilities where the residents GP had completed a “contribution to care plan” MBS Item (731) are being withdrawn to make way for the Government’s new Commonwealth Dental Health Program. Information about how the items are being phased has been mailed to GPs.

Patients already receiving treatment under the chronic care dental items will be able to receive benefits for dental services provided up to and including 30 June 2008. Access to this scheme for new patients will cease from 30 March 2008. GPs are encouraged not to refer patients for dental services if they will be unable to commence treatment by 30 March 2008.

The Government advises that it is working with the States/Territories to fund up to one million additional services to address public dental waiting lists. Patients with chronic disease who would have qualified for the old scheme will be given priority under the new scheme.

For further questions about the discontinuation arrangements, please contact Medicare Australia on 132 150 (GPs) or 132 011 (patients) or refer to www.dddgp.com.au to view the full document and FAQs information.

Remember to check the Divisions Website for many useful resources

There are a number of Aged Care Resources that are useful for GPs and Aged Care Facilities. .

www.dddgp.com.au

Click on > Resources then > Health Program then > Aged Care

If you would like any further information about the Division’s Aged Care program please contact the:

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