



Aged Care Funding Instrument (ACFI) additional information

COVID-19 Update

At-Desk ACFI Reviews

Approved Providers of residential aged care facilities should note that the Department of Health is undertaking ACFI reviews at-desk in the department's offices until further notice. This approach removes any risk of COVID-19 transmission occurring by departmental staff visiting residential aged care facilities.

ACFI Question 12.4b

The department has received a number of queries regarding pain management assessments to support claims under ACFI question 12.4 (b).

If, due to COVID-19, an allied health professional is temporarily unavailable to deliver pain management treatments, for ACFI purposes records of treatment should include information to explain:

- What ACFI treatments could not be completed and the reasons for this.
- Why and when a treatment was ceased.
- Directives setting out how, where and when alternate measures were implemented based on the clinical judgement of the provider to meet the care needs of the resident and the [Aged Care Quality and Safety Standards](#).
- What suitably qualified alternate staff undertook the particular ACFI User Guide actions.
- Approved Providers must regularly review the effectiveness of any alternate treatments to ensure the resident's care needs are met.

Assessment tools

The [ACFI Assessment Pack](#) provides some tools and suggested tools to use when completing your ACFI.

The Australian Pain Society's [Pain Management Guide \(PMG\) Kit for Aged Care](#) recommends these tools for checklist items ACFI 12.3, 4a and 4b — pain management:

- The Modified Residents Verbal Brief Pain Inventory (M-RVBPI) to assess pain in residents who can communicate.
- The Abbey Pain Scale or the Pain Assessment in Advanced Dementia Scale for residents with severe dementia or cognitive impairment.

Psychogeriatric Assessment Scales– Cognitive Impairment Scale (PAS - CIS)

To support a B, C or D rating in ACFI 6 'Cognitive Skills', the Psychogeriatric Assessment Scales– Cognitive Impairment Scale (PAS - CIS) must be completed and the score entered into the Cognitive Skills Checklist. If a score is not included, the assessment must provide the reason why it could not be completed and alternative supporting evidence such as a clinical report must be provided in the ACFI Answer Appraisal Pack.

To use the PAS-CIS:

- Read the [PAS User Guide](#).
- Download the cognitive impairment scale.

The seven day rule

A resident must have seven (7) continuous days of care — including respite days — before starting an ACFI appraisal (including assessments). This rule provides a settling in period for the resident.

The ACFI User Guide Table 1: ACFI at a glance, page 13 lists the appraisal evidence requirements that must be stored in an ACFI Answer Appraisal Pack. The dot points below list which evidence requirements must be commenced and completed by the appraiser after the seventh day of care (noting the resident must be in permanent care when these are undertaken). They also show which evidence requirements may predate the appraisal period.

Evidence Requirements that must be commenced and completed by the appraiser after the seventh day of care:

- Checklists.
- Assessments.
- Assessment summaries.
- Records (e.g. Continence Record and records of complex health care treatments).
- Directives.

Evidence Requirements for inclusion in the appraisal that may predate the appraisal period (but must reflect the ongoing care needs of the care recipient at the time of the appraisal):

- Source materials (e.g. NSAF, ACCR, GP comprehensive medical assessments, other medical practitioner assessments or notes).
- Diagnoses by a registered health professional acting in their scope of practice.
- Clinical reports prepared by a health professional.
- Note that time limits for the validity of diagnoses covering depression, psychotic and neurotic disorders apply and “must be dated within the twelve month period prior to the ACFI submission date (ACFI User Guide pg.6)”.

If a resident leaves within their first 7 days of care and they were in permanent care, you can submit an ACFI Application for Classification within 28 days from their first day of care. The application should be based on the evidence available while the resident was in the approved provider’s permanent residential aged care.

12.4a and b: complex pain management

For claiming ACFI items 12.4a and b, evidence must show one-on-one individual care. Treatment should not be given to a group of residents at the same time.

The 20 or 80 minutes of staff time do not include:

- The time taken for pre- and post-treatment assessment of the resident.
- Time spent on treatment modalities other than therapeutic massage and pain management involving technical equipment specifically designed for pain management.

Complex health care: 12.12

ACFI 12.12a

Item 12.12a is claimable for residents who have arthritic joints with associated oedema. To claim this item, evidence must be provided to support that the resident has both of these conditions. This must include the diagnosis and the directive for treatment, as per the requirements of the ACFI User Guide.

For management of these conditions, tubular elasticised support bandages are tubular bandages that may not provide graduated compression. Support hosiery such as flight socks and elastic support stockings may be claimed, provided there is a relevant diagnosis and a directive recommending their use for the treatment of arthritic joints and associated oedema.

To ensure the integrity of the garments provides the correct on-going support for the resident, compression stockings, socks and/or bandages should be replaced regularly according to the care management plan or directive.

ACFI 12.12b

For item 12.12b, tubular elasticised support bandages cannot be substituted for compression garments or bandages. The conditions under 12.12b are:

- Non-arthritic oedema.
- Deep vein thrombosis.
- Chronic skin conditions.

Tubular compression garments and bandages manage non-arthritic oedema and deep vein thrombosis. They provide graduated compression of the affected limb. See the Best Practice for the Management of Lymphoedema guidelines for information on quality medical grade garments.

For claims on non-arthritic oedema or deep vein thrombosis, evidence should demonstrate the garments are:

- Measured and selected correctly.
- Applied and removed properly, according to the directive.

A directive for ACFI 12.12b must be given by a health professional acting in their scope of practice.

The directive must:

- Direct the care to be provided, the qualifications of people providing the care, and the frequency of treatment.
- Identify the associated management or treatment plan, including the:
 - Aim of the compression therapy, such as a reason why graduated compression is required instead of non-graduated, for example: tubigrip.
 - Description of the bandage, hosiery or garment.
 - Objective measurements, for example calf size, ankle size, doppler ankle brachial pressure index.
 - Level of compression required.
 - Application directions, such as frequency of application, qualifications of any person in providing the care, and fitting requirements.
 - Review and evaluation details.

Nurse practitioner diagnoses

A diagnosis made by a Nurse Practitioner is now permissible evidence for the purposes of an ACFI appraisal, if the diagnosis is made within their scope of practice. Previously only a medical practitioner's diagnosis was deemed valid for this purpose.

Nurse practitioners have endorsement from the Nursing and Midwifery Board of Australia. They can:

- Assess, diagnose, initiate treatment, prescribe.
- Initiate and interpret diagnostic tests.
- Refer to other health professionals.

As with any health profession, it is the Nurse Practitioner's responsibility to recognise their limits and undertake diagnoses that fall within their professional expertise and scope of practice. In this context, the *Aged Care Act 1997* provides penalties for false or misleading information under 'Division 29A—Civil penalty for incorrect classifications'.

When filling in the mental and behavioural diagnosis list on page 5 of the ACFI Answer Appraisal Pack:

- Select 'other – please describe' and note that a nurse practitioner has done the diagnosis.
- Tick the D1.8 box.
- Tick a corresponding box indicating the diagnosis code.

When filling in the medical diagnosis list on page 6 of the ACFI Answer Appraisal Pack:

- Select 'other – please describe', note that a nurse practitioner has done the diagnosis.
- Tick the D2.8 box.
- Note a diagnosis code consistent with Appendix 1 of the ACFI User Guide.