



DTA National Board

## Position Paper

### Where in Aged Care Funding Instrument (ACFI) can DT be funded from?

From 18<sup>th</sup> April 2012

The National Board of DTA discussed this topic across several Board meetings and has formed the following as its position on this issue.

In short the answer is nowhere as **ACFI** is about the direct care needs the recipient will receive.

DTA in 2005 (operating as DTAANC) lobbied the Government regarding the proposed changes from RCS (Resident Classification Scale) to the ACFI. This position paper can be obtained from the DTA Office for background information.

Information at a glance about the ACFI;

- Diagnosis is crucial to a claim
- Must be congruent (evidence based and/or assessed by an authorised person within the ACFI rules )
- ACFI is designed to measure core impairments to distinguish funding levels (not all behaviours are included)
- No social and human needs within the new ACFI are recognised as determinants of care need
- Dr Roswarne part creator of the ACFI said that DT work is built into the funding that the facilities receive
- In Aged Care our roles are secured by the Accreditation Standards

**Aged Care Funding Instrument** is a funding instrument that measures key care needs; it is not a holistic assessment for resident care nor is it a documentation tool .It commenced on the 20<sup>th</sup> March 2008 replacing the Residential Classification Scale (RCS).

The ACFI consists of twelve care need questions. Diagnostic information about mental and behavioural disorders and other medical conditions is also collected. Scores from each question and diagnostic information about mental and behavioural disorders are used to categorise residents as having low, medium or high care needs in Activities of Daily Living (ADLS), Behaviour and Complex health needs.

The funding model uses the scores in each of these three domains to allocate subsidies to the residential aged care facility.

It is imperative that all team members contribute to the assessment process to obtain the best outcome for the client/resident, this includes the DT.

## The basic process of the ACFI

1. Assess – each organisation has their own suite of assessments. They must complete an assessment for each ACFI question. A quality holistic care approach will mean that assessments will be completed for other areas of need even if not specifically funded under ACFI e.g. social needs, emotional, lifestyle etc.
2. Checklists are prescribed forms – see ACFI User Guide
3. Records are the most important aspect. DoHA prescribes what evidence will be maintained for each question – see ACFI User Guide.

Step 1	Step 2	Step 3	Step 4	Step 5
Assess	Complete the checklist	Determine the rating	Complete and submit the application for classification	Maintain Records for accountability

Aged care providers remain responsible for determining appropriate care interventions and treatments consistent with holistic assessment and care planning.

DT's will be required to assist with the gathering of information at assessment time eg social history, lifestyle choices; DT's will also be required to utilise the documentation system that your facility has instigated to collate data to support the funding claim. Eg completing the charts ACFI 7, 8 & 9 and following through with a progress note about the behaviour, the intervention and outcome for the resident.

This is detailed in the specific care and services under the Quality of Care Principles on the Aged Care Act 1997 and the Accreditation Standards under the act.

Standard 3 is the major standard that applies to DT staff, however there are many DT staff who are actively involved in meeting other standards especially under standard 2.

The Residential Facilities at this stage still need to provide significant Lifestyle options that are person centred to meet the Accreditation Standards. The Accreditation team ask if DT staffs are trained, and advise DT staff to be members of the DTA.

- Some Lifestyle staff have the training to complete the PAS and Cornell Scale
- DT care plans and evaluations must reflect our training and understanding of the diagnosis with the client/resident consent
- Key performance indicators for participation in Lifestyle Programs must be measurable
- The ACFI determines additional attention may be required to be put in place by staff, in response to behaviours. It is at this point that the professional DT may be asked to put a specific plan in place.