

# ALLIED CONNECT

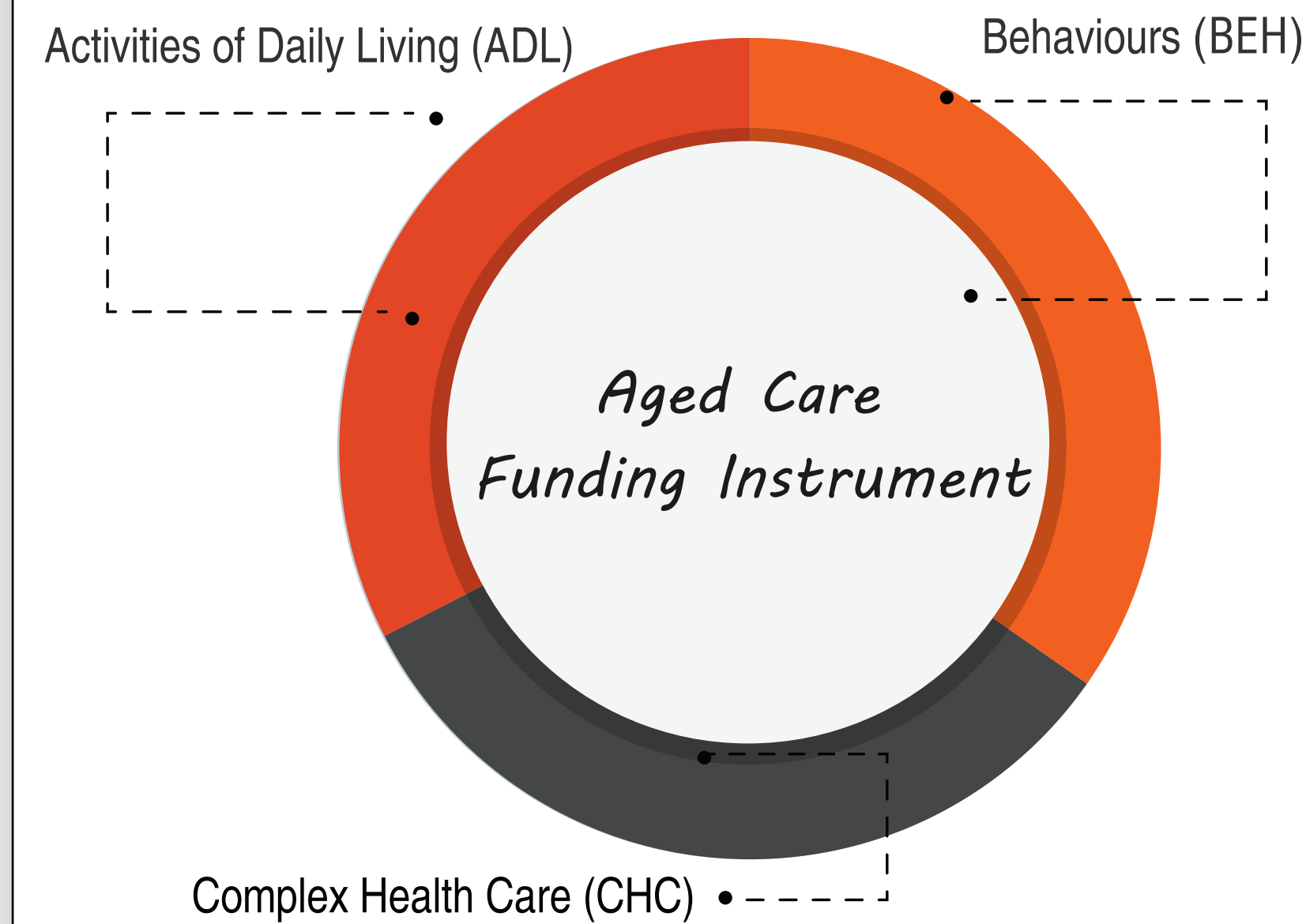
## ACFI GUIDE

### UNDERSTAND HOW THE NEW CHANGES AFFECT YOU

With changes to the Aged Care Funding Instrument (ACFI) already in effect, we thought it timely to review some strategies and benchmark's from across the industry to provide the best quality care that remains evidence based and moulds with the revised ACFI guidelines.

(C) Allied Connect

## What is ACFI?



### Changes to the CHC Scoring Matrix

As of January 1st 2017 the CHC scoring matrix has been redesigned and will apply to all new appraisals and reappraisals. Please also note grandparenting arrangements will apply to existing claims.

Rating	A	B	C	D
No Assistance Needed (New A)	0	0	1	2
Assistance Needed (New B)	1	1	2	3
Injections (subcutaneous, intramuscular, intravenous) (New C)	1	2	2	3

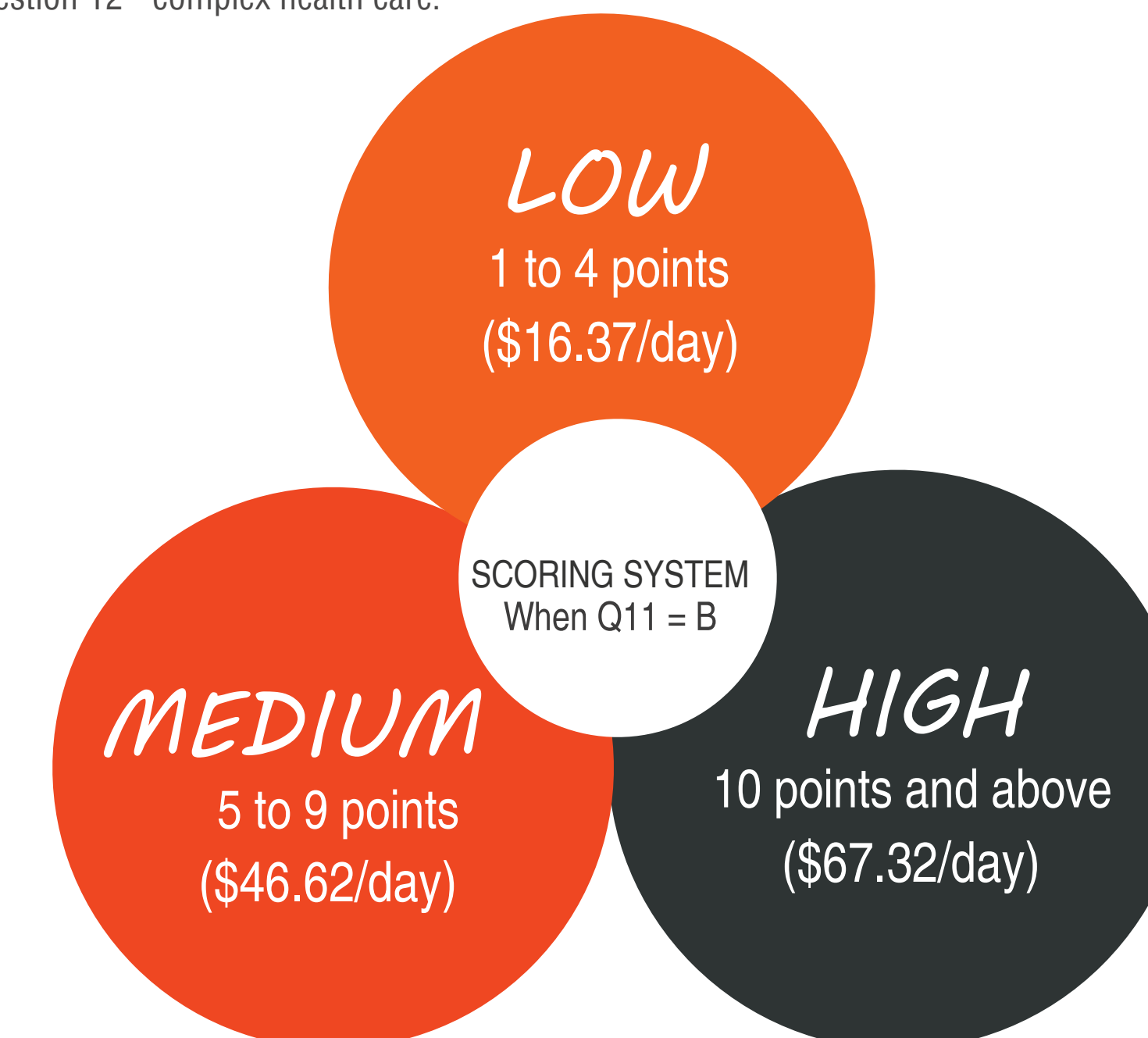
CHC Scoring Matrix

## Changes to the CHC Scoring Matrix

The new matrix reduces the rating categories for medication under Question 11 from previously, four rating scales, to now three rating scales.

If assistance is required with medication, this will now be classified as a "B" rating. It is anticipated that the majority of a residential aged care population would score a "B" for Q 11 - medication.

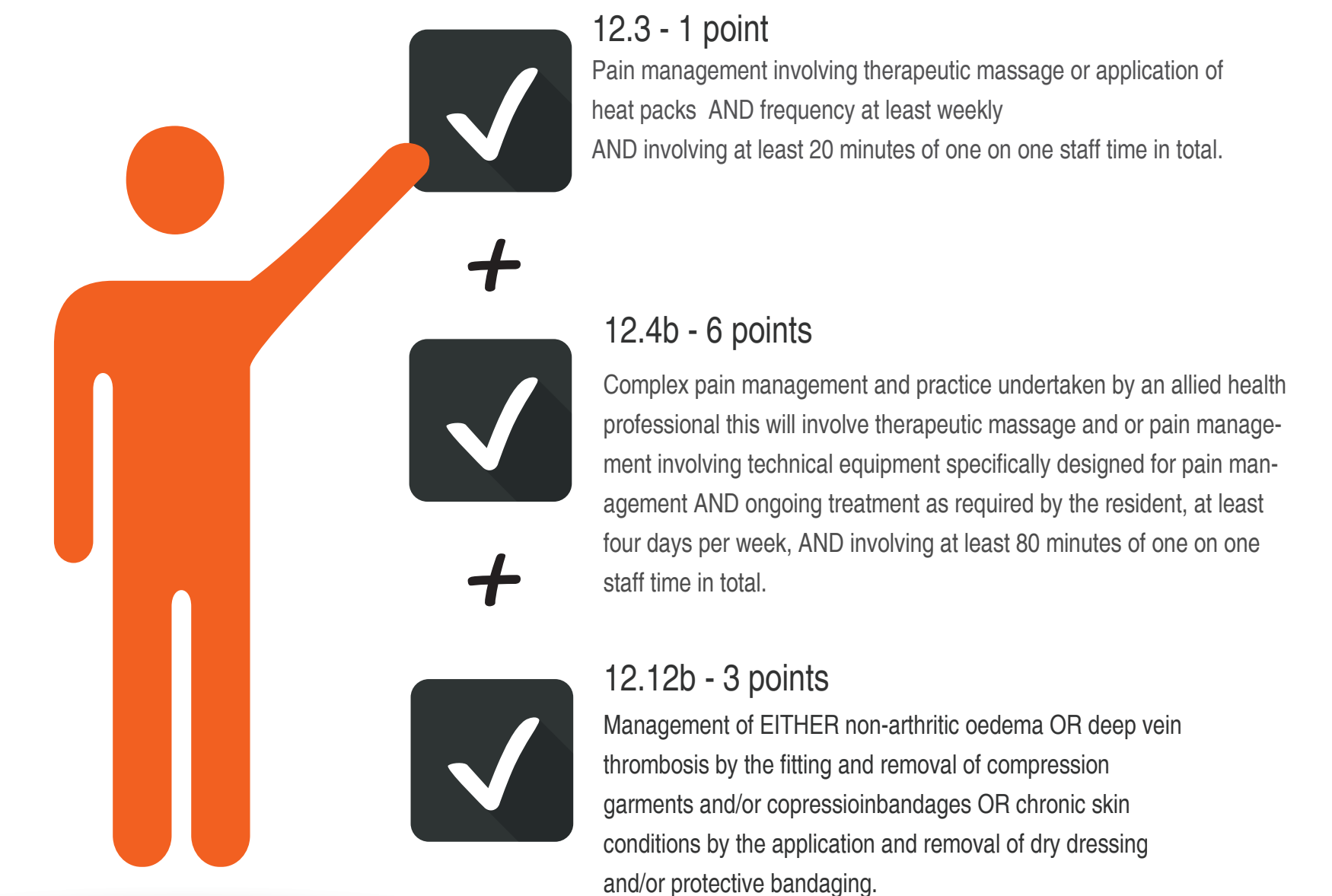
With the majority of residents scoring a B for Question 11- medication, see below for the predicted domain categories that would result with the relevant points accumulated for Question 12 - complex health care.



Want to find out how you can receive the highest amount of funding for your residents? Have a look at the following three scenarios...

## Mobile Resident with Pain

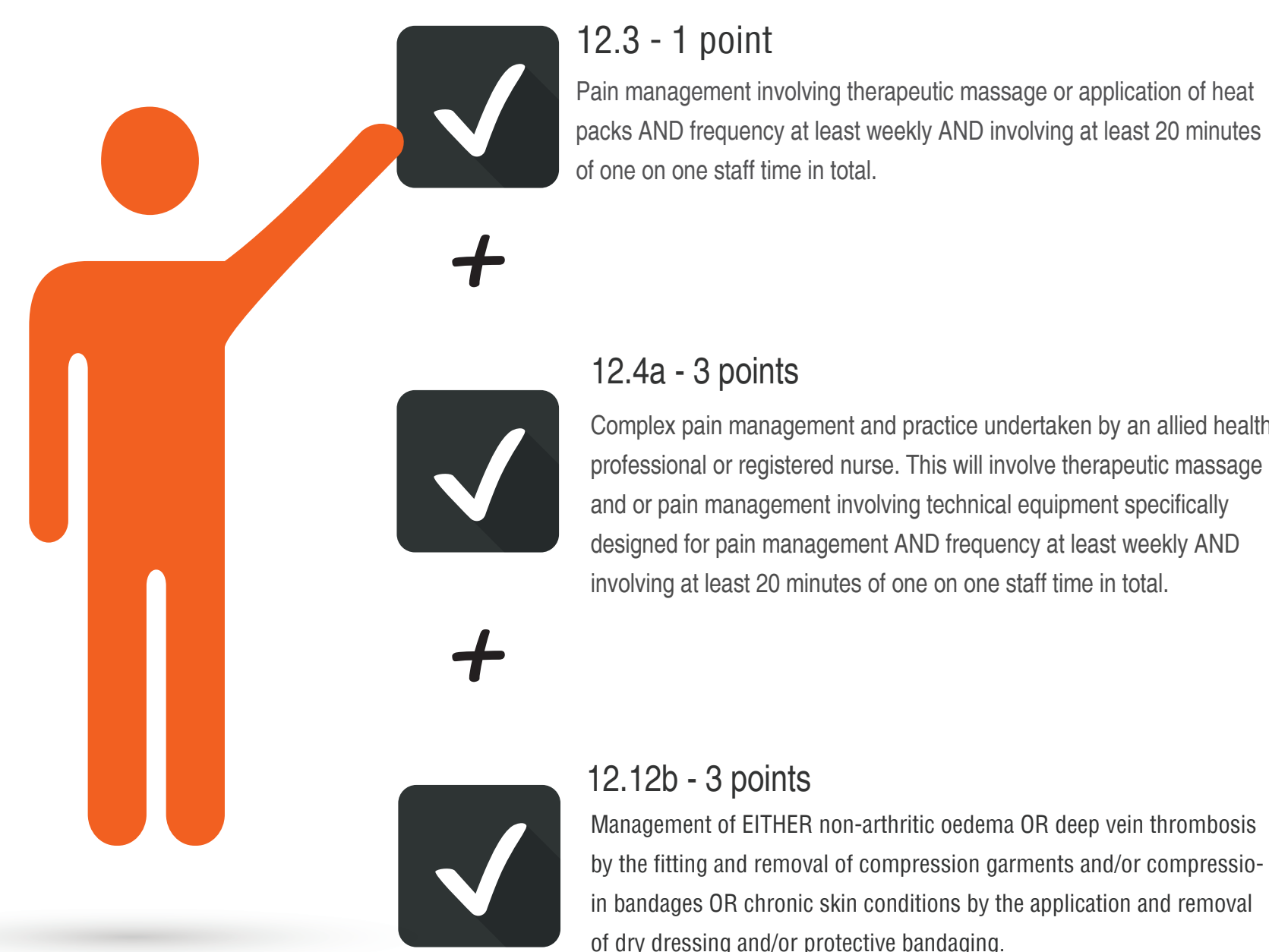
Based on short term benchmarking you will find below the infographic showing the most commonly claimed directives for Question 12 - complex health care for a resident whom is mobile and is clinically indicated and compliant with ongoing pain management.



**HIGH**  
\$24,571.80 pa = 10 POINTS!

## Mobile Resident with Pain (no 12.4b)

This is an alternate scenario where the site may engage their registered nurses to deliver a complex pain management program utilising ACFI 12.4a directives instead of an Allied Connect allied health professional for an ACFI 12.4b pain management program.



**MEDIUM**  
\$17,016.30 pa = 7 POINTS

## Non-Mobile Resident with Pain

In this scenario the non - mobile resident is clinically indicated for regular repositioning (ACFI 12.5).

When this is combined with a registered nurse delivered complex pain management program, the resultant outcome is identical to that when an ACFI 12.4b program is delivered (but without the cost of an allied health professional four days per week.)



**HIGH**  
\$24,571.80 pa = 10 POINTS!

## Optimal Pain Management

The previous three scenario's show a range of commonly claimed items relating to allied health.

Please note, all scenarios listed must meet the Evidence Requirements as per the ACFI user guide. There are a range of other Complex Health Care directives that can be used to substitute in each scenario pending clinical indication and evidence requirements being met.

Each of the scenario's displayed have their own advantages and disadvantages as listed below;

	PROS	CONS
Mobile with 12.4b	High in CHC \$24,571.80 pa	Cost Associated with AHP for 12.4b
Mobile without 12.4b	↓ AHP cost	↓ Funding (\$7555.50) ↑ RN cost
Non - Mobile	High in CHC \$24,571.80 pa ↓ AHP cost	↑ RN Cost

There has been considerable focus on the interpretation of "ongoing treatment" and the timeframes associated with a valid ACFI 12.4b claim. In order to meet the evidence requirement for a valid 12.4b claim and meet the approved providers obligations under Standard 2.8 - Optimal Pain Management, the treatment directive must be made on the clinical assessment and premise the treatment will continue indefinitely unless re-assessed otherwise.

Allied Connect completes regular reassessments to ensure all directives remain evidence based, clinically indicated and beneficial to the resident. Any identified changes are communicated back to the clinical team onsite.

## Frequently Asked Questions

**1. Can we complete group based pain management using technical equipment specifically designed for pain management?**

No. Group based interventions under the current ACFI guidelines for Question 12.4b are not permitted. An ACFI 12.4b treatment must "involve at least 80 minutes of one on one staff time in total per week".

**2. Is there an exhausted list of approved technical equipment specifically designed for pain management?**

The department does not maintain an exhaustive list of approved technical equipment. Of note is the addition of Dry Needling in the updated ACFI user guide.

**3. Does pain management have to be ongoing?**

Yes, complex pain management (ACFI 12.4b) must clinically indicated and ongoing in nature. Allied Connect re-assesses residents every three months for their pain management and will liaise with the team regarding any potential changes that are clinically indicated.

**4. If a directive is ceased, do we have to re-appraise the resident for an ACFI re-submission?**

There are certain legislative obligations approved providers must adhere to with regards to re-appraisals. Of note is the introduction of the Omnibus Legislation, Schedule 8. Please call Allied Connect for a detailed overview and scenario specific advice.

**5. Can we use Tubigrips to claim for a 12.12b?**

Unfortunately not. A recent communique from the department has clearly stated the garments eligible for a 12.12b claim must be;

- Compression garments measured and selected correctly and
- appropriately applied and removed each day.

Allied Connect is able to provide further guidance on eligible garments that meet the criteria for a 12.12b claim.

Call us today to find out more.

ALLIED CONNECT

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