AN-ACC

Australian National Aged Care Classification

COMMUNITY THERAPY

Who am I and Community Therapy?

Scott Lynch, APAM

- Founder of Community Therapy
- Vice Chair APA Gerontology Committee
- Newcastle Uni Graduate 2010
- Physiotherapist

Community Therapy

- Mobile allied health team approx 100
- Aged Care & NDIS
- Local and family owned
- Central Coast, Hunter, Port Stephens
- Erina and May[illegible]d Offices
- NDIS regi[illegible]ertified by SAI Global

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AN-ACC History

AN-ACC History

ACFI

The Aged Care Funding Instrument replaced the Resident Classification System (RCS) on 20th March 2008. It has been known for quite some time that it is not fit for purpose.

RUCS

In 2017 the Australian Health Services Research Institute (AHSRI) at the University of Wollongong commenced the Resource Utilisation and Classification Study (RUCS). This was completed in December 2018 and AN-ACC was the resultant funding model proposed to replace ACFI.

AN-ACC History

AN-ACC Trial

A trial of AN-ACC was conducted through 2019 and was completed in early April 2020. The trial allowed field testing of the tool, training and support of an assessor workforce.

AN-ACC

AN-ACC is set to replace ACFI from 1st October 2022. A shadow assessment period will run from April 2021 until April 2022 where all residents are to undergo an AN-ACC assessment. ACFI assessments will continue during this period.

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AN-ACC Structure

AN-ACC will introduce three main changes

AN-ACC Main Changes

Funding

- Variable AN-ACC component
- Fixed component based on the facility
- One-off payment for new resident

Casemix

- AN-ACC will classify residents into 1 of 13 classifications which will form the variable funding component

External

- AN-ACC assessments will be completed by trained external assessors

NWAU

Base Care Tariff

The National weighted activity unit (NWAU) is a relative value that is able to to determine the amount paid across each component of the AN-ACC funding model.

Recognises that approximately 50% of care costs are not drive by care needs AND provides financial stability regardless of changes in resident care needs or occupancy changes.

Covers fixed costs such as:

- Clinical training
- Management
- Shared care activities

NWAU

Base Care Tariff	Facility Description	Base Care Tariff NWAU
1	Indigenous MMM=7	1.80
2	Indigenous MMM=6	0.78
3	Non-indigenous MMM=6-7 < 30 beds	0.68
4	Non-indigenous MMM=6-7 > 30 beds	0.52
5	Specialised homeless	0.92
6	All other RACF	0.49

Individualised Care (Variable) Payment

AN-ACC Class	Resident Description	AN-ACC NWAU
1	Admit for palliative care	0.96
2	Independent without CF	0.18
3	Independent with CF	0.30
4	Assisted mobility, high cognition, without CF	0.20
5	Assisted mobility, high cognition, with CF	0.36
6	Assisted mobility, medium cognition, without CF	0.34
7	Assisted mobility, medium cognition, with CF	0.47
8	Assisted mobility, low cognition	0.51
9	Not mobile, higher function, without CF	0.52
10	Not mobile, higher function, with CF	0.83
11	Not mobile, lower function, lower pressure sore risk	0.80
12	Not mobile, lower function, higher pressure sore risk, without CF	0.78
13	Not mobile, lower function, higher pressure sore risk, with CF	0.96

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AN-ACC Tool

So what does the tool involve?

AN-ACC Tool

Suite of assessment sections containing objective measures:

- Resource Utilisation Groups - Activities of Daily Living Instrument (RUG-ADL)
- Australia-modified Karnofsky Performance Status (AKPS)
- Rockwood Clinical Frailty Scale
- Braden Scale for Predicting Pressure Sore Risk
- De Morton Mobility Index (DEMMI) - modified
- Australian Functional Measure (AFM)
- Behaviour Resource Utilisation Assessment (BRUA)

AN-ACC Sections

Technical Nursing Requirements

8 complex nursing requirements are addressed:

- Need of Oxygen
- Enteral Feeding
- Tracheostomy
- Catheter Care
- Stoma Care
- Peritoneal Dialysis
- Daily Injections
- Complex Wound Management

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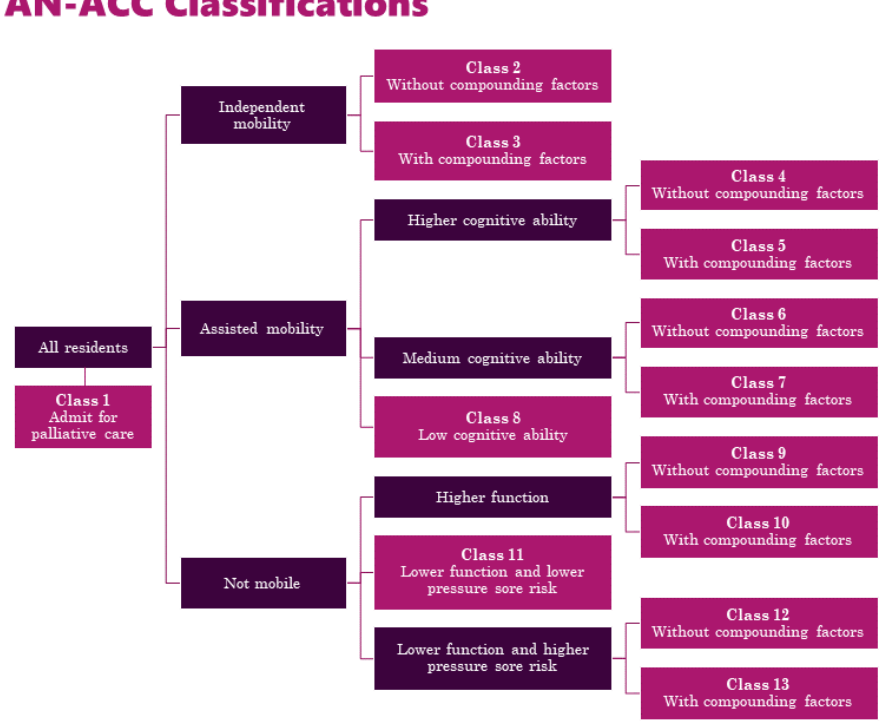
AN-ACC Classifications

So no more HHH?

AN-ACC Classifications



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AN-ACC Business Rules

So what are the transition rules?

AN-ACC Rules

Providers can request a new assessment for care funding if a resident's condition has changed significantly. This includes:

- hospitalisation for more than 5 days
- 2 or more days if they had a general anaesthetic.

It is not mandatory to request a new assessment if care needs have not changed.

Providers may also request a reassessment where they consider the aged care resident's care needs have changed significantly and:

- more than 12 months have elapsed since the last AN-ACC assessment (classes 2-8)
- more than 6 months have elapsed since the last AN-ACC assessment (classes 9-12)

Significant change in this instance means they have moved a mobility branch.

AN-ACC Rules

Assessors must have 5 years' minimum experience as a registered nurse, physiotherapist or occupational therapist delivering clinical services in aged care settings, such as:

- geriatric evaluation
- rehabilitation
- palliative care
- community nursing, including people living with dementia.

Independent Hospital and Aged Care Pricing Authority will review the NWAU and provide pricing advice to the Department of Health

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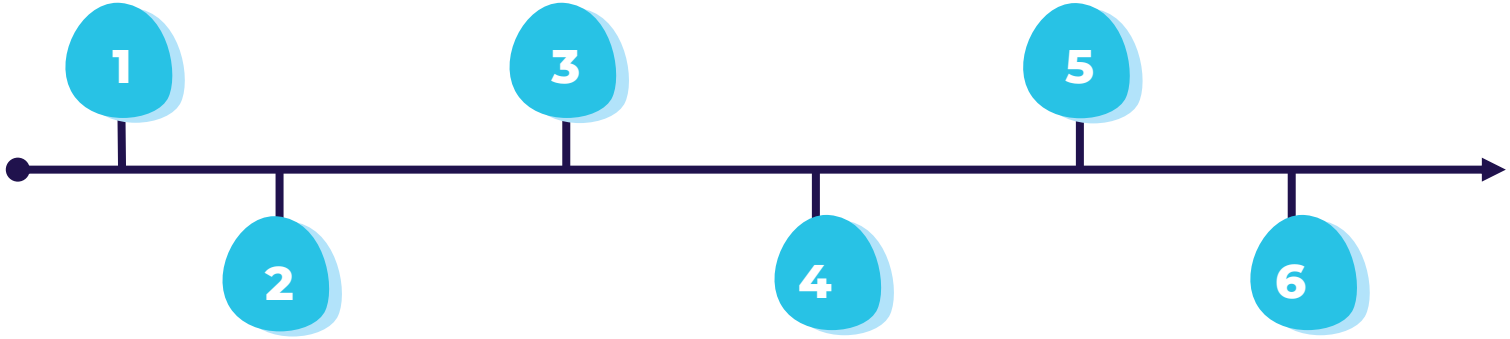
Reform Timing

What else is changing?

Reform Timing



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Summary

So what should we all do now?

Summary

Providers

- Moving clinical care models to involve objective measures included in AN-ACC
- Proactively training staff in 2022 on objective measures in preparation for transition
- Engaging with consultancy companies to where required:
  - Model financial impact of transition
  - Prepare systems for changes in reporting
- Clear transition plan to meeting pain management needs under AN-ACC

Allied Health Providers

- Prepare for a model of care that is not pain management dependent
- Focus on wellness & reablement, multidisciplinary

Thank you

Do you have any questions?

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