

## Table of Contents

Implementing a Cycle of Care for Residential Aged Care Facility residents .....	2
To CMA or not to CMA.....	2
Residential Medication Management Review .....	2
Care Planning / Case Conferencing .....	3
Provisions for Palliative Care and Mental Health Assessments .....	4

## Implementing a Cycle of Care for Residential Aged Care Facility residents

Suggested model of engagement for General Practice:

- Roster of Comprehensive Medical Assessment's (CMA) created
- Practice Nurse to become familiar with Aged Care Funding Instrument (ACFI) resources and tools relevant to them assisting with the CMA and completing the Psychogeriatric Assessment Scale (PAS) and Cornell Scales
- Prior to CMA, the Aged Care Facility (ACF) will have completed ACFI questions on activities of daily living (ADL) and Behavioural logs for Verbal, Wandering and Physical Behaviour. This will assist in the timely completion of CMA
- Practice Nurse to complete PAS and Cornell with ACF nurse as 'informant'
- Practice Nurse to prepare CMA, demographics, case history etc.
- GP attends to check, confirm, update medications and sign off
- Generate referral for Residential Medication Management Review (RMMR) with CMA as supporting documentation
- GP can participate or contribute to a Multi- disciplinary care plan as created by the RACF with directives of care or advice upon completion of CMA
- In the circumstance of Dementia NOT being a diagnosis, and the Resident has depression and or other mental health conditions; the GP may consider using a Mental Health Care plan

## To CMA or not to CMA

- Recommended by MBS to be conducted within 6 weeks of entry to a Residential Aged Care Facility
- ACFI requires diagnoses to support the ratings on the assessment
- This can be done by 'copying or quoting from case histories on hand' or by the separate diagnosis of each complex health procedure required; that is the transcribing of your notes or numerous small 'notes'
- Both alternatives have room for error and are not 'best practice'
- Medications relevant to diagnoses also have to be listed at it is pertinent to Q11
- A CMA fulfils the needs of the ACFI, it also enables better residential care plans

### Comprehensive Medical Assessment (CMA)

Item	Amount Paid	Time Required	Number per year	Benefit Description	Terms and Conditions
701	\$59.35	<b>Brief</b> 30 min.	1 per 12 month period, or at a major change in health	Comprehensive Medical Assessments (CMA)	<b>See A.14. Subgroup 1</b> A full systems review, must include: <i>a</i> Detailed and relevant medical history <i>b</i> Comprehensive medical assessment <i>c</i> List of diagnosis and problems <i>d</i> Summary of outcomes for provision of care <i>e</i> Referral for a RMMR; outcomes and medication summarised for the reviewing pharmacist Regulatory requirements: A 30...
703	\$137.90	<b>Standard</b> 30 min to 45 min.			
705	\$190.30	<b>Long</b> than 45 min to 60min.			
707	\$268.80	<b>Prolonged</b> more than 60 min.			

### CMA Terms and Conditions

Group A30 – Health Assessment provided as a comprehensive medical assessment for residents of residential aged care facilities.

Items 701, 703, 705 and 707 may be used to undertake a comprehensive medical assessment of a resident of a residential aged care facility.

This health assessment requires assessment of the resident's health and physical and psychological function, and must include:

- making a written summary of the comprehensive medical assessment;
- developing a list of diagnoses and medical problems based on the medical history and examination;

- c providing a copy of the summary to the residential aged care facility; and
- d offering the resident a copy of the summary.

A residential aged care facility is a facility in which residential care services, as defined in the Aged Care Act 1997, are provided. This includes facilities that were formerly known as nursing homes and hostels. A person is a resident of a residential aged care facility if the person has been admitted as a permanent resident of that facility.

This health assessment is available to new residents on admission into a residential aged care facility. It is recommended that new residents should receive the health assessment as soon as possible after admission, preferably within six weeks following admission into a residential aged care facility.

A health assessment for the purpose of a comprehensive medical assessment of a resident of a residential aged care facility may be claimed by an eligible patient:

- a on admission to a residential aged care facility, provided that a comprehensive medical assessment has not already been provided in another residential aged care facility within the previous 12 months; and
- b at 12 month intervals thereafter.

## Residential Medication Management Review

The General Practice needs to ensure that they are referring for the Residential Medication Management Review and that they use and or refer to this document in their prescribing.

General practice be prepared to support Medication Advisory Committees in the RACF.

Item	Fee	Number per year	Benefit Description	Terms and Conditions
903	\$106.00	1 per 12 month period, or at a major change in health	Residential Medication Management Review (RMMR)	<ul style="list-style-type: none"> <li>a Collaborates with reviewing Pharmacist.</li> <li>b Provides input from the CMA</li> <li>c Discusses findings with Pharmacist</li> <li>d Develops and or revises written medication plan</li> <li>e Discusses medication management with resident and carers.</li> </ul>

## Care Planning / Case Conferencing

The Aged Care Funding Instrument (ACFI) places the measurable physical needs of the resident at the heart of the funding allocated.

- Complex Health Procedures, Medications and Mental Health require actual medical diagnosis and corroborating evidence from Medical Practitioners
- ACFI came into effect from the 20th of March 2008

A brief outline of ACFI:

- ACFI is a funding tool which measures those care elements that best distinguish the costs of care
- The ACFI consists of twelve care questions. These questions are broken up into three groups and are to be supported by Diagnoses of Medical, Mental and Behavioural conditions. The three groups are;
  - Activities of Daily Living
  - Behaviour
  - Complex Health Care

## Provisions for Palliative Care and Mental Health Assessments

### **Palliative Care**

- Funding is not retrospective; funding is allocated from the date of lodgement
- As an End of Life Journey can require significant extra nursing and care, it is appropriate that this journey not be impeded by a lack of funds
- GPS will need to support a major health change in as timely manner as possible
- A CMA is not required, a diagnosis of the change in the resident's health is needed for the Aged Care Facility to lodge an updated ACFI

### **Mental Health Assessments**

- The ACFI requires specific and detailed assessments of a residents cognitive, depressive and mental states
- As Cognitive capacity and Depression are conditions that can change they are 'scales' which show the actual state at the time of the assessment
- These scales are called the Psychogeriatric Assessment Scale (PAS) for Cognitive capacity and the Cornell Scale for depression