

ACFI Validations

There are a number of protocols that apply to the administration of the validation program as we know it:

Timing of validation visits: As a general rule, validation visits to a particular home are not to be conducted more frequently than six monthly. This dates back to 1999, but with the caveat the Department may visit more frequently if validation findings suggest systematic misclassification.

Depth of validation: Usually between 10% and 25% of a home's resident population is subject to validation review.

For some time the 25% sample has seemed to apply to the majority of validation visits.

Notice of validation visits: Aged care homes are given at least two business days notice (by phone) of a proposed visit; and homes may seek to postpone a visit again with two days notice.

The "reasonable assistance" requirement: Aged care home staff are obliged to provide classification review officers with "reasonable assistance". This has been defined to mean a desk-height work area sufficient to accommodate laptops and documentation, adjustable office chairs, appropriate heating and cooling, and access to power points.

Exit interviews: In most states, classification review officers use an exit interview to discuss major findings.

Duration of a validation visit: for an average size home, a validation visit will usually involve a two day visit and a validation team comprising two officers. Larger teams and/or a longer visit will be appropriate for larger homes.

Protocols for the ACFI:

The protocols listed above will in large part continue. The exceptions are:

- type and depth of validation – the ACFI validation program will include some different approaches to validation – at desk and specific question validations – that are not part of the current approach. In addition, indications are that it will probably be possible to complete a higher number of validations within the resources of the validation program – larger resident samples and/or more frequent visits; and
- the content of the quarterly reports to industry will change because the structure of the funding model is different.

ACFI validation visits (as is now the case) for an average size home will generally involve a two person team and a visit lasting 2 days, with larger teams and/or a longer visit duration for larger homes to allow for observation and interviews at suitable times.

Exit interviews are a part of the validation process in most but not all states. The planned evaluation of the ACFI validation system provides an opportunity to assess whether with ACFI exit interviews add value.

Statutory provisions covering reconsideration of validation decisions:

The legislative provisions covering notification of validation decisions and appeal arrangements are unchanged:

- **Notification of Decisions:** After a review visit or a remote at desk audit has been completed, the approved provider will receive the following
 - a letter advising the outcome of the review;
 - a summary of the changes to the questions checklists and categories (if applicable); and
 - the Review Officer reasons for decision where there has been a category change.
- **Requests for reconsideration (Appeals):** The Act requires that a request for a reconsideration of a reviewable decision must set out reasons for making the request.

The Department will develop a form to assist services to clearly identify their reasons for requesting a reconsideration of a validation decision and will seek feedback from all users regarding its utility during the first six months of its use. As is the case now, reconsiderations can only be requested where there is a category change; a decision to change to a question rating where this does not result in a category change is not appealable.

ACFI Validation Processes:

With the implementation of the ACFI, the objective of the validation program does not change. The validation program is the mechanism by which the Department meets its obligations under the Act to change classifications where it is satisfied that they are based on an incorrect or inaccurate appraisal or reappraisal. The ACFI validation process is not a reassessment. It confirms or otherwise that the appraisal underpinning the classification reflected the usual ongoing care needs of the resident at the time of the appraisal and was consistent with the other requirements of the ACFI User Guide.

The key differences between the ACFI and the RCS in terms of validation are that:

- the record keeping requirements for the ACFI (i.e. ACFI documentation) are defined and comprise the completed ACFI Appraisal Pack including the specified enclosures, and post-appraisal treatment records for specific complex health care procedures. These can be requested as part of the validation process;
- a single ACFI question or a subset of questions may be the focus of validation; and
- the evidence requirements for some ACFI questions are amenable to at desk audit.

This has implications for validation practice.

ACFI validation visits:

ACFI validation visits may involve:

- full reviews of a sample of classifications; and/or
- a review process that focuses on specific ACFI questions; or
- a mixed approach.

Full reviews of a sample of classifications: This is potentially a three stage process comprising:

- a clerical check of the ACFI Appraisal Pack,

- a review of the consistency/congruency of the information in the pack, including meeting and observation of the resident.
- clarification/issues resolution which may include discussions with staff, observation of the resident, and possibly the application of one or more of the ACFI assessments or task assessments.

Step 1 – Full Review: Clerical check of the ACFI Appraisal Answer Pack:

For each classification selected for review, the ACFI Appraisal Answer Pack will be checked for completeness and accuracy; i.e. that the Application for Classification and the Appraisal Answer Pack are consistent, that the ACFI assessments and copies of relevant directives and the reports, the medication chart, diagnostic source materials and the ACCR are enclosed, and that the checklists have been completed correctly (on the basis of the assessment results).

Validation responses to clerical error

Error	Validation Response
Inconsistency between the Application for Classification and the information in the answer pack	Proceed to Issues resolution.
Inaccurate translation of assessment scores e.g. PAS or Cornell to Checklists	Correction
Diagnostic source material or optional clinical reports (ACFI 6 - Cognitive Skills or ACFI 10 - Depression) or the medication chart identified but not enclosed.	To be provided by a time that day to be agreed by the Review Officer. Note absence of diagnosis can affect rating on ACFI Question 10 (Depression) and the level of Behaviour Supplement paid. Review Officer will correct both the diagnosis field and rating/level. Review Officers will not prioritise correction of inaccurate diagnostic coding where this does not affect ratings or categories.
Transcription errors between checklist and rating used in classification.	This source of error will not occur if aged care homes submit Applications by web form or e-business; nor will this error occur for postal submission if <i>ACFI Appraisal Calculator</i> is used.
ACFI assessments, in house directives and assessments are not enclosed in ACFI Answer Appraisal Pack	Review Officer to discuss with aged care home staff member who has been identified as point of liaison. Allow a brief supervised search for the missing documents. If not found, rating will be corrected to A.
No ACCR, clinical reports	Allow opportunity to explain why it is not available and/ or to find, but then proceed with the review.

Step 2 - Full Review: Congruence Check

The Review Officer will assess the checklist responses against the clinical picture of the resident's likely functional impairment and health care needs based on the ACCR, diagnostic material, medical assessments, medical practitioner or other health practitioner directives or assessments etc. As part of this process, the Review Officer will generally ask to be introduced to the resident. The Review Officer may decide at this stage to confirm the classification.

Step 3 - Full Review: Clarification or Issues Resolution (if required either to clarify or as part of a sub-sample of classifications to be subject to randomised further checking)

The Review Officer will identify the issues that require clarification, and make a plan of action for follow-up. These actions may include: discussions with aged care home staff or other informants if available; observations of the resident including interactions with staff; conducting one or more of the specified ACFI assessments or undertaking a simple task assessment with a resident. Whilst the content/extent of follow-up is not the subject of negotiation with aged care staff, it will require facilitation by aged care home staff and planning to ensure that ordinary schedules are not significantly disturbed.

Action	Preferred practice
Meeting a resident	To be facilitated by a staff member known to the resident. Staff member should introduce the Review Officer and may stay for the course of any conversation.
General observation of residents	General observation could be in a public area or in the resident's room, for the latter the review officer needs to be introduced to the resident by a staff member. Observing in a resident's room requires the resident's agreement. Activities such as toileting, or personal hygiene tasks other than grooming will not be the subject of audit by observation.
Interviewing/assessing the resident	Any assessment (verbal or by task) or interviewing will be ceased if the situation upsets or agitates the resident or he/she requests that it stop.
Direct Assessment (Resident)	Direct assessment of a resident using the PAS or Cornell will generally only be utilised after all other sources of evidence have been attempted and there is no clear consistent understanding of the resident's needs.
Task Assessment (Resident)	The purpose of a task assessment is to assess the resident's dexterity, reach or cognitive ability based on simple tasks. Examples: The resident may be asked select clothing or set up for and undertake a grooming task such as hair brushing; or to put on their shoes. What is observed are physical performance (dexterity – ability to manipulate brushes, shoelaces; reach- ability to raise arms up or out) and cognitive impairment symptoms (decision making skills, ability to follow through a set of tasks).
Task Assessment (Resident)	The purpose of a task assessment is to assess the resident's dexterity, reach or cognitive ability based on simple tasks. Examples: The resident may be asked select clothing or set up for and undertake a grooming task such as hair brushing; or to put on their shoes. What is observed are physical performance (dexterity – ability to manipulate brushes, shoelaces; reach- ability to raise arms up or out) and cognitive impairment symptoms (decision making skills, ability to follow through a set of tasks).
Interviewing care staff, relatives, friends (informants)	The informant may be asked about the impact of physical, sensory, cognitive and

	behavioural impairments. Informants will be selected on the basis that they are very familiar with the resident's care needs.
Validator direct assessment evidence and observations	If in significant contrast with checklists, further clarification with staff will be undertaken and assessed. For example, the evidence from a validator conducted PAS by itself would not be sufficient grounds to change a rating on the cognitive question. Rather the combination of evidence e.g. staff interview, task assessment and/or cognitive assessment and the presence or absence of supporting diagnostic information would be considered.

Particular question reviews: A classification review may focus on a particular question or set of questions – this may occur as a result of findings in a previous validation at the same home, or it may be part of a prioritisation process across the validation program. This is similar to the approach taken by the Australian Taxation Office (ATO) where it pays particular attention to specific deduction areas in its annual audit program and announces in advance that it intends to do so.

Facilitation of validation visit: The aged care service will be asked to identify a staff member to be available as a point of liaison as needed for the validation visit. This staff member should be at the service on the day, be readily contactable and able to introduce the validator to the resident and assist in identifying relevant staff members for interview if requested.

The validation program will routinely validate at desk mental and behavioural diagnoses as follows:

- Diagnoses of depression for all C or D ratings for Question10 (Depression)
- Mental and behavioural diagnoses in all cases where the high level of the Behaviour Supplement is being paid.

This will be done monthly with services having the option of providing copies of the diagnostic source material by pre-paid post or by electronic scanning.

Validation resources and targeting

Classification Review Program resources:

Currently the classification review program comprises around 70 Commonwealth Nursing Officers, with management and support arrangements in State and Territory Offices of the Department and its Central Office. It is not proposed to reduce these resources with the implementation of the ACFI.

Targeting ACFI classification review: Currently the Classification Review Program has both targeted and random components. The targeted component takes into account the previous classification and review history of a home. This will continue to be the case both in the transition phase and in the longer term. ACFI validation will include also a targeted focus on particular questions or question sets at individual homes where previous full classification reviews have revealed possible systematic problems, as described above. A random component will be continued to monitor the effectiveness of the targeted reviews and to assist in the identification of systemic issues.

Likely quantity of classification reviews

It is not possible currently to project the likely number of reviews that the ACFI validation program will be able to undertake. Some validation resources will be used in "at desk"/non visit processes and in the question specific components of visits. When the system of ACFI

validation is sufficiently settled, this will be assessed, possibly as a component of the evaluation of ACFI validation announced by the previous Minister.

Targeting in the transition period

The previous Minister announced that RCS validation will be phased out over the six months following ACFI implementation. During this period, the program will be targeted significantly but not solely towards services where the average RCS profile has increased markedly in the twelve months preceding ACFI implementation. This is a necessary response to the funding risks that arise from the 'grandparenting' provisions.