AGED CARE ASSESSMENT SERVICES (ACAS) & RESIDENTIAL CARE HOMES

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History of ACAS

- 1982 - Commonwealth report – “In Home or At Home
- 1985 – 4 Geriatric Assessment Teams (GATs) trial
- 1988 – 17 GATs across Victoria (Mildura started 1990)
- 1996 – in Victoria name changed to Aged Care Assessment Services (ACAS)
- 1997 – Aged Care Structural Reforms – impacted on assessment and approval processes within the ACAP
- 1999 – Aged Care Assessment & Approval Guidelines

The core objective of the ACAP is to comprehensively assess the needs of frail older people and facilitate access to available care services appropriate to their care needs.

ACAS Aims

1. Assess people in the home if possible, to identify their needs, taking into account their social circumstances and desires.
2. Recommend a care plan to assist clients in obtaining the maximum degree of independence and thus improve their quality of life.
3. Recommend and facilitate the use of residential accommodation, both respite and permanent
4. Facilitate and refer to the best combination of services

ACAS Assessment

- Medical history
- Medication
- Physical ability
- Activities of daily living
- Social situation
- Psychosocial issues
- Memory
- Home environment

North West ACAS Community Resources Available

- HACC Services
- Community Nursing
- CACPs, Linkages & the EACH program
- Dementia Services
- Carer Links
- Aged Psychiatric Assessment & Treatment Team
- A&EP
- Specialist Clinics
- ADASS Programs
- Community Supports eg Do- Care, Friendship Groups
- Respite Services
- Residential Services
- Culturally Specific Organisations, including the regular use of interpreters

Reasons why remaining in the community may not be an option

- Dementia
- Incontinence
- Physical frailty
- Other risk factors
- Carer / family issues

What has happened to the "Gatekeeper" role?

- Strong emphasis on the "gatekeeper" role when the ACAP commenced.
- The role of ACAS expanded to more than this as the skills and experience of teams grew.
- With the emergence of various 'assessment' programs and services there are indications that the gatekeeper role once again is seen as the primary role of ACAS

Changes in residential care

The 'good' and the 'bad' of the 1997 Aged Care Structural Reforms:

Good

- Improvement in building stock
- More acknowledgment of dementia care & costs
- Continuum of care with ageing-in-place

Changes in residential care … cont'd

Bad

- Smaller players disappearing and trend to larger facilities (90^{+} beds)
- More low care and less high care facilities due to entry contribution for low-care only
- More time needed for documentation requirements has led to less time for direct care to residents
- Ageing-in-place funding put stress on the relationship between ACAS and facilities

What types of Commonwealth funded aged care homes are there?

- Hostels
- Nursing homes
- Extra service hostels and nursing homes
- Specialist dementia care units at hostels and nursing homes
- Specialist psychogeriatric care

What do these homes provide?

Hostels provide:

- Low level of care, ie. assistance with personal care, continence, medication, reorientation, as well as other requirements that are within the RCS category 5-8 range
- Mostly single rooms with private ensuites
- 'Aging in place' in some cases, ie. continue caring for residents whose needs become high care

Nursing Homes provide:

- High level of care, ie. extra assistance with personal care, continence, medication, mobility, nursing care, reorientation, as well as other requirements that are within the RCS category 1-4 range
- 24 hour nursing care
- Some single rooms with private ensuites, but more often shared rooms

Extra service hostels and nursing homes provide:

- Provide extra services, *not extra care*
- Charge additional daily fees
- Require a bond

Specialist dementia care units at hostels and nursing homes provide:

- Care for people with a diagnosis of dementia accompanied by behaviours such as actively trying to abscond, intrusive behaviour, resistiveness and in some cases noisiness.

- Care in a separate, secure area.

Why is an ACAS assessment and completion of a 3020 required?

- Commonwealth government subsidies are provided to the homes according to care needs and a flat rate to CACP providers:
  - A Resident Classification Scale (RCS) is a numeric score that converts to a category of care, dependent on how much care the resident needs and how much time is provided by staff at the home
  - Category 1 is the highest and receives the most government funding. Category 8 is the lowest and receives no government funding.

ACAS operate under guidelines from the Aged Care Act 1997

- Aged Care & Approval Guidelines
- Community Aged Care Packages Program Guidelines
- Residential Care Manual

What is involved in a person moving into residential care?

- Determination that they cannot remain at home
- ACAS assessment of level of care (high or low) and approval (ACCR form)
- Provision of a list of appropriate Aged Care Homes
- Client / patient or representative must visit the Aged Care Home before their name goes on the waitlist
- Complete necessary personal and financial details for the home
- Wait at home – or wait in hospital
- Accept a bed immediately it is offered

Residential Classification Scale (RCS)

- Classification levels 1 to 8
  (only 1-7 attracts a Commonwealth subsidy)
  ** see handout*

- Classification levels 1-4 = high care
- Classification levels 5-8 = low care

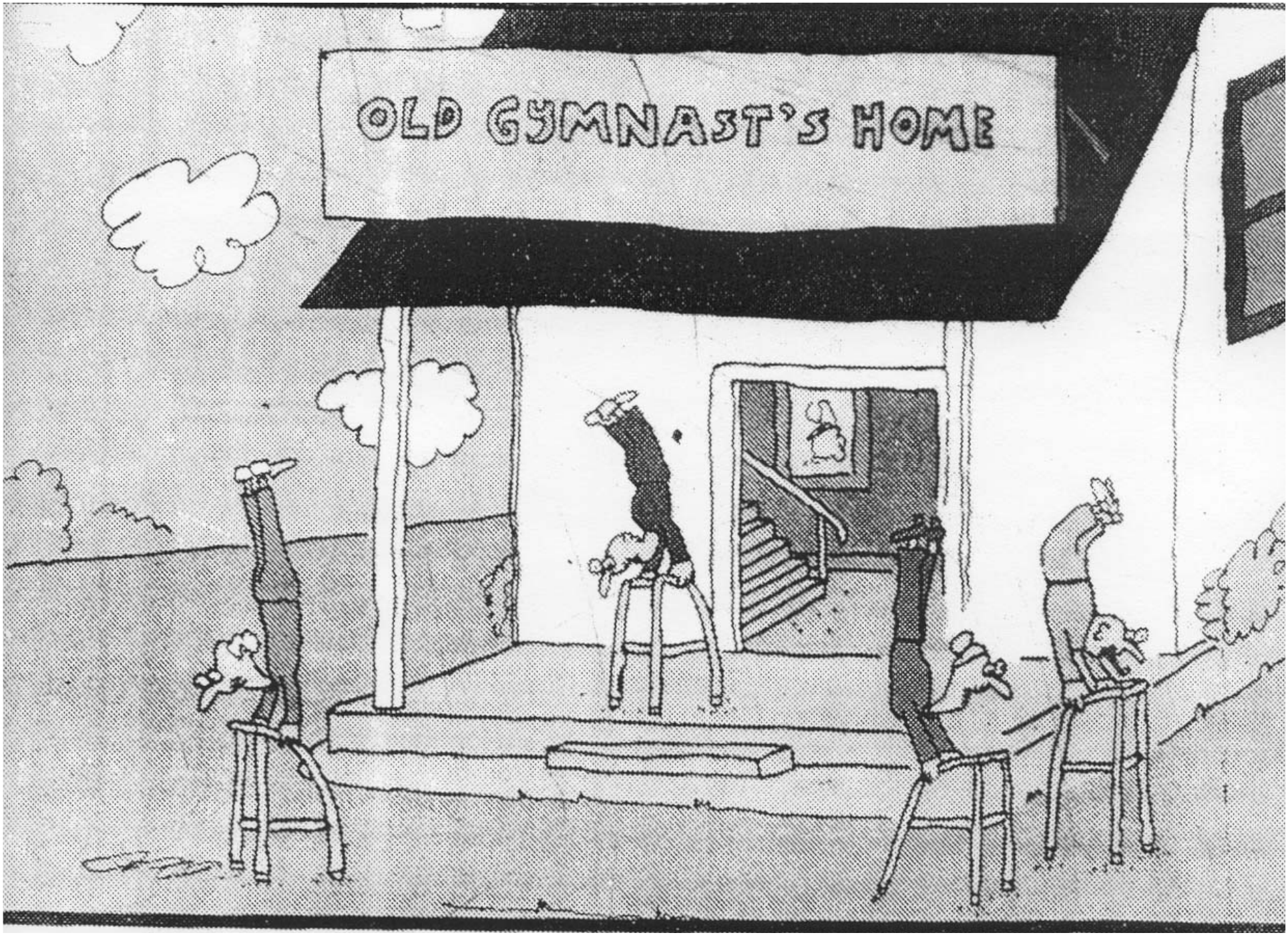
ACAS assess and approve for entrance into an Aged Care Home and accept referrals for advice/consultation for restorative options/strategies for Aged Care Home residents. (The need to assess people whose RCS level changes from low to high was removed from July 2004.)

Most ACASs operate a waitlist service for the Aged Care Homes in their catchment.

ACAS also meet regularly with representatives of the Aged Care Homes in their catchment to ensure good communication processes.

Role of Geriatrician in Aged Care Homes

- Specialist medical opinion at request of GP.
- Participate in training events for Aged Care Home staff.


OLD GYMNAST'S HOME