

## DEMENTIA AND SEVERE BEHAVIOURS SUPPLEMENT

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- The Supplement was introduced to provide funding for those residents with severe behavioural and psychological symptoms associated with dementia or mental illness.
- The Supplement is paid in addition to ACFI payments. The ACFI assesses resident care needs including in relation to cognition and behaviour (cognitive skills, wandering, verbal behaviour, physical behaviour and depression), and complex health care. However, the Supplement was provided in recognition that the ACFI does not fully capture the cost of care needs of those residents with the most severe BPSD.
- Residents who have severe BPSD make up a small group who, because of their severe behaviours, are less financially attractive to residential care providers.

### *If asked about the number of people receiving the Supplement and payments made*

- Based on advice from clinical experts and modelling undertaken, it was expected that around 2,000 people per year would attract the Supplement.
- Expenditure for the Supplement was expected to be \$11.7 million in 2013-14.
- As at March 2014, around 25,500 residents attracted the Supplement, and Government expenditure for the year to date was \$73 million. It is estimated that \$110 million will be spent on the Supplement in 2013-14.
- If claiming patterns continue as they are now, it is estimated that \$780 million will be spent on the Supplement over the four years from 2014-15, compared to the original estimate of \$52 million.

### *If asked about the development of the Supplement*

- The Guidelines, including eligibility criteria and assessment tools, were developed in consultation with the Dementia and Veterans' Supplements Working Group made up of expert clinicians, service providers and consumer representatives, including two representatives from the National Aged Care Alliance.
- Taking into account the advice from the Working Group, the Government of the day established the policy parameters and design of the Supplement. The Government's decision also took into account financial modelling of the expected impact of the Supplement. Consistent with standard practice, the Department works with the Department of Finance to agree estimated expenditure for the Supplement.
- The Department has implemented the policy consistently with the Government's decision and in line with the Supplement Guidelines.
- Despite this, it is clear that the number of people being assessed as eligible for the Supplement is far greater than expected. This has led to a significant increase in Government expenditure on the Supplement.
- Details of the take up rates and expenditure on the Supplement will be provided to the Aged Care Sector Committee next week for their consideration and advice.

*If asked about the impact on care recipients*

- As outlined in the Supplement Guidelines, providers of residential aged care have responsibilities to provide care and services in accordance with the Accreditation Standards to meet resident needs. This continues to be the case for all residents, including those with severe BPSD.
- Under the Accreditation Standards, providers must ensure that residents receive appropriate clinical care and that the needs of residents with challenging behaviours are managed effectively.
- Providers must also provide security of tenure to residents. Even where a provider is no longer able to provide accommodation or care suitable to the needs of a resident, the approved provider must not require the resident to leave until suitable accommodation is available that meets the resident's long term care needs and is affordable by the resident.
- The Department may take compliance action against approved providers for failure to comply with their responsibilities as set out in the *Aged Care Act 1997*.

*If asked about changes to other related Supplements*

- Assistant Minister Fifield has asked the Department to review a range of recently introduced Supplements and provide advice on take up rates and expenditure.
- The Dementia and Severe Behaviours Supplement is also paid to providers of Multi-Purpose Services, Innovative Care, and the National Aboriginal and Torres Strait Islander Aged Care programme. In these programmes, funding for the Supplement is paid based on a predetermined take up rate and as such expenditure is strictly in line with estimates.

*If asked why the ACFI does not adequately recognise the care needs of these people*

- The ACFI is a resource allocation instrument. It focuses on the main areas that discriminate care needs among residents.
- The ACFI includes three domains including the Behaviour domain. This domain assesses care needs including cognitive skills, wandering, verbal and physical behaviour, and depression. Residents care needs are assessed as either nil, low, medium, or high. Almost 60 per cent of residents currently attract a High rating in the Behaviour domain.
- The Supplement is intended to provide additional funding for a small group of the people with a High in the Behaviour domain – about 2 per cent of these people. For this reason, an additional assessment process is required to distinguish these people from the much larger group of people who attract a High in the Behaviour domain.

*If asked when the Department became aware of the higher amount of expenditure*

- Reliable data on the first 3 months of claims for the Supplement became available in February 2014. The Department undertook a range of data analysis of these claims.
- In April 2014, officers from the Department met with some of the expert clinicians who provided the initial advice on the development of the Supplement and sought their views and advice on the claim rates.
- These clinicians reconfirmed their original advice that there are around 2,000 people with severe BPSD who they would have expected to attract the Supplement, and that the actual claiming rates are not in line with these expectations.

## Background

### *Initial consideration by the Working Group of a 'Very High' level in the Behaviour domain*

- It had initially been proposed that the funding be implemented through an amendment to the ACFI to create a new 'Very High' level within the Behaviour domain. Notionally, this threshold would be somewhere between the existing threshold for a High of 50 and the maximum score of 100.
- The Working Group raised two concerns:
  - *Appropriateness of the existing questions in the ACFI Behaviour domain* – the Working Group's advice was that the existing questions would not be able to adequately identify those people with the most complex BPSD.
    - The Working Group therefore advised that a separate assessment tool would be required. *Hence the NPI-NH was used.*
  - *The need to reassess over time to identify residents who no longer needed the funding* – the Working Group's advice was that disease progression would mean that for many residents their BPSD would reduce over time and that the additional funding would no longer be required. This does not lend itself well to being implemented through the ACFI which does not require regular reappraisal of residents. *This is a design principle of the ACFI – it is intended to reward providers for reducing care requirements of residents by successfully managing their care, rather than creating perverse incentives to maintain ineffective care.*
    - The Working Group therefore advised that the funding should be delivered through a Supplement which would enable mandated regular resident reassessment. *Hence the Supplement was developed.*

### *Development of the NPI-NH eligibility scores for the Supplement.*

- Two eligibility requirements have to be met by recipients to claim the Supplement: a medical diagnosis; and an assessment of the severity of behaviours and psychological symptoms using the Neuropsychiatric Inventory – Nursing Homes (NPI-NH) tool.
- The Supplement was developed in consultation with the Dementia and Veterans' Supplements Working Group and the owner of the assessment tool, Dr Jeffrey Cummins.
- The Department undertook an analysis of the likely distribution of NPI-NH scores that would result if all residents were assessed using the tool. This analysis was then used to determine what score should be used to determine eligibility for the Supplement.
- The main source of data used was the 'Caring for Aged Dementia Care Resident Study – CADRES' which was the most reliable Australian study that had recorded NPI scores for residential care recipients older than 60 years, with a medical diagnosis of dementia and high care needs.
- The CADRES study was assessed as being the most reliable available study and was recommended by the expert clinicians. Results obtained were consistent with other studies that had been conducted outside of Australia.
- The Department's analysis was provided to representatives of the Working Group for their consideration and advice. The advice sought to ensure that the right number of people would be assessed as eligible (2,000 people), and also that the most appropriate people would be assessed as eligible.

- One scenario that was considered by the Group was an eligibility score of 65 points. While this would have met the requirement for the right number of people to be assessed as eligible, it may not have ensured that the most appropriate people were assessed as eligible. The Group advised that this scenario gave equal weight to all of the domains included in the NPI-NH tool.
- As the intent was to identify people with the most severe behaviours, the Group identified six domains as being particularly relevant. These are delusions, hallucinations, agitation/aggression, depression/dysphoria, anxiety, and disinhibition.
- Based on this requirement, the Group's advice was that:
  - a total score of 50 should be required; and
  - the highest possible score of 12 should be obtained in at least two of the six targeted domains (delusions, hallucinations, agitation/aggression, depression/dysphoria, anxiety, and disinhibition); and
  - to ensure that the impact on providers of care was recognised, a minimum occupational disruptiveness score of four (out of five) also be recorded in at least two of the six targeted domains.
- The Group's advice was that *based on the modelling presented*, this was the combination that would result in the available budget being targeted at the most appropriate residents. The Group also expressed a view that *based on their own experiences*, this eligibility criteria would likely result in too few people being assessed as eligible.