



# Palliative Care Status Form

## When to use this form

Approved providers must use this form to seek a determination from the Department of Health and Aged Care (the department) that an individual **entering permanent (non-respite) residential aged care** has palliative care status. An individual with this status will then receive Australian National Aged Care Classification (AN-ACC) Class 1 (Admit for Palliative Care) classification.

## Important Information

A medical practitioner or nurse practitioner must complete Part B (medical assessment) of this form **no more than 3 months prior to, and no later than 14 days following**, the care recipient's date of entry into the residential care service to receive permanent (non-respite) residential care. Care recipients whose medical assessment falls outside these time periods may not be assessed for palliative care status.

Read **pages 4 and 5** for the full palliative care status eligibility requirements.

## Completing this form

The approved provider is responsible for this form, including collection of the care recipient's consent (or consent from an authorised representative), and ensuring Part B (medical assessment) has been completed within the required time period. The medical practitioner or nurse practitioner must not be an employee or contractor of the approved provider. The approved provider must ensure all eligibility requirements have been met before submitting the form to the department. Incomplete forms will be returned.

All questions are mandatory unless stated otherwise. You can complete this form on your computer using Adobe Acrobat Reader, or you can print it. If you have a printed form:

- use black or blue pen
- print in BLOCK LETTERS.

## Returning this form

Return this form by attaching it to the palliative care application in the My Aged Care Service Provider Portal within 14 days of notifying the care recipient's entry via the aged care entry record.

For more information about this form or our Privacy Policy call us on (02) 6289 1555 or freecall 1800 020 103, email [ANACCOperations@health.gov.au](mailto:ANACCOperations@health.gov.au) or complete the online enquiries form at [www.health.gov.au/about-us/contact-us/general-enquiries](http://www.health.gov.au/about-us/contact-us/general-enquiries).

## Part A

### Care Recipient Details

1 Care recipient's name:

First name/s:

Last name:

2 Date of birth:

3 Gender:

Male

Female

Other

4 Care recipient ID or Aged Care Gateway ID:

5 Medicare card number:

6 DVA card number (if applicable):

### Palliative Care Status Requirements

7 Has a medical assessment (Part B of this form) been completed **no more than 3 months prior to, and no later than 14 days following**, the care recipient's date of entry to the residential care service to receive permanent (non-respite) care?

Yes. **Go to Question 8**

No, the care recipient **may not be assessed** for palliative care status. Form ends here.

8 Have all the eligibility requirements been met?

Yes. **Go to Question 9**

No, the care recipient is **not eligible** for palliative care status. Form ends here.

9 Date of entry into permanent (non-respite) care:

Read **pages 4 and 5** for the full palliative care status eligibility requirements.

## Care Recipient Consent

### Privacy and your personal information

Your personal information is protected by law, including the Privacy Act 1988 and the Australian Privacy Principles. The department is collecting personal information in this form for the primary purpose of determining the palliative care status of individuals entering residential aged care.

The department may share information collected in this form with medical practitioners, nurse practitioners and staff of the residential aged care service where an individual resides or intends to reside, so care can be provided that is appropriate to the individual's circumstances and needs, including the use of funds as required under the *Aged Care Act 1997*.

By providing your personal/sensitive information to the residential aged care service provider, you consent to the department collecting that information about you from the provider for the purposes indicated above.

The medical practitioners, nurse practitioners and aged care service provider, who may collect personal information contained in this form, are also subject to privacy obligations.

**I acknowledge that I have read or have had the contents of this form explained to me and consent to receive palliative care at the residential aged care service named on this form.**

Full name:

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Relationship to care recipient (tick one):

Care recipient

Authorised representative

Signature:

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Date:

## Residential Aged Care Provider Declaration

Service NAPS ID:

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Residential aged care service name:

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Residential aged care service address:

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Residential aged care service phone number:

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Approved provider email address:

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- I **declare** that the individual has entered the residential aged care service to receive, and will be provided with, planned palliative care in a way that complies with the Aged Care Quality Standards and is in accordance with current best practice.
- I have **read and understood** the requirements for AN-ACC palliative care status set out on **pages 4 and 5** of this document, and confirm that the care recipient's life expectancy and palliative care needs meet the eligibility requirements for palliative care status.
- I **agree** to provide to the Secretary, Department of Health and Aged Care, documentation related to the planning and delivery of quality palliative care appropriate to the needs of the care recipient, if requested.
- I **declare** the information recorded in Part A of the Palliative Care Status Form to be true and correct.

Full name:

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Position:

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Signature:

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Date:

## Part B:

### Medical Assessment

**10** Patient's full name:

First name/s:

\_\_\_\_\_

Last name:

\_\_\_\_\_

**11** Medical assessment:

What is the patient's estimated life expectancy (in months)?

\_\_\_\_\_

What is the patient's AKPS score? (refer to the AKPS Scale on page 4)?

\_\_\_\_\_

### Medical Practitioner or Nurse Practitioner Details

**12** Practice details (provider stamp accepted):

Practice name and address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact phone number:

\_\_\_\_\_

Email address:

\_\_\_\_\_

**13** Australian Health Practitioner Regulation Agency ID number:

**14** Medicare Provider Number:

**15** Practitioner type (tick one):

Medical practitioner

Nurse practitioner

### Medical Practitioner or Nurse Practitioner Signature

**16** Part B of this form must be signed by the medical practitioner or nurse practitioner responsible for the care of the patient.

Assessment date:

Full name of medical practitioner or nurse practitioner:

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date:

Palliative care status is specifically for individuals with an **estimated life expectancy of 3 months or less** AND an **AKPS score of 40 or less**, who enter permanent residential care for the purpose of receiving planned palliative care.

This medical assessment is used by the department to make a palliative care status determination. If the Class 1 requirements are not met and the department rejects the request for palliative care status, the individual will be referred for a standard AN-ACC assessment to determine their appropriate AN-ACC classification.

**Any amendments to this section of the form must be signed by the medical practitioner or nurse practitioner.**

# Palliative Care Status Eligibility Requirements

## Introduction

The AN-ACC funding model includes 13 variable (casemix) funding classes that reflect the different care needs of care recipients in each class, with Class 1 and Class 13 representing the maximum variable funding classes.

AN-ACC Class 1 'Admit for Palliative Care' recognises that individuals with **palliative care status** who enter residential aged care for the purpose of receiving planned palliative care are clinically discrete and require significant additional resources to meet their care needs. It also avoids the need for these individuals to undergo a standard AN-ACC assessment process to determine their appropriate AN-ACC classification and the level of funding the approved provider will receive for their care provision.

This form is for individuals **entering residential aged care**, and not for existing care recipients who decline over time and require palliative care and/or end of life care. If an existing permanent (non-Class 1) care recipient becomes palliative after entering a residential aged care service, the provider can request the reclassification of that care recipient, which will trigger a new assessment to determine their AN-ACC classification and funding from the date of the reclassification request.

## Eligibility for palliative care status and AN-ACC Class 1 funding

For an officer of the department to determine a care recipient has palliative care status, and AN-ACC Class 1 classification and funding, requires that all the following are met:

- the care recipient entered the residential care service to be provided with non-respite care in the form of palliative care
- a medical assessment has been completed **no more than 3 months prior to, and no later than 14 days following**, the care recipient's date of entry
- the medical assessment includes an estimate of the care recipient's life expectancy as 3 months or less at the care recipient's date of entry
- the medical assessment includes an Australia-modified Karnofsky Performance Status (AKPS) score of 40 or less (see AKPS Scale below).

If the eligibility requirements for palliative care status have not been met (for example, the care recipient has an AKPS score of 50), the standard entry process will apply. This process includes referring the care recipient for a standard AN-ACC assessment to determine their appropriate AN-ACC classification.

## Medical assessment requirements

The medical assessment must be conducted by either a medical practitioner or nurse practitioner who is independent of the residential aged care service (not a contractor or employee) and operating within their scope of practice, and recorded in Part B of this form.

## AKPS Scale

The AKPS is a measure of an individual's overall performance status or ability to perform their activities of daily living. The AKPS measures performance across the dimensions of activity, work and self-care.

An AKPS score of 100 signifies normal physical abilities with no evidence of disease. Decreasing numbers indicate a reduced ability to perform activities of daily living.

100	Normal; no complaints; no evidence of disease	50	Considerable assistance and frequent medical care required
90	Able to carry on normal activity; minor signs or symptoms of disease	40	In bed more than 50% of the time
80	Normal activity with effort; some signs or symptoms of disease	30	Almost completely bedfast
70	Cares for self but unable to do active work	20	Totally bedfast and requiring extensive nursing care by professionals and/or family
60	Able to care for most needs but requires occasional assistance	10	Comatose or barely rousable

## Palliative Care Status Eligibility Requirements (continued)

### Who is responsible for completing and submitting the Palliative Care Status Form?

The approved provider has overall responsibility for submitting the completed Palliative Care Status Form to the department.

In submitting this form, the approved provider should ensure that:

- all mandatory questions have been completed
- the information in the form **meets all the eligibility requirements** for palliative care status
- the **consent of the care recipient** or their authorised representative has been obtained and recorded in Part A of this form
- Part B has been completed in full by a **medical practitioner or nurse practitioner** based on a medical assessment that has taken place **no more than 3 months prior to, and no later than 14 days following**, the care recipient's date of permanent (non-respite) entry into the residential care service for the purpose of receiving palliative care.

A copy of the form should be provided to the individual and/or their authorised representative.

The approved provider must, if requested by the Secretary, provide specified information or documents relating to a care recipient with palliative care status, within 7 days after the day the request was made, as outlined in Section 27A of the Accountability Principles 2014.

### Definitions

Care Recipient ID or Aged Care Gateway ID	<p>The 'Care Recipient ID' is the unique identifier used to support claims for subsidies and supplements for an individual care recipient.</p> <p>The 'Aged Care Gateway ID', sometimes referred to as 'My Aged Care (MAC) ID', is the care recipient's unique My Aged Care identifier.</p> <p>Both unique identifiers can be found in the Services Australia Aged Care Provider Portal.</p>
Service NAPS ID	<p>The National Approved Provider System (NAPS) Service ID is a department issued identifier following establishment of a service and allocation of places.</p>