Australian Government
Department of Health, Disability and Ageing

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English

Palliative Care Status Form

When to use this form

Registered providers must use this form to seek an assessment from the Department of Health, Disability and Ageing (the department) that an individual **entering ongoing residential 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.

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 individual's date of entry into the approved residential care home to receive ongoing residential care services. Individuals 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 registered provider is responsible for this form, including collection of the individual's consent (or consent from a guardian etc. see section 28 of the *Aged Care Rules 2025*), 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 registered provider. The registered provider must ensure all eligibility requirements have been met before submitting the form to the department. Incomplete forms may be rejected.

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 and Support Portal within 14 days of notifying of the individual's entry by a start notification submitted via the Aged Care Provider Portal. The start notification must be submitted within 28 days of the individual's ongoing entry into the approved residential care home to receive ongoing residential care services.

For more information about this form or our Privacy Policy call us on (02) 6289 1555, freecall 1800 020 103 or email ANACCOperations@health.gov.au

Part A
Indvidual's Details

1. Individual's name:

First name/s:

Last name:

2. Date of birth:

3. Gender

☐ Male ☐ Female

☐ Other

4. Individual's Aged Care 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 individual's date of entry to the approved residential care home to receive ongoing residential care services?

☐ Yes. **Go to Question 8**

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

9. Date of entry into the approved residential care home to receive ongoing residential care services:

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

Individual 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 an approved residential care home.

The department may share information collected in this form with medical practitioners, nurse practitioners and staff of the approved residential care home where an individual receives, or intends to receive, funded aged care services, 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 2024*.

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

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

A long form version of this privacy notice is at www.health.gov.au/using-our-websites/website-privacy-policy/privacy-notice-for-the-palliative-care-status-form.

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 care home named on this form.

Full name:

Person providing consent (tick one):

☐ Individual

☐ Guardian etc.

Signature:

Date:

Registered Provider Declaration

Provider Integration ID:

Approved residential care home name:

Approved residential care home address:

Approved residential care home phone number:

Registered provider email address:

- I **declare** that the individual has entered the approved residential care home 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 individual's life expectancy and palliative care needs meet the eligibility requirements for palliative care status.
- I **agree** to provide to the System Governor, Department of Health, Disability and Ageing, documentation related to the planning and delivery of quality palliative care appropriate to the needs of the individual, if requested.
- I **declare** the information recorded in Part A of the Palliative Care Status Form to be true and correct.

Full name:

Position:

Signature:

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 AKPS 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 completed and 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:

For the purpose of AN-ACC Class 1, 'palliative care status' refers to individuals entering an approved residential care home for planned palliative care, who have an **estimated life expectancy of 3 months or less AND an AKPS score of 40 or less**.

This medical assessment is used by the department to establish a palliative care status classification. 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.

Where a request is rejected, the original due date no longer applies, and a resubmission is not permitted. Rejection reasons will be recorded in the Notes/Comments section of the client's Palliative Care Status request, along with advice on how to seek further information if required.

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

Palliative Care Status Eligibility Requirements

Introduction
The AN-ACC funding model includes 13 variable (casemix) funding classes that reflect the different care needs of individuals 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 an approved residential care home 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 registered provider will receive for their care provision.

This form is for individuals **entering an approved residential care home**, and not for individuals who have previously entered the home and who decline over time and require palliative care and/or end of life care. In this case where an individual becomes palliative after entering an approved residential care home, the registered provider can request a classification reassessment of that individual, 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 the department to determine an individual has palliative care status, and AN-ACC Class 1 classification and funding, requires that all the following are met:

- the individual entered the approved residential care home to be provided with ongoing residential care services 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 individual's date of entry
- the medical assessment includes an estimate of the individual's life expectancy as 3 months or less at the individual's date of entry
- the medical assessment includes an Australia-modified Karnofsky Performance Status (AKPS) score of 40 or less (see AKPS Scale below)
- the individual's entry is notified through submission of a start notification within 28 days from the date of entry, as required under section section 149-15(a) of the *Aged Care Rules 2025*.

If the eligibility requirements for palliative care status have not been met (for example, the individual has an AKPS score of 50), the standard classification process will apply. This process includes referring the individual for a standard AN-ACC assessment to determine their appropriate AN-ACC classification. If a Palliative Care Status Form is rejected or recalled a default rate that is equivalent to Class 1 funding will apply until the outcome of the AN-ACC assessment is known. If the individual passes away prior to an AN-ACC assessment being completed, default rate that is equivalent to Class 1 funding will apply for the entirety of the individual's stay.

Important note: it is not permitted to remove and re-add an individual to the home for the purpose of reapplying for palliative care status following a request rejection.

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

Approved Form
The Palliative Care Status Form is an approved document under section 584(1) of the *Aged Care Act 2024*, section 76-15(10)(iii) of the *Aged Care Rules 2025*. This form supersedes all previously published versions of the Palliative Care Status Form. The department cannot assess old form versions.

Australia-Modified Karnofsky Performance Status (AKPS)
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 registerd provider has overall responsibility for submitting the completed Palliative Care Status Form to the department.

In submitting this form, the registered 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 individual** or their guardian etc. 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 individual's date of entry into the approved residential care home for the purpose of receiving ongoing residential care services in the form of palliative care.

A copy of the form should be provided to the individual and/or their guardian etc.

The registered provider should, if requested by the System Governor, provide specified information or documents relating to a individual with palliative care status, within 7 days after the day the request was made, as outlined in section 343 of the *Aged Care Act 2024*.

Definitions

Guardian etc. takes the definition in subsection 28(2) *of the Aged Care Act 2024*, being a person who:

- has guardianship of the individual under a law of the Commonwealth, a State or a Territory; or
- is appointed by a court, tribunal, board or panel (however described) under a law of the Commonwealth, a State or a Territory, and has power to make decisions for the individual; or
- holds an enduring power of attorney or like power granted by the individual.

Individual's Aged Care ID or Aged Care Gateway ID

The ‘Individual's Aged Care ID’ is the unique identifier used to support claims for subsidies and supplements for an individual care recipient. The ‘Aged Care Gateway ID’, sometimes referred to as ‘My Aged Care (MAC) ID’, is the care recipient’s unique My Aged Care identifier. Both unique identifiers can be found in the Services Australia Aged Care Provider Portal.

Provider Integration ID

The Provider Integration Id is a department issued identifier following approval of a residential care home.

Palliative care status

For the purpose of AN-ACC Class 1, 'palliative care status' refers to individuals entering an approved residential care home to receive ongoing residential care services for planned palliative care, who have an estimated life expectancy of 3 months or less AND an AKPS score of 40 or less.