Assessor Portal User Guide 10 – Clinical Assessment Delegate Processes

This user guide is to assist Clinical Assessment Delegates in performing and range of functions in the My Aged Care assessor portal (assessor portal) that relate to the requirements set out in the *Aged Care Act 2024* as the role of System Governor. This includes viewing and actioning delegate decisions, as well as requesting corrections to care approval decisions and care extensions.

Clinical assessment delegates can approve an older person for all service groups, classification types and classification levels under the *Aged Care Act 2024*. Non-clinical assessment delegates are restricted to approving entry level home support, Assistive Technology or Home Modification services (i.e. with classification levels of CHSP class, AT CHSP or AT-HM).

> **!** From 1 November 2025, there are changes to assessment delegations under the *Aged Care Act 2024*, for both Clinical and Non-clinical Assessment Delegates.
>
> To understand **Assessment Delegate changes**, refer to 'Chapter 7: Delegations and Approvals under the Act' of *My Aged Care Assessment Manual*.
>
> For guidance on the interim process explaining **Manual Delegate Approval for CHSP only** for **comprehensive assessments**, and how it impacts Clinical Assessment Delegates, refer to *Manual Delegate Approval for CHSP – Standard Operating Procedure* and instructional videos for comprehensive assessments.
>
> **Note:** This process was updated to align with recent changes effective from 23 February, the updated approach now applies.
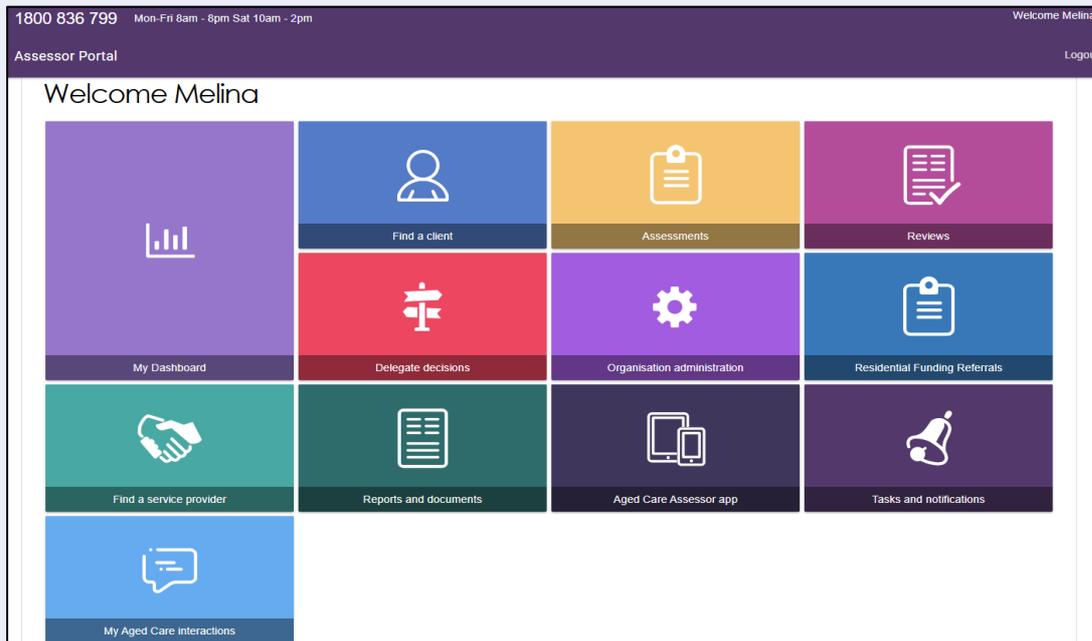
This user guide contains the following topics:

The Clinical Assessment Delegate home screen

If you are both a clinical aged care needs assessor (clinical assessor) and a Clinical Assessment Delegate in the Assessor portal, your home screen will look like the following.

For more information regarding applying to be a Clinical Assessment Delegate please refer to the [My Aged Care Assessor Portal User Guide 12 – Managing Delegate Roles](#).

Assessment history

To assist Clinical Assessment Delegates with understanding and actioning delegate approvals, Clinical Assessment Delegates can view a client's assessment history via the **Plan** tab of the client record. Within the **Assessment history** section, it will outline key information such as if the assessment has been completed by a non-clinical needs assessor who then converted the assessment from a home support assessment to a comprehensive assessment, as well as the details of the clinical supervising assessor.

Viewing an item for decision

As a Clinical Assessment Delegate, follow the steps below to assign items for decision.

1. Select **Delegate decisions** from the homepage.
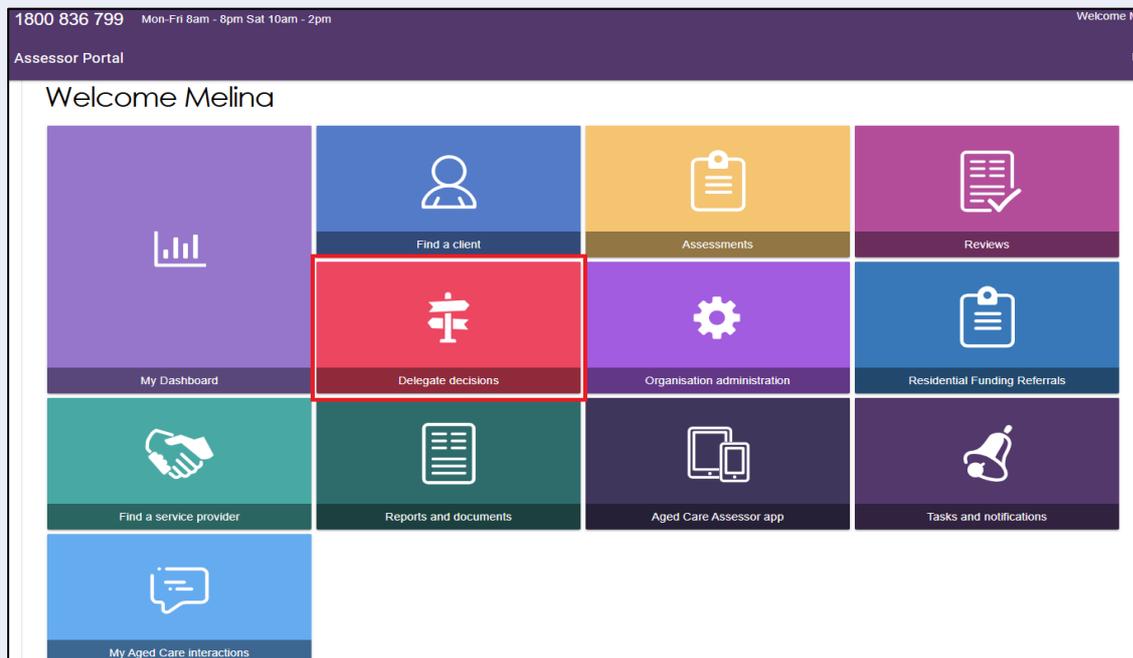
2. The queue containing assessments awaiting Clinical Assessment Delegate decision will be displayed in the **Decision pending** tab.

    You can use the filter options (First Name, Last Name, and Aged Care User ID) to refine your results. To show additional filter options select **Advanced Search**.

    You can also use the sort function to sort by assessment status, as well as other categories such as last name, first name, Aged Care ID, date submitted, priority (or urgency), assessor and delegate names and due date. The order in which the results are displayed can also be set.
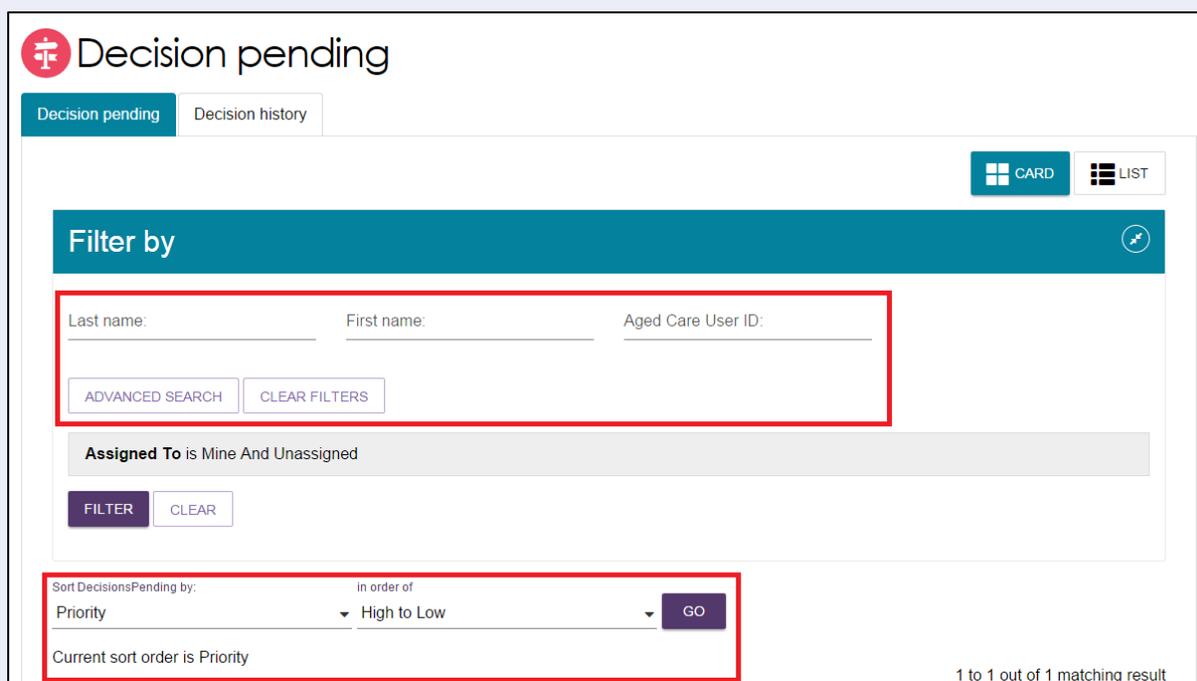
The due date against each assessment waiting for delegate decision will be visible to the Clinical Assessment Delegate in both the Card and List View. The pending decisions can be sorted and filtered by date due.

3. On this page is also the **Decision history** tab, which will display decisions that you have made previously.

4. For both the **Decision Pending** and the **Decision History** tabs, you can toggle between the card view and the list view (shown below) to display the clients.

Assigning an item for decision

To assign a client to yourself:

1. If using the card view, select the expand arrows on the Client card to display a summary of the client's information in a pop-up. Select **ASSIGN** to allocate that item to yourself or to another Clinical Assessment Delegate within the team.

2. If using the list view, select the expand arrows for the client to display a summary of the client's information in an expanded view.

3. Select **ASSIGN** to allocate that item to yourself or to another Clinical Assessment Delegate within the team.

4. In the pop-up box, select a Clinical Assessment Delegate (or yourself – 'me'), and select **ASSIGN**.

5. A confirmation message will appear. The client will appear in the queue of the Clinical Assessment Delegate they were assigned to, or under 'My Decisions' if assigned to yourself.

Reassigning for Decision

Follow these steps to reassign an item for decision:

1. Select the expand arrow on the **Client card** to display a summary of the client's information. Select **REASSIGN**.

If using the list view, select the expand arrow next to the client's name to see more information, and select **REASSIGN**.

2. Nominate another Clinical Assessment Delegate to assign the item to or select the option **Place back in delegate queue** if you want to un-assign it. Select **REASSIGN**.

3. You will receive a confirmation message that you have either re-assigned or un-assigned the queue item.
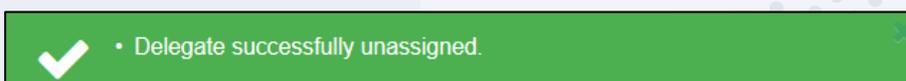
Recording a delegate decision

Prior to making any delegate decisions you must view the entire client record, assessment and support plan and attached information to ensure you have all the necessary evidence to support your decisions. The assessment summary prepared by the clinical assessor can be accessed through the **Identified needs** tab of the support plan.

Follow these steps to record your delegate decision:

Viewing Decisions information

1. Go to the Delegate Decisions tile form the home page. Then, select the Decision Pending tab.
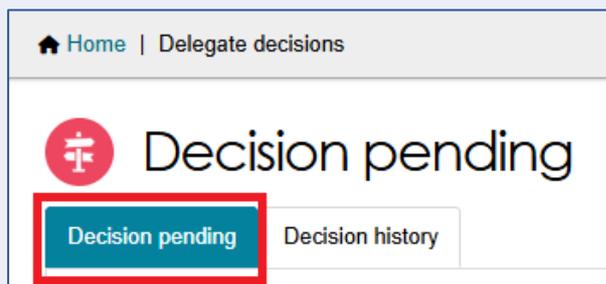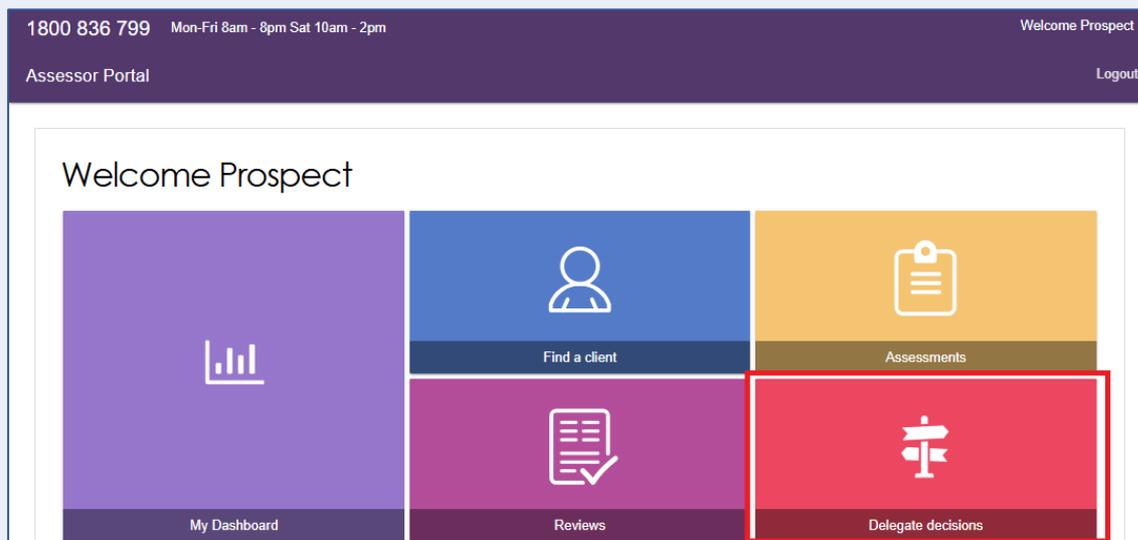
2. From the **Decision pending** tab, select the expand arrow on the Client card to display a summary of the client's information. Select **START DECISION PROCESS**. If using list view, this option is available from the expanded client information section. Select **START DECISION PROCESS** in the pop-up box.
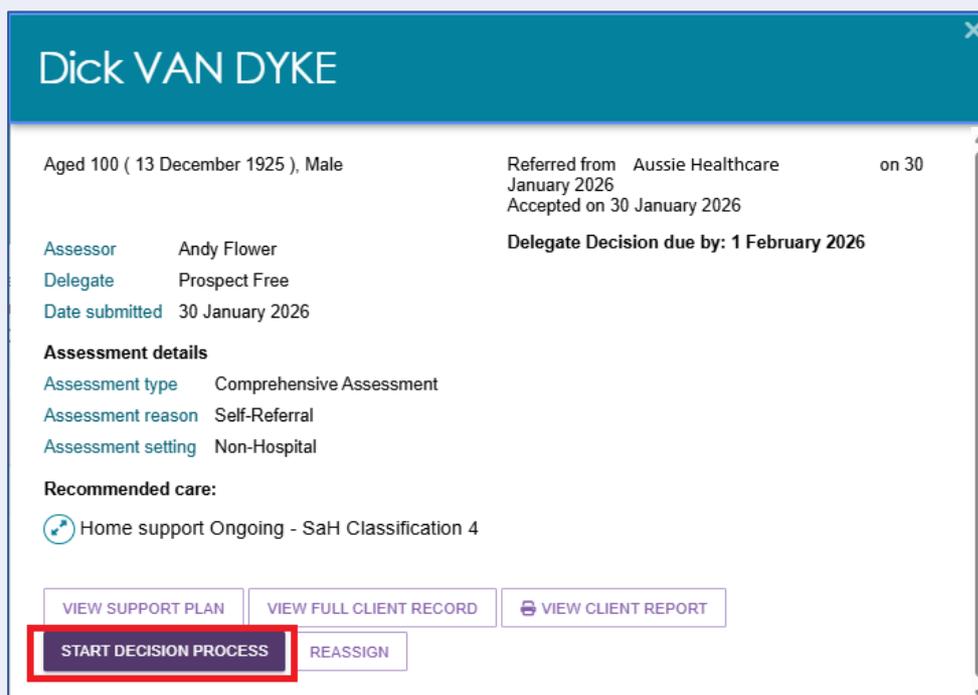
3. You will be taken to the **Decisions** tab on the client's support plan. The recommendations made by the clinical assessor will be displayed for your review.

As a Clinical Assessment Delegate, you can:

- agree with a recommendation

- disagree with a recommendation

- edit a recommendation (edit and/or add Emergency Care Indicator and dates, priority and time-limitation of approval etc. Note that priority is not applicable for Support at Home.)

- add a care type for Delegate decision. These will be automatically agreed to.

- remove a care type

- change your decision prior to finalisation from agree to disagreed, or disagreed to agreed

- select to be notified of any home care correspondence for a client that you have approved for home care and may need monitoring going forward. Note that only one person from your outlet can receive these notifications.

Editing a Recommended Classification

1. Go to the Delegate Decisions tile, and select the client's card or listing as per the process in Viewing Decisions information.

2. Select on the pencil icon next to the current recommended classification.

3. The **Edit Recommended Classification** pop up appears.

> **!** An ongoing SaH classification outcome cannot be overridden to an ongoing lower or higher SaH classification outcome (in line with section 81-10 of the Aged Care Rules). Assessors must **not** undertake this action and delegates must not approve assessments where this occurs, or override and select a lower or higher classification.

Select the new recommended classification, along with the override reason and description.

Pay attention to any warning messages that may appear.

Complete any other mandatory fields that appear, for example the client's preference for seeking Home support services.

Finally, select **SAVE TO PLAN.**

Edit recommended classification ✕

⚠ Please contact the assessor before making any changes to the classification. Some recommendations may be removed as a result of this change. If you want to recommend a Restorative Care Pathway, End-of-Life Pathway or CHSP this will require the assessment to be returned to the assessor to add these services.

All fields marked with an asterisk (*) are required.

IAT outcome: CHSP
Recommended Classification: SaH Classification 4
Classification type: Ongoing

New recommended classification * ▼

To override the result, please specify the reason for the override and describe it for the delegate.

Override reason * ▼

Override reason description: * ❓

0 / 150

SAVE TO PLAN CANCEL

4. For Support at Home classifications, the **Edit Home Support Services** Screen displays. A truncated version of this page is shown below.

The default services for your edited classification appear on this page. Confirm or change the service, frequency and intensity details. Then, select **SAVE TO PLAN** at the bottom of the page.

Edit Home Support Services

All fields marked with an asterisk (*) must be completed before submission

Recommended that the client receive: SaH Classification 4
Classification Type: Ongoing

Please select services within each service type*

Allied health and therapy

Service	Frequency	Intensity
☐ Aboriginal or Torres Strait Islander Health Practitioner assistance		⌄
☐ Aboriginal or Torres Strait Islander Health Worker assistance		⌄
☐ Allied health assistance		⌄

5. The screen under the decisions tab will show the updated **Recommended classification** under **IAT Outcome and Classifications**. It is estimated to take up to 60 seconds for the update to take effect.

6. For **High** priority Support at Home recommendations, you should review the reasoning provided by the clinical assessor and make an independent determination as to whether the priority given for the recommendation is appropriate.

7. For Residential Permanent recommendations, a Clinical Assessment Delegate can make corrections to their decisions within 43 days. During the correction you can:

   • add a residential permanent recommendation

   • remove a residential permanent recommendation

   • update urgency

   • update approval expiry date

   • update emergency needs

   • update Delegate date (approval start date).

Viewing details about the Decision

1. To view details and status of the decision for a recommended service, navigate to the **Decisions** tab and scroll to the **Current care approvals** section. Select the expander icon next to the service and select the blue magnifier icon to view.

2. A pop-up screen will open listing the classification and the type along with the list of all approved services.

3. Select the expander icon to view the details such as services included, approval start date and ceasing date.

Return to a clinical assessor

There are circumstances in which you may wish to send the client's Decision workflow back to the clinical assessor. For example:

- more evidence is required

- the care level is not appropriate or sufficient

- amendments needed to be made (such as to correct spelling errors)

By selecting **RETURN TO ASSESSOR**, the original clinical assessor can then make necessary changes before re-submitting for decision.

Note that you only have the option to return the assessment to the clinical assessor prior to agreeing or disagreeing to any recommendations. If you select **RETURN TO CLIENT,** you will navigate back to the client's record.

No Decision

Clinical Assessment Delegates will not need to make decisions for clients where **No Care Approval** or **No Care Type Under the Act** is recommended.

A clinical assessor can recommend and match and refer a client for Support at Home services and finalise the support plan without needing to submit to the Delegate for decision if the client:

- Withdraws their application for care but is eligible for SaH services; or

- Does not wish to apply for care under the Act but would like to receive SaH services.

> ! **For CHSP only:** From 1 November 2025, there are changes to how the 'No Care Approval' option is used under the interim Manual Delegate Approval process for CHSP only for comprehensive assessments.
>
> For more information, please refer to *Manual Delegate Approval for CHSP – Standard Operating Procedure* and instructional videos for comprehensive assessments.
>
> **Note:** This process was updated to align with recent changes effective from 23 February, the updated approach now applies.

Agreeing with recommendations

1. To agree with the clinical assessor's recommendation for a non Support at Home recommendation, select **AGREE** below the recommended care type. If multiple care types were recommended, you will need to repeat this process for each care type.

   To agree with a Home support service recommendation, refer to Agreeing or disagreeing with a Support at Home Recommendation.

2. You will be asked to confirm that you agree with the recommendation in a pop-up box. If required, you can enter an approval cease date and add comments. Select **AGREE**. If required, you are now able to set an **approval cease date for Permanent Residential Care** through the assessor portal.

Agree with recommendation

You are about to agree with the recommendation for Maria MANNING for
Residential Respite Care

All fields marked with an asterisk (*) are required.

Approval cease date:

(e.g. dd/mm/yyyy)

Comments (optional)
ℹ *Maximum 255 characters*

AGREE   CANCEL

3. A confirmation message will display, and the status of the recommendation will display as **Agreed**.

Residential Permanent

Urgency for this care type	Medium ?
Approval starts	26 May 2025
Approval stops	30 September 2025

● Agreed

CHANGE

Disagreeing with recommendations

Disagreeing with a recommendation will result in a non-approval of that recommended care type.

If a recommendation is mistakenly added by the clinical assessor, the Clinical Assessment Delegate can disagree with the clinical assessor's recommendation, and/or add their own recommendation.

Recommended care requiring delegate decision

Residential Respite Care

Priority for this care type	High ?
Declaration	Yes
Reason DEMMI not completed	information unavailable. Need to follow up in 1 week
Delegate comment	Not required

● Disagreed

CHANGE

Residential Permanent

Urgency for this care type	Medium ?

● Agreed

CHANGE

Follow the steps below to disagree with a recommendation:

1. Select the expander button to show the recommended care type for approval.

2. Select **DISAGREE** below the recommended care type. You will need to repeat this process for each care type that you disagree with.

3. You will need to provide a comment about your reason for disagreeing with the recommendation, then select **DISAGREE**.

4. A confirmation message will display, and the status of the recommendation will change to **Disagreed**.

5. If you need to change your decision, you can select **CHANGE**. This option will only be available prior to saving and completing the approval process by selecting **Save and Delegate**. Refer to the Changing a Decision section for more details.

6. If you disagree with all recommendations and you do not add any new approval decisions, you may be prompted to select "No Care Approval" as a service type during the **Save Decision and Delegate** pop-up in order to complete the delegate decision. Go to Adding a Care Type for more information.

Agreeing or disagreeing with a Support at Home Recommendation

1. For a client that has been recommended for an ongoing Support at Home classification, you will be required to select **APPLY DELEGATE DECISION**.

2. You will be shown all the assessors' recommended service type/s, service/s, frequency and the intensity of the services. You can either agree or disagree by selecting individual service/s or selecting the **Select all** toggle.

3. If you disagree with the service/s that the assessor has recommended, you will be asked to provide the reason for your disagreement.

    Then, select **DISAGREE**.

4. If you are agreeing with the recommendations by the assessor, tick the services' checkbox and select **AGREE WITH SELECTED SERVICES** button. It should be noted that if you select a service that you have previously disagreed with, it will override your decision.

Then, you will be asked to confirm by selecting the **AGREE** button.

Agree with selected services

You are about to agree with the service recommendations listed below

Home or community general respite
- **Flexible respite:** Recommended frequency is 3 days per week. Recommendation to: add service

Domestic assistance
- **General house cleaning:** Recommended frequency is 1 time(s) per hour. Recommendation to: add service
- **Laundry services:** Recommended frequency is 1 days per month. Recommendation to: add service

Home maintenance and repairs
- **Gardening:** Recommended frequency is 1 days per month. Recommendation to: add service
- **Expenses for home maintenance and repairs:** Recommended frequency is 2 days per week. Recommendation to: add service

Meals
- **Meal delivery:** Recommended frequency is 1 days per month. Recommendation to: add service
- **Meal preparation:** Recommended frequency is 1 time(s) per day. Recommendation to: add service

Transport
- **Direct transport:** Recommended frequency is 1 days per month. Recommendation to: add service
- **Indirect transport:** Recommendation to: add service

Care management
- **Home support care management:** Recommendation to: add service

Personal care
- **Assistance with self-care and activities of daily living:** Recommended frequency is 1 days per week. Recommendation to: add service
- **Assistance with self-administration of medications:** Recommended frequency is 3 days per month. Recommendation to: add service
- **Continence management (non-clinical):** Recommended frequency is 2 days per month. Recommendation to: add service

Nursing care
- **Nursing assistant clinical care:** Recommended frequency is 1 days per month. Recommendation to: add service
- **Enrolled nurse clinical care:** Recommended frequency is 2 days per week. Recommendation to: add service
- **Nursing care consumables:** Recommended frequency is 2 days per month. Recommendation to: add service
- **Registered nurse clinical care:** Recommended frequency is 2 days per week. Recommendation to: add service

Social support and community engagement
- **Individual social support:** Recommendation to: add service
- **Accompanied activities:** Recommendation to: add service

[AGREE] [CANCEL]

5. During this process, you can add additional Support at Home services by selecting the **ADD HOME SUPPORT SERVICES** button at the bottom of the page.

Social support and community engagement

[FINISH] [ADD HOME SUPPORT SERVICES] [CANCEL]

6. The **Add Home Support services** page appears, where you can add Support at Home Service/s, Frequency and Intensity. Add the additional service/s and select the **SAVE TO PLAN** button.

7. Review the services you have added and select **FINISH** once you are ready to proceed to delegate.

8. Once a decision has been recorded and finalised by the delegate, the recommendations will be displayed as below:

Editing a recommendation

1. To edit a care type or level of care recommended by a clinical assessor, select the **Edit** icon to the right of the recommendation.

2. The **Edit a care type** pop up will be displayed, and you will be able to make any changes required. Select **SAVE TO PLAN** to save the changes.

Adding a care type

Clinical Assessment Delegates can add another care type for delegate decision for the client, if required.

1. At the bottom of the client's Decisions tab of the Support Plan and Services page, select **ADD A CARE TYPE FOR DELEGATE DECISION**.

Master Bart SAMPSON
Male, 81 years old, 1 March 1944, AC01907385
742 EVERGREEN TERRACE SPRINGFIELD, VIC, 3544

Primary contact: Bart Sampson (self)

No support relationships recorded

Support plan and services

Identified needs | Goals & recommendations | **Decisions** | Manage services & referrals | Associated People

PRINT COPY OF SUPPORT PLAN

IAT Outcome and Classifications

Current assessment type:	Comprehensive Assessment
IAT Outcome:	SaH Classification 5
Recommended classification:	SaH Classification 5 ● Agreed CHANGE
	Specified needs - Continence Products
	HM Medium
Override reason:	Other Aged Care Program/s
Override reason description:	Needs to be overriden to propose services.

Recommended care requiring delegate decision

Recommend that the client receive
Home support

Recommend that the client receive
Assistive technology

Recommend that the client receive
Home modifications

ADD A CARE TYPE FOR DELEGATE DECISION   RECOMMEND AN ASSISTIVE TECHNOLOGY

SAVE AND DELEGATE   RETURN TO ASSESSOR   RETURN TO CLIENT

2. In the pop-up box, select the care type that applies from the drop-down box. You will need to select the priority for the care type. Please note that there are historical care types in this section, which should only be used in prescribed situations.

Add care type for delegate decision

All fields marked with an asterisk (*) are required.

Which care type applies? *
Residential Permanent

☐ Shared room + ensuite   ☐ Shared room + no bathroom or ensuite   ☐ Shared room + shared bathroom
☐ Single room + no bathroom or ensuite   ☐ Single room + shared bathroom   ☑ Single room + ensuite

If time-limited, when does the approval stop (optional):
(e.g. dd/mm/yyyy)

What is the urgency of this care type? * (?)
High

Is this emergency care?
○ Yes ● No

Reason or comments

0 / 255

SAVE TO PLAN   CANCEL

3. The care type will be added to the **Recommended care requiring delegate decision** list with a decision of **Agreed**.

Recommended care requiring delegate decision

Residential Permanent
• Single room + ensuite
Urgency for this care type High (?)
● Agreed
CHANGE

Recommend that the client receive
Home modifications

Recommend that the client receive
Assistive technology

Recommending a Home Modification Service

> ❗ When considering adding/editing Home modifications care recommendations, refer to:
>
> - *Support Plan* section of [My Aged Care – Integrated Assessment Tool (IAT) User Guide](#)
> - *Approving AT and HM under Support at Home* and *Approving AT and HM under CHSP* sections under Chapter 8 of the [My Aged Care Assessment Manual](#)
> - Delegate training.

As a delegate you can recommend a Home modification (HM) service when the assessment identifies that changes to the client's living environment are necessary to support their safety, independence, or ability to remain at home.

1. From the Decisions tab, select the **RECOMMEND HOME MODIFICATIONS** button.

2. The **ADD HOME MODIFICATIONS RECOMMENDATION** screen appears. Select the home modification tier (Low, Medium, or High) from the drop-down list.

   The Service Type section will be pre-filled and greyed out.

   Choose whether the client want to seek Home modifications services through the Support at Home program.

   Then, select **SAVE TO PLAN**.

Recommending an Assistive Technology Service

> **!** When considering adding/editing Assistive technology care recommendations, refer to:
>
> - *Support Plan* section of [My Aged Care – Integrated Assessment Tool (IAT) User Guide](#)
> - *Approving AT and HM under Support at Home* and *Approving AT and HM under CHSP* sections under Chapter 8 of the [My Aged Care Assessment Manual](#)
> - Delegate training.

As an assessment delegate, you can recommend an Assistive technology service when the client's assessment indicates a need for equipment or devices that support daily living, safety, or independence to ensure the right equipment is provided to enhance the client's ability to live safely and independently at home.

Please note that Assistance dogs are classified under the Ongoing classification type of assistive technology. It is known as 'Specified Needs – Assistance Dogs'.

1. From the Decisions tab, select the **RECOMMEND AN ASSISTIVE TECHNOLOGY** button.

2. The **Add Assistive technology recommendation** screen appears.

Select the classification type from the drop down list.

If the classification type is Short-term, select the technology tier from the drop-down list. If it is Ongoing, assistance dogs is available under the Specified Needs section.

Choose whether the client want to seek Assistive technology services through the Support at Home program.

Then, select **SAVE TO PLAN**.

Assistive Technology Short Term example

Assistive Technology Ongoing example

3. The recommendation will be displayed within the Decisions tab under **Recommended care requiring delegate decision** section. Expand the item to view the details. Select **AGREE or DISAGREE**. You can also edit the recommendation using the **Edit** (Pencil) icon as shown in the example below.
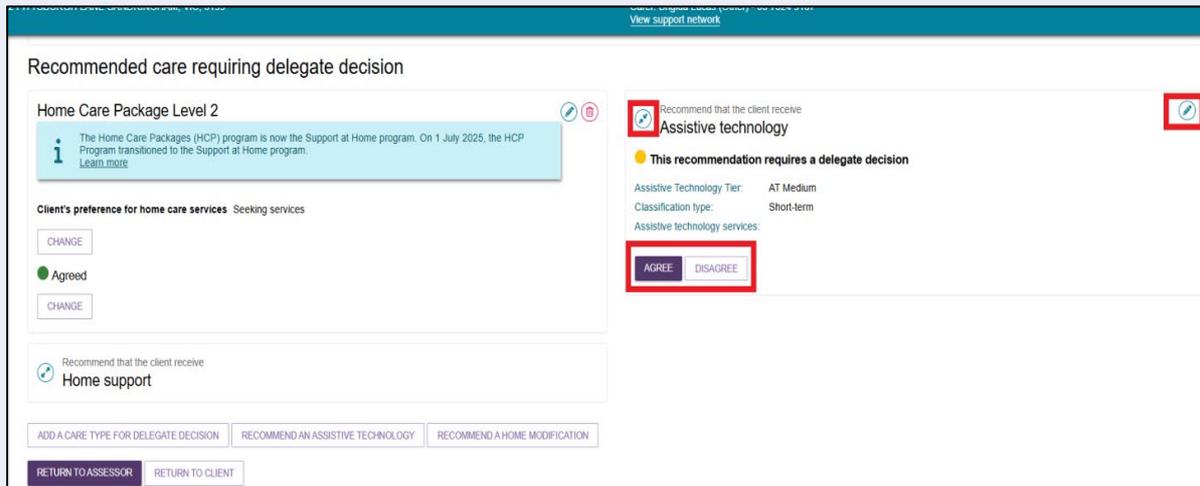
Recommending a second Restorative Care Pathway unit

Delegates can add a second unit of Restorative Care Pathway (RCP) during the Decision process. This is subject to the number of places available during the financial quarter when the second unit is requested. If there are no RCP units available, the second unit cannot be added.

1. Go to the Decision Tile from the assessor portal home page.

2. Select the client to add the second unit. This client must already have RCP approved and active.

3. Go to the client's support plan, then the Decision tab, then the IAT Outcome and Classification section.

4. Select **ADD SECOND UNIT OF RESTORATIVE CARE PATHWAY.**

5. The 'Add second unit of Restorative Care Pathway' pop up appears. Read the confirmation text, then select **ADD SECOND UNIT**.

Changing a decision

1. If you need to change your decision from Agreed to Disagreed, or Disagreed to Agreed, you can select the **CHANGE** button.

2. You will be able to add approval cease dates and comments where appropriate in the pop-up.

3. If you are changing the decision from **Agreed** to **Disagreed**, you will need to provide a reason for the change. Please note, this option will only be available prior to saving and completing the approval process.

4. A confirmation message will display.

• Recommendation successfully updated.

Finalising your decision

! **For CHSP only:** From 1 November 2025, there are interim and manual changes to the Delegate Approval process for CHSP only, and how it impacts the Notice of Decision letter generation, completion and upload. For more information on the **process** and **Notice of Decision letter generation**, please refer to *Support at Home – Manual Delegate Approval for CHSP – Standard Operating Procedure and* instructional videos for comprehensive and home support assessments. **Note:** This process was updated to align with recent changes effective from 23 February, the updated approach now applies.

1. Once the decision has been made, select **SAVE AND DELEGATE**.

2. A pop-up will display, confirming the care types that were agreed and not agreed. If you need to make any changes to your decision, select **CANCEL**. Ensure the date of the delegation is correct. For certain types of care, you can expand to see more information by using the expander button.

   If you are satisfied with the decision and the date, select **SAVE DECISION**.

Save decision and delegate

All fields marked with an asterisk (*) are required.

You are about to save the delegate decision under the *Aged Care Act 2024* for Bart Sampson.

The following care was agreed:

- Residential Permanent (High)

Home Support Ongoing - SaH Classification 5
- **Home or community general respite:**
  - Flexible respite : Recommended frequency is 3 days per week.
- **Domestic assistance:**
  - General house cleaning : Recommended frequency is 1 time(s) per hour.
  - Laundry services : Recommended frequency is 1 days per month.
- **Home maintenance and repairs:**
  - Gardening : Recommended frequency is 1 days per month.
  - Expenses for home maintenance and repairs : Recommended frequency is 2 days per week.
- **Meals:**
  - Meal delivery : Recommended frequency is 1 days per month.
  - Meal preparation : Recommended frequency is 1 time(s) per day.
- **Transport:**
  - Direct transport : Recommended frequency is 1 days per month.
  - Indirect transport
- **Care management:** Home support care management
- **Personal care:**
  - Assistance with self-care and activities of daily living : Recommended frequency is 1 days per week.
  - Assistance with self-administration of medications : Recommended frequency is 3 days per month.
  - Continence management (non-clinical) : Recommended frequency is 2 days per month.
- **Nursing care:**
  - Nursing assistant clinical care : Recommended frequency is 1 days per month.
  - Enrolled nurse clinical care : Recommended frequency is 2 days per week.
  - Nursing care consumables : Recommended frequency is 2 days per month.
  - Registered nurse clinical care : Recommended frequency is 2 days per week.
- **Social support and community engagement:** Individual social support, Accompanied activities, Cultural support, Digital education and support, Assistance to maintain personal affairs, Expenses to maintain personal affairs
- **Allied health and therapy:**
  - Social work : Recommended frequency is 2 time(s) per year.
  - Allied health assistance : Recommended frequency is 2 days per month.
  - Occupational therapy : Recommended frequency is 2 days per week.

Assistive Technology Ongoing - Specified needs - Continence Products

Home Modifications Short-term - HM Medium

Delegation date *
08/05/2025

SAVE DECISION   CANCEL

! If the approval was actioned off-system earlier than the day that the delegation is completed via the portal, you can set the date of delegation to the earlier date as reflected on the Approval Form. It is available for download from the **Reports and Documents** tile of the assessor portal. This form is evidence that you made the approval decisions prior to the date you are making the entry on the system. You must attach the Approval Form to the **Attachments** tab.

Save decision and delegate

All fields marked with an asterisk (*) are required.

You are about to save the delegate decision under the *Aged Care Act 2024* for Bart Sampson.

The following care was agreed:

- Residential Permanent (High)

Home Support Ongoing - SaH Classification 5

Assistive Technology Ongoing - Specified needs - Continence Products

Home Modifications Short-term - HM Medium

Delegation date *
07/05/2025

Delegation time
(e.g. hh.mm AM/PM)   12:15 PM

☑ I have made a decision for this client utilising other means before today

SAVE DECISION   CANCEL

3. A confirmation message will display stating that the approvals have been submitted to Services Australia to process, and that the decision has been recorded and sent to the clinical assessor to finalise the client's support plan and match and refer for service.

> ✓ The care approvals have been submitted to DHS for processing. The delegate decision has been recorded and has been sent to Assessor to complete match and refer.

Correspondence Notifications

If you have approved a Support at Home Classification or a Residential Care classification, you can request to receive notifications of any Support at Home or Residential Care correspondence received by that client from the department.

For Support At Home, this may be required in circumstances where the client is considered to be a vulnerable client that may require assistance from a clinical assessor to link to Home Support services.

Examples of Residential Care correspondence include:

- permanent residential care is allocated
- approval about to expire.

For general information about notifications and tasks in the assessor portal, please refer to My Aged Care – Assessor Portal User Guide 9 – Tasks and notifications.

1. To receive notifications, go to the **Approvals** tab in the client record under the Current care approvals section by selecting the **expand** button next to the Support at Home or Residential Care classification name. You can select one person from an outlet to receive this notification.
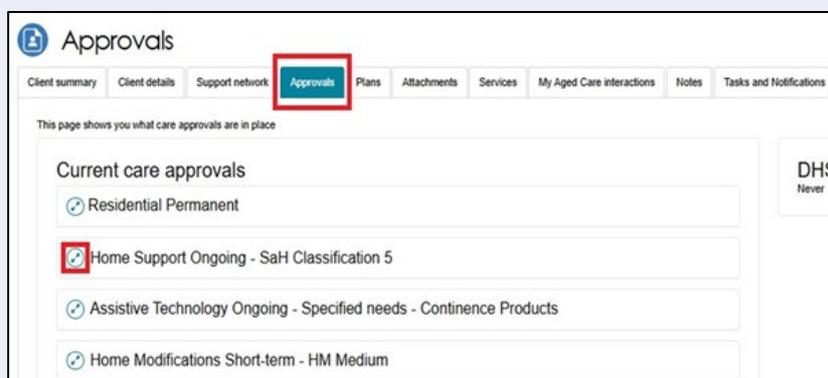
2. The below screenshot shows the expanded view – Select the **edit** button underneath **Notify of [Program] Correspondence** to specify the staff member and refer to the help text for guidance.
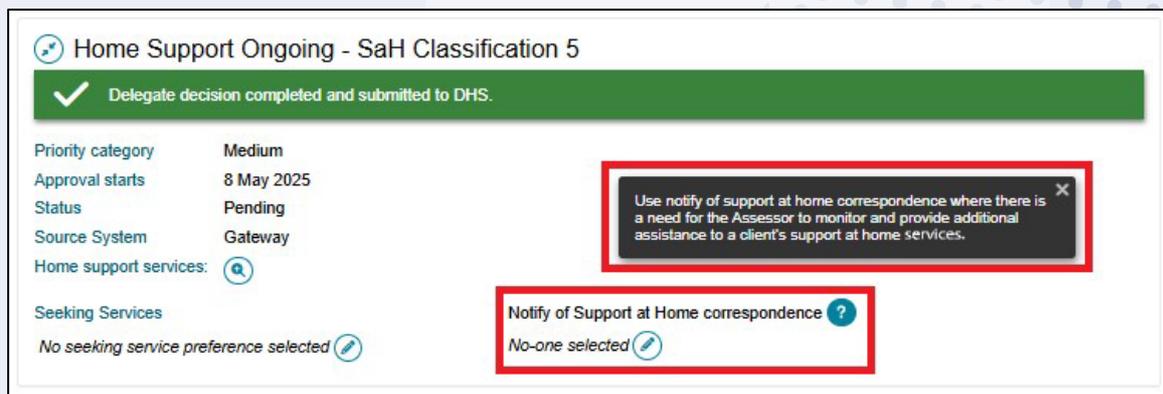
3. Complete the information required and choose a Recipient from the list of staff members in the outlet. Select **SAVE** to return.

4. You should be able to see your nominated Recipient of the notification on the **Approvals** tab.

5. The clinical assessor will be able to see the client under the **Delegate decision complete** section of their **Current assessments** tab. The clinical assessor will then need to match and refer for services and finalise the support plan.

6. The clinical assessor will receive a notification in the **Task and notifications** page that the delegate has completed their decision, and they will be able to navigate to the client record and directly to match and refer for services from this page.
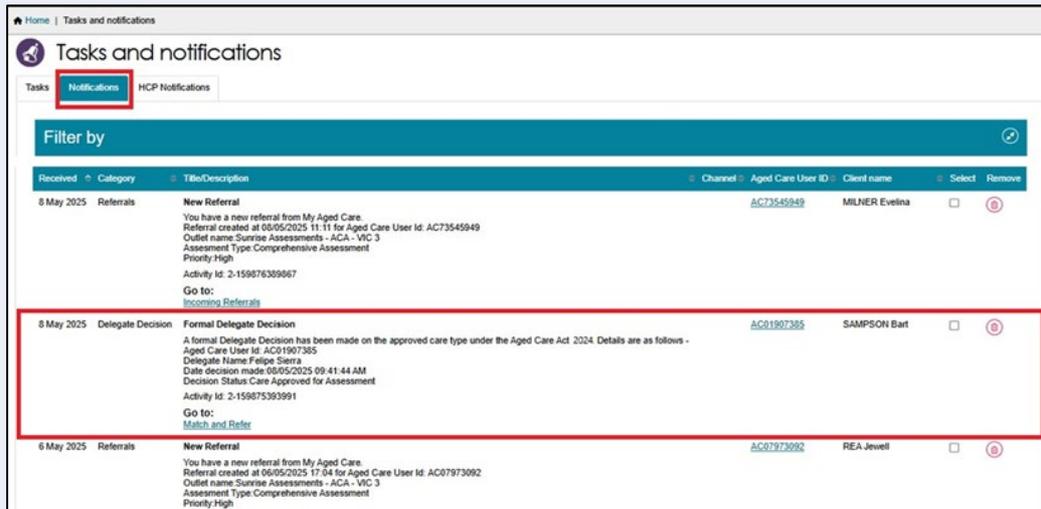
Notice of Decision (approval or non-approval) letter

The assessment delegate can generate and upload the Notice of Decision (NoD) letter, after the delegate decision is completed. This applies to both Approval letters and non-Approval letters.

To generate, print and upload approval or non-approval letters, navigate to the client's support plan, then the **Decisions** tab.

You can also upload NoD letters via the Attachments tab.

If you have agreed to more than one care type recommendation for the client, you only need to generate, upload and print one approval letter to send to the client. The information about all agreed care types will appear on this letter.

A person assigned the Delegate Support role will also be able to print and upload these letters.

> **!** **For CHSP only approvals:** From 1 November 2025, there are manual changes introduced to the process for generating and uploading the Notice of Decision (Approval) letter for CHSP.
>
> For more information, please refer to *Support at Home – Manual Delegate Approval for CHSP – Standard Operating Procedure* and instructional videos for comprehensive assessments.
>
> **Note:** This process was updated to align with recent changes effective from 23 February, the updated approach now applies.

Approval Letters

> **!** Any decision completed by a Clinical Assessment Delegate (System Governor) must contain the following in the Notice of Decision letter:
>
>   i.   the approved service groups (and service types and services, where applicable)
>
>   ii.   the approved classification type for each service group
>
>   iii.   the approved classification levels (which can indicate the level of funding)

<blockquote>

iv.   the approved priority category (where applicable)

v.   the reasons and evidence supporting the delegate's decision

vi.   the older person's rights of review, should they wish to query or dispute the decision.

This is to ensure high quality and consistency in letters that clients receive.

</blockquote>

1. Go to the Client's profile and select the **Plans** tab. In the Plans page select the **Support Plan** button.
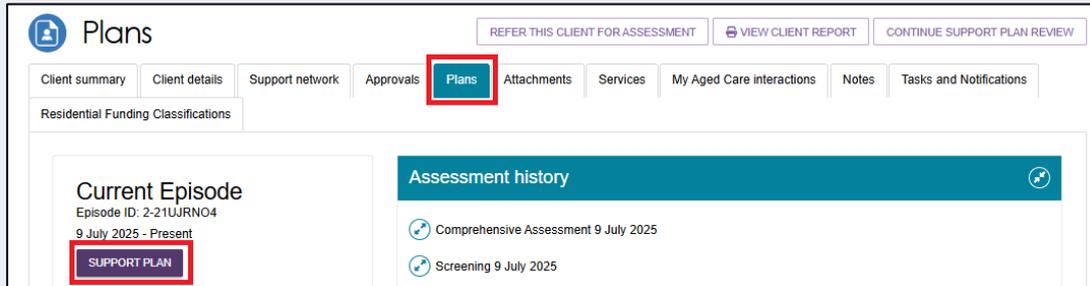
2. The Support Plan and Services page appears. Select the **Decisions** tab. At the bottom of the page, you will be able to select **GENERATE APPROVAL LETTER.**
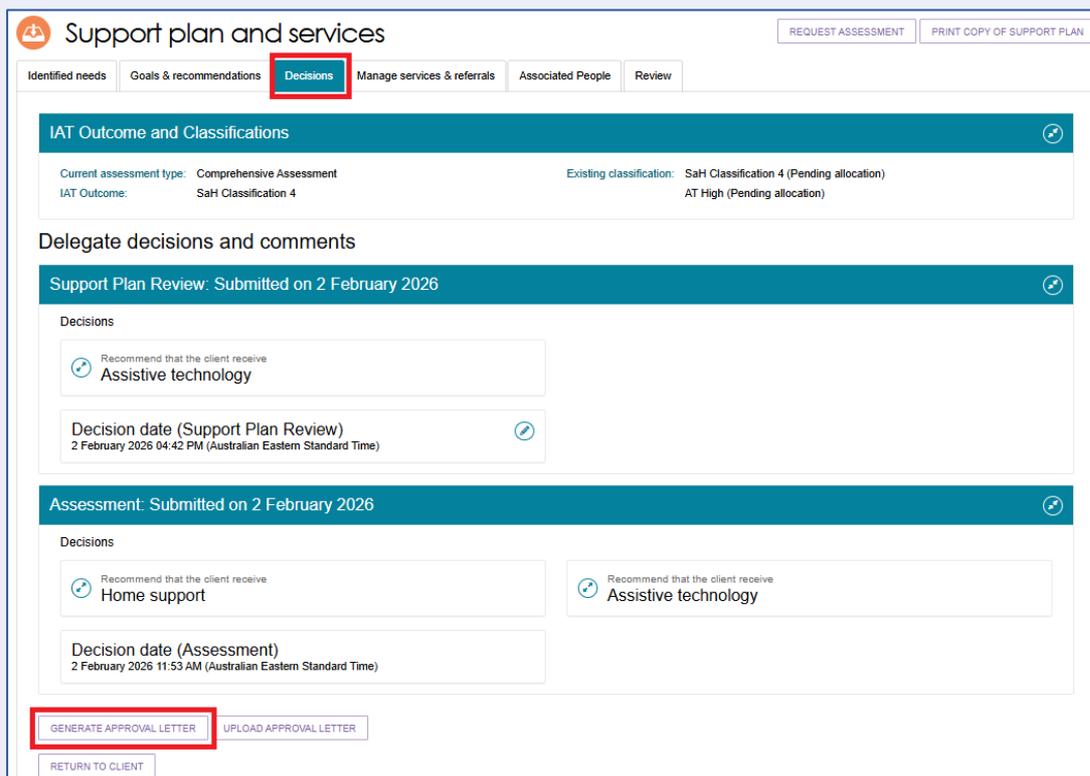
3. The Generate Approval Letter pop up appears. Ensure you are generating the letter for the correct client, then select **GENERATE APPROVAL LETTER**.

4. If the Approval letter takes too long to generate, you will be re-directed to the **Reports** tab where you will be able to select **View** to open a copy of the letter. Certain user generated documents, including NoD letters and Referral Code letters, will be retained in **Recently Requested Reports** for seven days, after which they will be cleared from this screen. They can be regenerated as per the original process.

5. When you have signed the letter, you can use the **UPLOAD APPROVAL LETTER** button in the **Decisions** tab of the support plan to upload the letter to the client's record. Alternatively you can upload it via the Attachments tab.

Decisions Tab

Attachments tab

6. The Upload approval letter, or the Add an Attachment pop up appears. Choose the approval letter file to upload.

   Acceptable file types are: .jpeg, .jpg, .bmp, .png, .docx, .xlsx, .pdf, or .txt. Please note that .rtf is not acceptable.

   Enter the name of the attachment.

   If you are attaching the letter, ensure the attachment type is **Approval letter sent to client**.

   Optionally provide a short description about the contents of the attachment.

   Finally, select **UPLOAD.**

UPLOAD APPROVAL LETTER EXAMPLE

ADD AN ATTACHMENT EXAMPLE

7. The uploaded letter will display in the Attachments tab.

Non-approval Letters

Delegates can only generate non-approval letters when the delegate decision contains 'No care approval' or 'No change to existing care approvals'.

1. Go to the Client's profile and select the **Plans** tab. In the Plans page select the **Support Plan** button.

2. Navigate to the **Decisions** tab of the support plan.

At the bottom of the page, you will be able to select **GENERATE NON-APPROVAL LETTER**.

3. The Non-approval letter generates automatically with no confirmation pop ups.
If the Non-Approval letter takes too long to generate, you will be re-directed to the **Reports** tab where you will be able to select **View** to open a copy of the letter.

Certain user generated documents, including NoD letters and Referral Code letters, will be retained in **Recently Requested Reports** for seven days, after which they will be cleared from this screen. They can be regenerated as per the original process.

4. When you have signed the letter, you can use the **UPLOAD NON-APPROVAL LETTER** button in the **Decisions** tab of the support plan to upload the letter to the client's record. Alternatively, you can upload this through the **Attachments** tab on the client record.

DECISIONS TAB OF THE SUPPORT PLAN

ATTACHMENTS TAB OF CLIENT RECORD

5. The Upload non-approval letter pop up, or the Add an attachment pop up appears. Choose the Non-approval letter file to upload or attach.
Acceptable file types are: .jpeg, .jpg, .bmp, .png, .docx, .xlsx, .pdf, or .txt. Please note that .rtf is not acceptable.

Enter the name of the attachment.

If you are attaching the letter, ensure the attachment type is **Non-approval letter sent to client**.

Optionally provide a short description about the contents of the attachment.

Finally, select **UPLOAD.**

UPLOAD NON-APPROVAL LETTER EXAMPLE

ADD AN ATTACHMENT EXAMPLE

6. The uploaded non-approval letter will display in the Attachments tab.
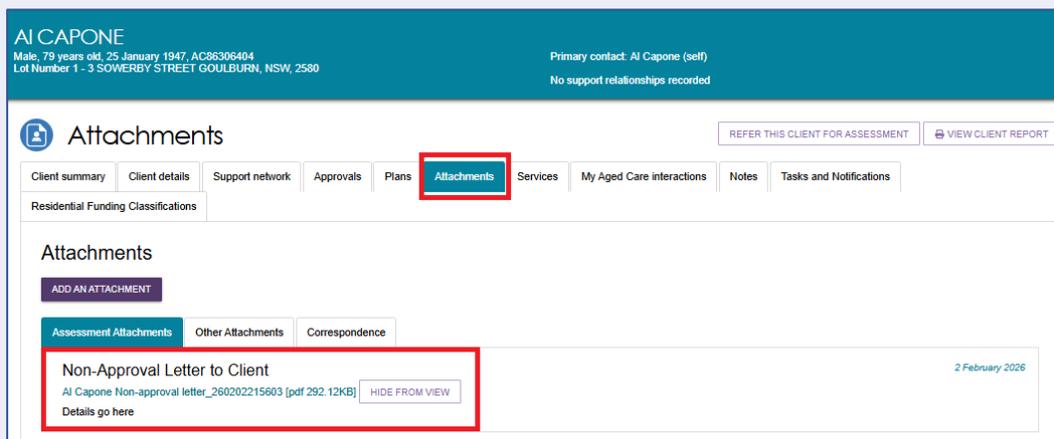
Requesting correction to care approval decision

A corrections process is available where you have made an error in recording a decision.

Correction requests can be submitted up to 42 days after initial delegation, where there are no active or commenced service referrals.

> **!** From 1 November 2025, an interim process is in place to request correction to Support at Home decisions. For more information on the **process**, please refer to *Support at Home – Interim Request Correction Process – Standard Operating Procedure*.
>
> **Note:** This process was updated to align with recent changes effective from 23 February, the updated approach now applies.

Follow these steps to request a correction to care approval decisions:

1. In the Delegate Decisions tab of the portal, navigate to the **Decision history** tab.

   Select the expand arrow on the client card to display a summary of the client's information in the pop-up.

   Select **REQUEST CHANGES TO CARE APPROVAL DECISION**.

   If you are using list view, this option will be available from the expanded client information section.

Card View
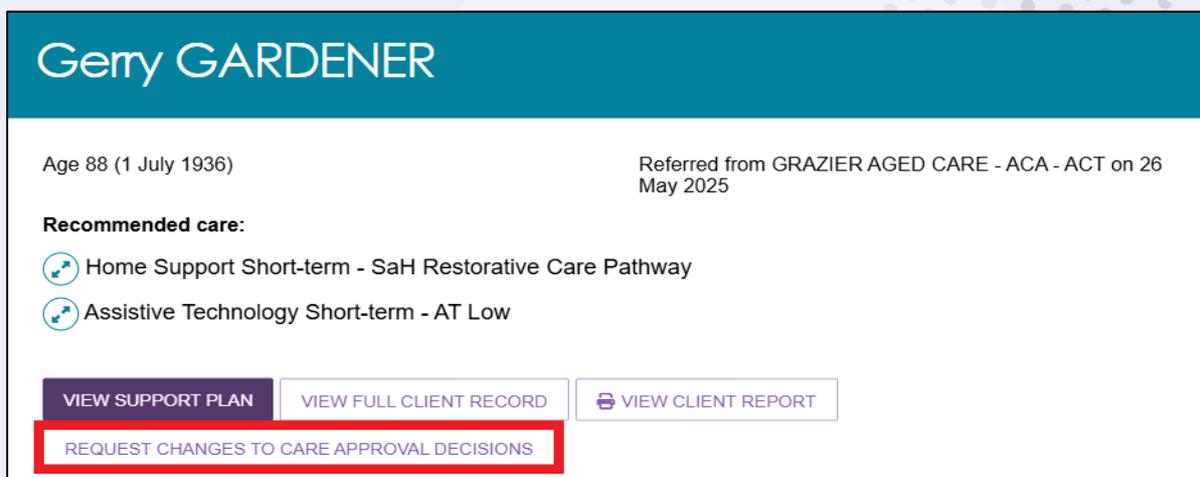
List View

Last name	First name	Aged care user ID	Assessor full name	Delegate full name	Assessment status	Date submitted	Priority
YINDI	Thomas KK	AC16332744	GREEN Africa	GREEN Africa	Delegate Decision Complete	26/05/2025	🔴 High
AUTORAUK	AUTOGenesisi	AC58367525	GREEN Africa	GREEN Africa	Finalised	26/05/2025	🟠 Medium
GARDENER	Gerry	AC97375885	GREEN Africa	FREE Prospect	Delegate Decision Complete	26/05/2025	🟢 Low

Age 88 (1 July 1936)   Referred from GRAZIER AGED CARE - ACA - ACT on 26 May 2025

Recommended care:

- Home Support Short-term - SaH Restorative Care Pathway
- Assistive Technology Short-term - AT Low

[VIEW SUPPORT PLAN] [VIEW FULL CLIENT RECORD] [🖨 VIEW CLIENT REPORT] [REQUEST CHANGES TO CARE APPROVAL DECISIONS]

2. Record a reason for the change and provide appropriate reasons for the request, then select **OK, START CHANGES**. Your reasons need to be consistent with the assessment information on the client record.

Request changes to care approval decisions

All fields marked with an asterisk (*) are required.

You are about to request changes to the care approval decisions for Gerry Gardener.

Please provide a comment for these changes? *

0 / 255

[OK, START CHANGES] CANCEL

3. You will be redirected to the client's support plan and services page, where you will receive a confirmation message of your change request, and that the correction is in progress.

✓ • You have successfully requested to begin making corrections to Care Approvals.

ℹ • Care approval correction in progress.
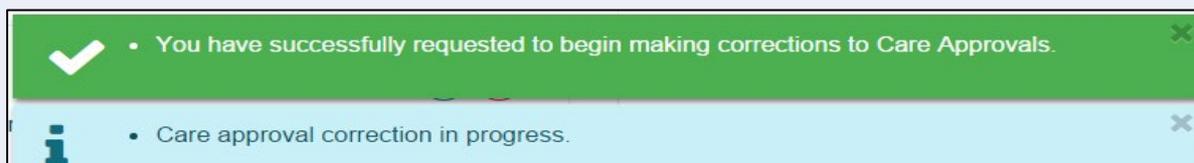
4. While on the same screen, you will be able to make edits to, remove, and/or add care types, including:

- [making changes to the commencement date of the delegate decision](#)

- [requesting the removal and addition of different care classification within a care type within the same correction request.](#)

Making changes to the commencement date of the delegate decision

1. Before making changes to the start date of the delegate decision, the declarations must be ticked and the Offline approval form must be attached.

2. Go to Delegate Decisions and Comments and select the assessment listing, then select the **Edit** (pencil) button next to the Decision Date (Assessment) section.

Delegate decisions and comments

Assessment: Submitted on 11 August 2025

Decisions

Recommend that the client receive
Home support

Decision date (Assessment)
18 August 2025 10:11 AM (Australian Eastern Standard Time)

3. A Pop-up screen prompting to **Edit delegation date** will appear. Enter all the required information and Select **SAVE TO PLAN**.

Edit delegation date

All fields marked with an asterisk (*) are required.
You are about to update the delegation date for Lyla SMITH.

Delegation date *

☐ I have made a decision for this client utilising other means before today

SAVE TO PLAN   CANCEL

4. You will notice two banners (Green and Blue) confirming the action and status.

✓ You have successfully entered a correction for the delegation date.

ℹ Care approval correction in progress.

5. You can view the changes in the same screen where you get the above confirmation messages.

Recommend that the client receive
Assistive technology

Decision date (Assessment)
4 September 2025 12:00 AM (Australian Eastern Standard Time)

Decision date (Assessment)
5 August 2025 07:07 AM (Australian Eastern Stan

ADD A CARE TYPE FOR DELEGATE DECISION

SUBMIT FOR AGED CARE ASSESSMENT PROGRAM (ACAP) DECISION   RETURN TO CLIENT

✓ You have successfully entered a correction for the delegation date.

Care approval correction in progress.

6. Select **SUBMIT FOR AGED CARE ASSESSMENT PROGRAM (ACAP) DECISION**.

Requesting the removal and addition of different care classification within a care type within the same correction request

1. To request to remove a classification or service approval that you have entered incorrectly, select the remove (bin) button next to the decision.

2. A pop-up will display. Confirm your request to remove the incorrect record by selecting **REMOVE RECOMMENDATION**.

3. A green banner will then display to confirm that the care approval has been successfully removed.

Requested Changes
Requested date: 4 September 2025

Residential Respite Care
Residential Respite Care has been removed as part of this Care Approval Correction

You have successfully removed a Care Approval.

Care approval correction in progress.

Decision date (Assessment)

4. To then add the correct program or service approval as intended by the clinical assessor and the Clinical Assessment Delegate, select **ADD A CARE TYPE FOR DELEGATE DECISION**.

Residential Respite Care
Residential Respite Care has been removed as part of this Care Approval Correction

Decision date (Assessment)
4 September 2025 12:00 AM (Australian Eastern Standard Time)

ADD A CARE TYPE FOR DELEGATE DECISION

SUBMIT FOR AGED CARE ASSESSMENT PROGRAM (ACAP) DECISION   RETURN TO CLIENT

Care approval correction in progress.

5. In the pop-up, add the care type, including the correct service level and priority for the Clinical Assessment Delegate decision. Once you have successfully completed the required fields (marked by an red asterisk *) select **SAVE TO PLAN**.

Add care type for delegate decision

All fields marked with an asterisk (*) are required.

Which care type applies? *

Select one

| Select one |
| No Change to Existing Care Approvals |
| Residential Permanent |
| Residential Respite Care |
| Residential Respite High Care |
| Residential Respite Low Care |
| Transition Care |

SAVE TO PLAN   CANCEL

6. After successfully saving the changes to the approval, a blue banner will apply outlining that the care approval correction is in progress.

Delegate decisions and comments

Assessed on 20 May 2025

Requested Changes
Requested date: 26 May 2025

Current decisions
Decision date: 20 May 2025 12:00 AM (

No Change to Existing Care Approvals
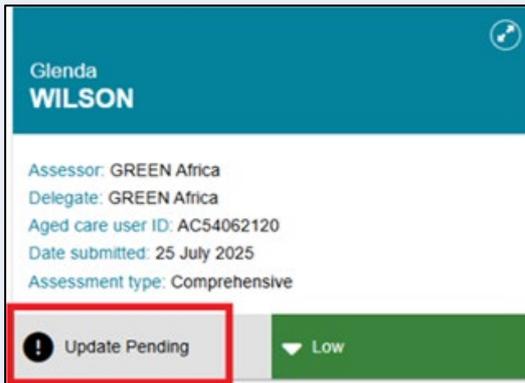Priority for this care type Low (?)
Approval starts   20 May 2025

i   Care approval correction in progress.

No Change to Existing Care Approvals

7. If you had to exit the correction screen before submitting for decision, you can navigate back to the DECISION HISTORY tab under Delegate Decisions and select the client. The client will have an **UPDATE PENDING** status.

8. Select **CONTINUE MAKING CHANGES TO CARE APPROVAL DECISIONS** button in the expanded client card on the Decision History page.
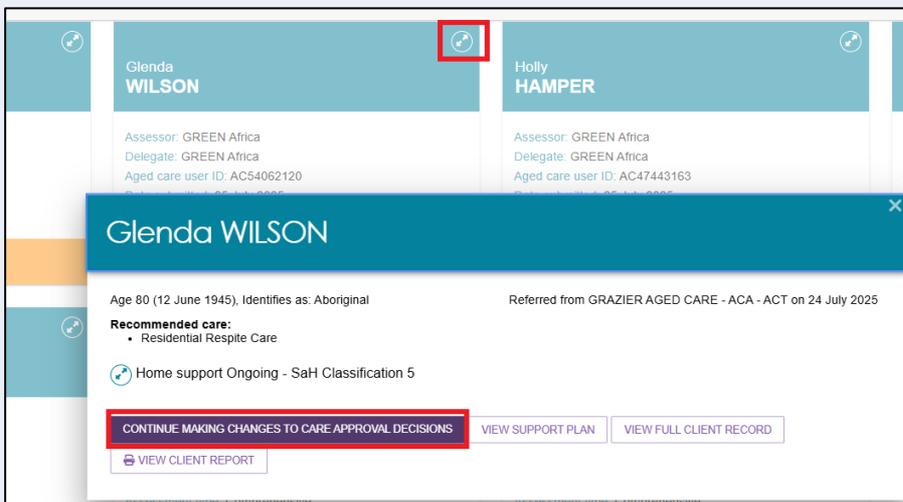
9. You will be able to see the requested changes displayed. When you have made the required changes to the care approval decisions, select **SUBMIT FOR AGED CARE ASSESSMENT PROGRAM (ACAP) DECISION**.
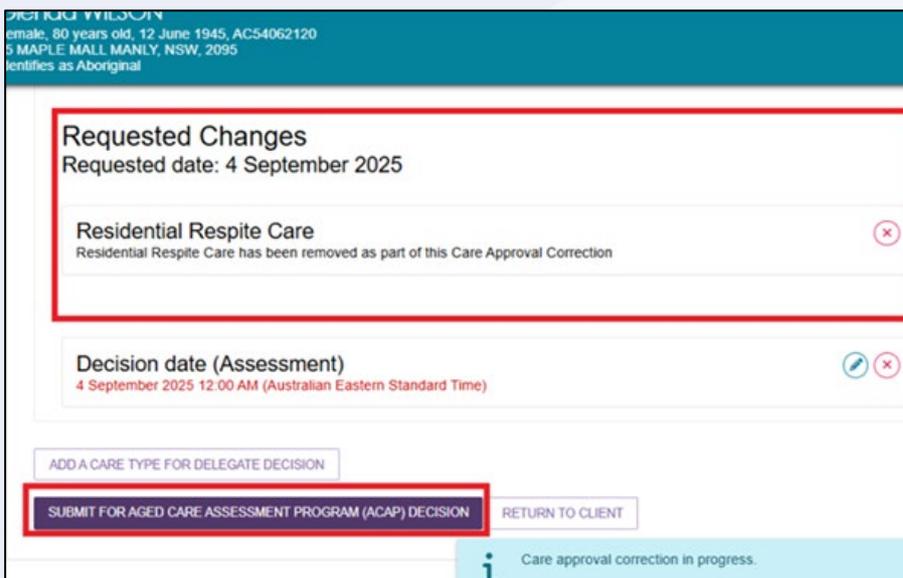
A pop-up message will display requesting confirmation to proceed. Select **SUBMIT**.

Submit for Aged Care Assessment Program (ACAP) decision

You are about to submit the changes to the care approvals to the Aged Care Assessment Program (ACAP) for their decision.
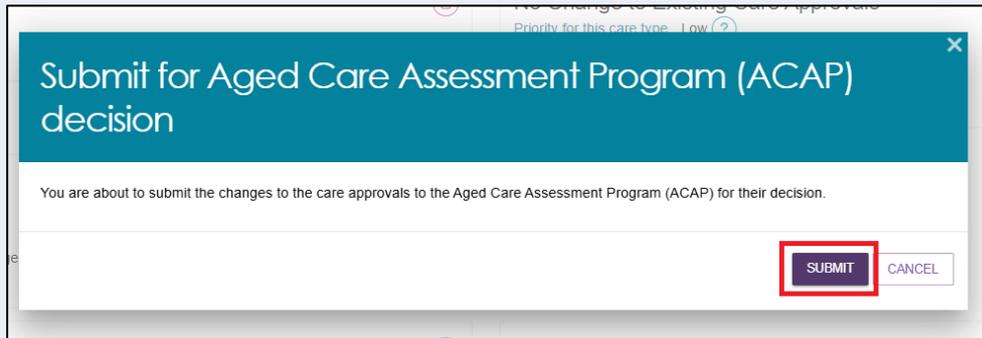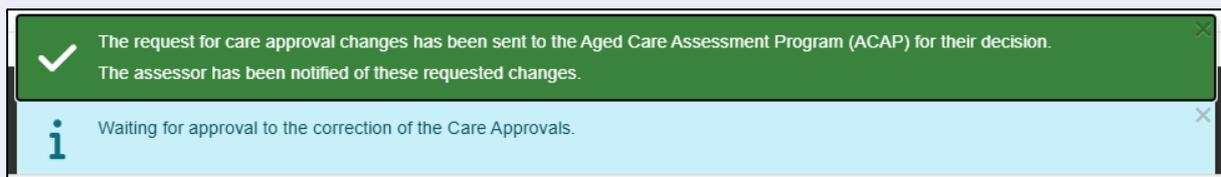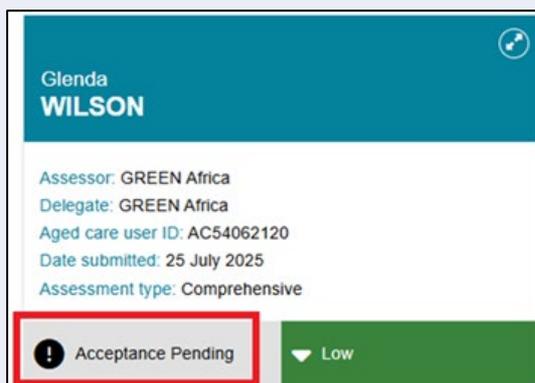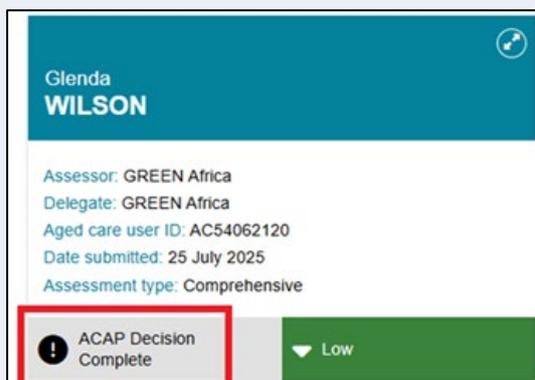
SUBMIT   CANCEL

10. You will receive a confirmation message that the correction of the request will be received by the Department's Aged Care Assessment Program (ACAP) delegate.

✓ The request for care approval changes has been sent to the Aged Care Assessment Program (ACAP) for their decision. The assessor has been notified of these requested changes.

ℹ Waiting for approval to the correction of the Care Approvals.

11. The client will be displayed in the **Decision history** tab with a status of **ACCEPTANCE PENDING**.

Glenda
WILSON

Assessor: GREEN Africa
Delegate: GREEN Africa
Aged care user ID: AC54062120
Date submitted: 25 July 2025
Assessment type: Comprehensive

❗ Acceptance Pending   ▼ Low

12. Once the **AGED CARE ASSESSMENT PROGRAM (ACAP)** decision has been actioned and finalised by the delegate (in staff portal), the status will be updated accordingly.

Glenda
WILSON

Assessor: GREEN Africa
Delegate: GREEN Africa
Aged care user ID: AC54062120
Date submitted: 25 July 2025
Assessment type: Comprehensive

❗ ACAP Decision Complete   ▼ Low

13. There will also be a notification advising of the decision in your **Tasks and notifications** page. You will be able to filter by last name, first name and Aged Care User ID as well as use **Advanced Search** functionality to help you find notifications for certain clients.
The notification itself will contain links back to the client record and the correction request. It will also allow you to remove the notification from the page.

14. Once the Clinical Assessment Delegate has made their decision on the correction, you will receive another notification advising that the correction has been completed.

15. You will also be able to see the assessment status reflect this when it changes to **ACAP Decision Complete** in your **Decision history** tab. Additional information regarding the correction decision will be visible by selecting the expand arrow, including the date and details of the correction.

16. A record of the corrections history for the client can be viewed by selecting **VIEW CORRECTIONS HISTORY**.

Requesting and Approving Care Extensions

Care extensions can be requested by clinical assessors or service providers as follows:

- For Residential Respite Care and Transition Care approvals, service providers can request care extensions on behalf of the client through the My Aged Care Services and Support Portal.

- For Residential Respite Care, clinical assessors can also generate a care extension for a person living in the community who requires additional respite through the assessor portal.

In cases where a client has a valid Residential Respite Care approval and requires additional Residential Respite days but is currently living at home and not currently receiving residential aged care services, a service provider will not be able to request an extension on behalf of the client. The Clinical Assessment Delegate will instead be able to initiate the care extension on behalf of the client.

If you are unable to complete a care extension request for a client via the assessor portal, you should call the Aged Care Service Provider and assessor Helpline on 1800 836 799.

To make a decision about care extensions, follow the steps below.

1. The extension request will appear in the **Decision pending** tab under **unassigned**. It will have a status of **Acceptance Pending**. Open the client's card in card or list view by selecting the Expand icon.

Assign the client to yourself if not already done, then the client will now appear under **My Decisions**. Select **START DECISION PROCESS**.

2. You will see the care extension request. Review the information and select **MAKE EXTENSION DECISION**.

In the pop-up, select **Yes** or **No** with regards to granting the extension, and fill out the other fields.

3. A notification will be displayed, and the extension request will show with a status of **Granted** or **Not Granted**.

Support plan and services

| Identified needs | Goals & recommendations | Decisions | Manage services & referrals | Associated People | Review |

Current care approvals

Residential Respite Care
Priority for this care type   Medium (?)
Approval starts   7 September 2022
Source system   Gateway

Care extension: Residential Respite Care
Extension start date   7 September 2022
Extension stop date   27 September 2022
Number of extension days 21
Reason for extension   Severity of the care recipient's condition
● Granted

4. If the service provider requested the extension, they will receive a notification advising them of the decision in their **Tasks and Notifications** in the Services and Support Portal.

Type	Due Date	Received Date	Category	Title/Description	Activity Id	Portal
Notification		20/07/2017	Client Services	**Care Extension Request** A formal Delegate Decision has been made for a care extension request. Details are as follows - Aged Care User Id: AC91417612 Service : Residential Respite High Care Requested By : Requested by Outlet name : Decision : Update Accepted Delegate Name :	1-20851939775	Service Provider Portal