Australian Government
Department of Health, Disability and Ageing

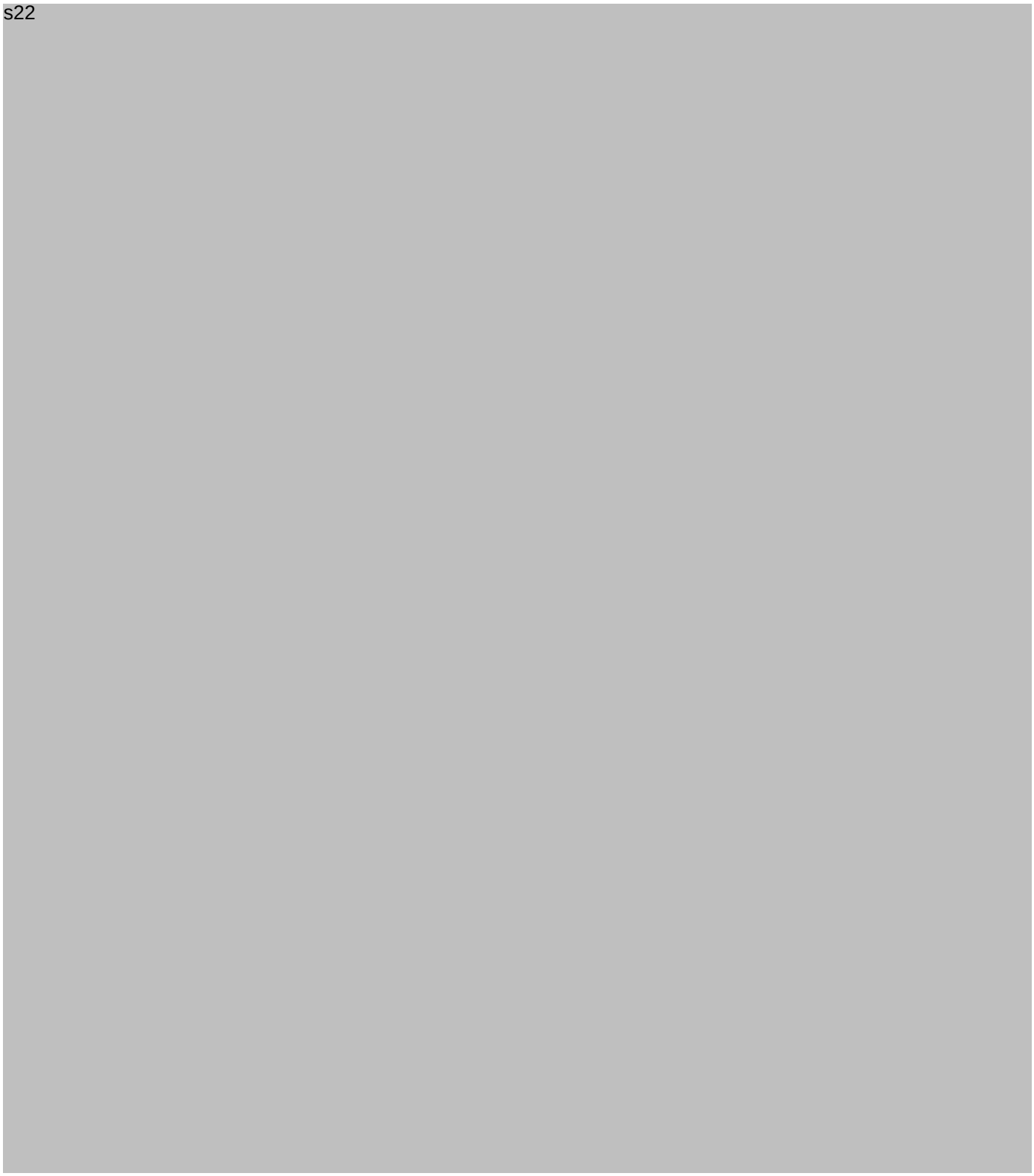
TALKING POINTS/Q&AS

Minister:	Minister Rae
Topic:	Single Assessment System –changes to support new Act commencement and Support at Home implementation
Date:	October 2025

s22

Australian Government
Department of Health, Disability and Ageing

s22



- The IAT algorithm is built on data from over 22,000 assessments, enabling aged care funding to be allocated consistently to older people based on their clinical needs.

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- Assessors play a critical role in achieving high quality assessment outcomes by using their clinical judgement and strong communication and engagement skills to complete the Integrated Assessment Tool (IAT) during the assessment. This includes using one or more of 11 clinically validated tools within the IAT, as required, to inform the IAT algorithm outcome.
- The Department will be monitoring, regularly reviewing and updating the algorithm to ensure it is working as intended.

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CLEARANCE

Drafted by:	Position:	Date:
s22	Assistant Director, Aged Care Communication Branch	**31/10/25**
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	Director, Aged Care Assessment Policy, Single Assessment System Branch	**31/10/25**
Rachel Blackwood	Assistant Secretary, Single Assessment Branch	**31/10/25**
Jo Hegerty	A/g Assistant Secretary, Aged Care Communication Branch	**31/10/25**
Greg Pugh	First Assistant Secretary, Access and Home Support Division	**31/10/2025**
Sonja Stewart	Deputy Secretary, Ageing and Aged Care Group	**xx/10/2025**

Australian Government
Department of Health, Disability and Ageing

Information Brief
MB25-002554
Version (1)
Date sent to MO: 29 October 2025

To: **Minister Rae**

cc: **Minister Butler**

Subject: ****URGENT** DEPT INITIATED INFORMATION BRIEF - ASSESSOR OVERRIDE OF SAH CLASSIFICATION**

Comments:			
Contact Officer:	*Rachel Blackwood*	*Assistant Secretary, Single Assessment System Branch, Access and Home Support Division*	Ph: s22 Mo
Clearance Officer:	*Sonja Stewart*	*Deputy Secretary, Ageing and Aged Care Group*	Ph: s22 Mo

Key Issues:

- This brief foreshadows potential sensitivities that may arise following the publication of the Aged Care Assessment Manual for 1 November 2025. s47C, s47E(d)
- Under the Single Assessment System, aged care needs assessors use the Integrated Assessment Tool (IAT) which comprises questions and validated tools to help determine an older person's care needs. At present, clinical assessors determine a Home Care Package level under a manual process in accordance with guidance provided by the Department of Health, Disability and Ageing (Department).
- From 1 November 2025, an algorithm will operate to recommend whether a person needs Commonwealth Home Support Program (CHSP) or if they need Support at Home (SaH), and to recommend a specific SAH classification level. The algorithm will provide consistency in how SaH classifications are assigned to individuals. It was developed through analysis of 22,000 participant assessments that were collected in the live trial of the IAT in April-August 2023.
- In public statements, s47C, s47E(d) nd Department has regularly indicated that there will be an ability for assessors to override the IAT SaH classification algorithm recommendation (IAT outcome). In accordance with this position, an override functionality has been built into the relevant systems. s47C, s47E(d)

- Guidance provided to the Single Assessment System workforce has reflected this position, indicating that assessors will have the ability to determine a SaH classification that is different to the algorithm recommendation, and that further guidance on use of this override function will be provided before 1 November 2025.
- Delegation instruments to be made under the Act empower clinically-trained assessment delegates to exercise the System Governor's decision-making powers to determine a SaH classification under s78 of the Act.
- The Aged Care Rules 2025 (Rules) provide discretion to facilitate assessors to use the system override function to enable the selection of short-term pathways (Restorative Care and End-of-Life) and residential care. However, the Rules provide no legal discretion for assessors or assessment delegates to override the recommendation of the algorithm for a SaH classification.
- An older person can apply for review of a classification decision through the Department's reconsiderations process. s47C, s47E(d)
- s47C, s47E(d)
- The Department needs to publish an updated Aged Care Assessment Manual (Manual) on 1 November 2025 to reflect the reforms commencing on this date. The Rules reference the version of the Manual as published on 1 November 2025, so any changes to the Manual after 1 November 2025 will need to be reflected in updates to the Rules which will require Ministerial approval.
- To provide clear guidance to assessment delegates about how to lawfully exercise their delegated powers, the Department intends to indicate the following in the Manual:
    - The circumstances in which assessors and assessment delegates are permitted to override the IAT algorithm recommendation are limited to short-term pathways and residential care, and assessors should not use the override functionality to change an individual's SaH classification.
    - The Department will be monitoring the operation of the algorithm outcomes.
- After the Manual is released, assessment organisations (including State and Territory Governments) or individual assessors may criticise this position as being inconsistent with previous Government statements. s47C, s47E(d)
- There is a risk that this late change in messaging to assessment organisations may not filter through to assessor behaviour. The Department intends to hold a short meeting with assessment organisation operations managers in the week commencing 3 November 2025 to reinforce the new guidance, supported through email communications.

s47C, s47E(d)

Consultations: This brief has been prepared in consultation with Support at Home Policy and Operations Branch, Assessment and Home Care Transition Branch and the Safeguards Design, Regulator Governance and Reviews Branch. s47C, s47E(d)

Minister	**Minister Rae**
PDR Number	**MB25-002554**
Subject	****URGENT** Dept Initiated Information Brief - ASSESSOR OVERRIDE OF SAH CLASSIFICATION**
Contact Officer	Rachel Blackwood Ph: (02) 5132 0813 Mobile: s22
Clearance Officer	Sonja Stewart Ph: (02) 5132 2475 Mobile: s22
Division/Branch	|Ageing and Aged Care| Access and Home Support Division
Has Budget Branch been consulted if there are financial implications?	Not Applicable
Ensuring connected products across the Portfolio	Have disability/NDIS linkages been considered and outlined as relevant? YES ☐ NO ☒ N/A ☒ Have aged care linkages been considered and outlined as relevant YES ☐NO ☐ N/A ☒

Adviser/DLO comments:	Returned to Dept for: REDRAFT ☐ NFA ☐

s22

From: s22
Sent: Friday, 20 February 2026 10:47 AM
To: s22
Subject: FW: Dot points on override [SEC=UNOFFICIAL]

Importance: High

UNOFFICIAL

s22
Director – Assessment Policy Section

Access and Home Support Division | Ageing and Aged Care Group
Single Assessment System Branch
Australian Government Department of Health, Disability and Ageing
M: s22 E: s22 @health.gov.au
Location: Wurundjeri Country, 595 Collins St, Melbourne, 16th Floor.
PO Box 9848, Canberra ACT 2601, Australia

At times I may email you outside business hours. Please do not assume I expect a reply outside business hours. Should I need your urgent attention, I will let you know.

The Department of Health and Aged Care acknowledges First Nations peoples as the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to all Elders both past and present.

UNOFFICIAL

From: BLACKWOOD, Rachel <Rachel.BLACKWOOD@Health.gov.au>
Sent: Tuesday, 14 October 2025 1:01 PM
To: PUGH, Greg <Greg.PUGH@Health.gov.au>
Cc: s22 @health.gov.au>; SNOW, Jasmine <Jasmine.Snow@Health.gov.au>; s22 @Health.gov.au>; s22 s22 @Health.gov.au>; s22 @Health.gov.au>
Subject: Dot points on override [SEC=UNOFFICIAL]
Importance: High

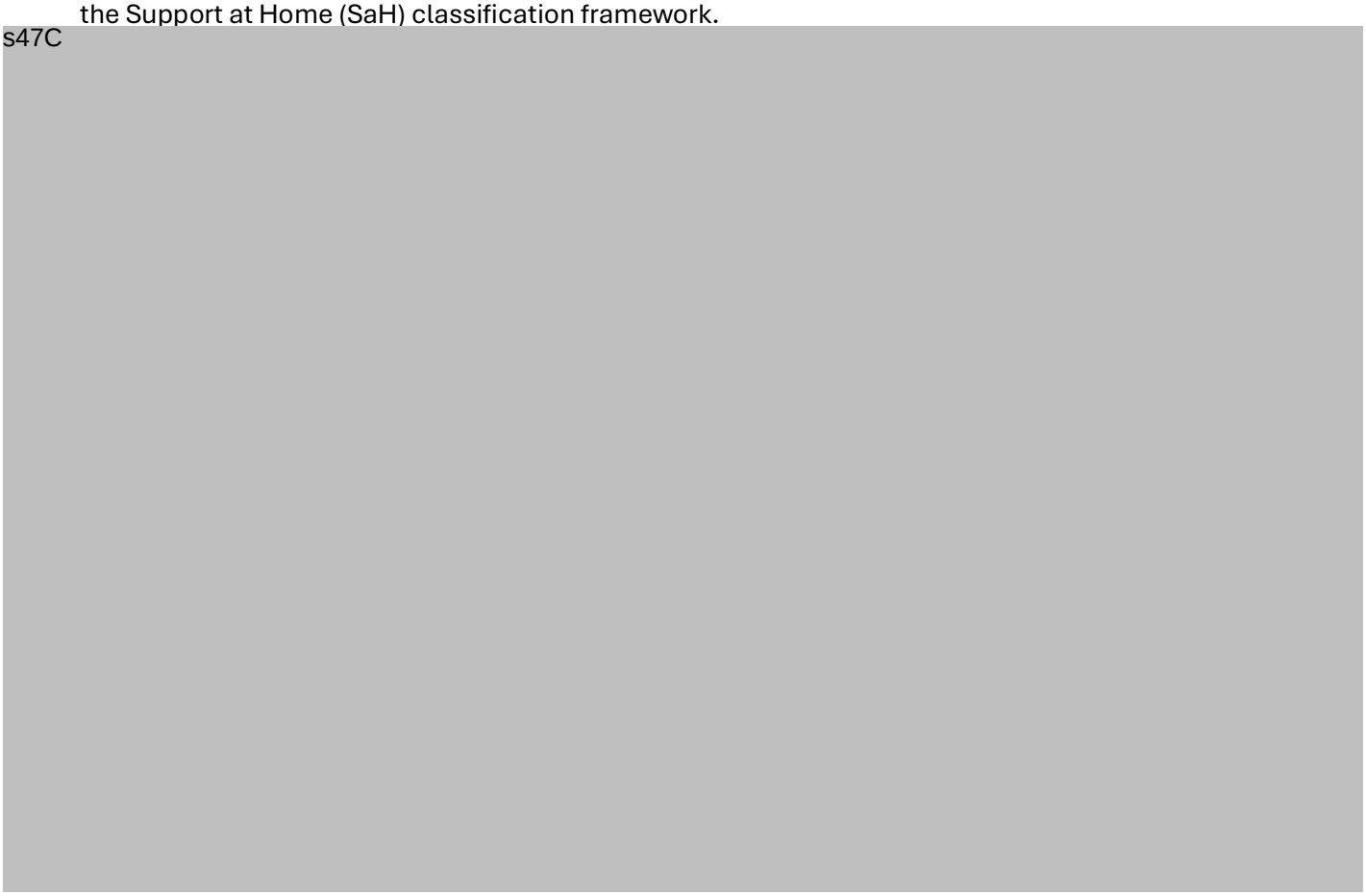
UNOFFICIAL

Hi Greg
For use in SLG and your discussion with the Secretary – here are some dot points on our override amendment, settled between Jas and I:

- Following an aged care needs assessment, assessment delegates issue approvals for access to funded aged care services (under section 65 of the Act) and also decide on the classification levels for the services an older person may access (under section 78 of the Act). Classification level decisions must be made in accordance with criteria, methods or procedures prescribed by the rules.
- In practice, these decisions will be made by assessment delegates based on the information collected during the assessment and recorded in the Integrated Assessment Tool (IAT). For Support at Home classification levels, the Support at Home Classification Framework algorithm (algorithm) will use the

information recorded in the IAT to recommend that an assessor assigns a person into a specific level of the Support at Home (SaH) classification framework.

s47C



Rachel

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UNOFFICIAL

s22

From: s22
Sent: Monday, 10 November 2025 12:19 PM
To: s22 l
Subject: FW: For your review - Drafting Instructions - Classification levels amendments [SEC=OFFICIAL:Sensitive, ACCESS=Legal-Privilege]
Attachments: Drafting Instructions - SAH classification level decisions KK edits.docx

OFFICIAL:Sensitive//Legal-Privilege

FYI the latest wording of the over ride drafting instructions.

OFFICIAL:Sensitive//Legal-Privilege

From: BLACKWOOD, Rachel <Rachel.BLACKWOOD@Health.gov.au>
Sent: Wednesday, 5 November 2025 10:28 PM
To: s22 Health.gov.au>; s22 s22 @Health.gov.au>
Cc: s22 @health.gov.au>; s22 s22 @Health.gov.au>; s22 s22 @Health.gov.au>; s22 s22 @Health.gov.au>; s22 s22 @Health.gov.au>; s22 s22 @health.gov.au>; s22 @Health.gov.au>; SNOW, Jasmine <Jasmine.Snow@Health.gov.au>; HOLM, Katie <Katie.HOLM@Health.gov.au>; s22 s22 @Health.gov.au>
Subject: RE: For your review - Drafting Instructions - Classification levels amendments [SEC=OFFICIAL:Sensitive, ACCESS=Legal-Privilege]

OFFICIAL:Sensitive//Legal-Privilege

Hi s22
Thank you very much for these. We have consulted with Jas and Katie's branches and attach some comments for consideration.

s47C

One very important point that we'd like to emphasise is that there is a distinction between the IAT and the IAT classification algorithm.

Jas has authorised, under s582, the use of a computer program to take administrative action in respect of classification decisions under s78(1), insofar as it relates to Support at Home. The briefing to support Jas' authorisation noted that:

- The Integrated Assessment Tool (IAT) is the assessment tool prescribed by the Rules under section 62 used by an aged care needs assessor to assess an older person's clinical characteristics. The IAT comprises a range of questions across several domains.

- The IAT helps the assessor undertake a classification assessment and is the assessment tool referred to under section 76 with regard to the service group 'home support'. The IAT is the responsibility of Single Assessment System Branch.
- The classification algorithm runs after the completion of an aged care needs assessment under section 62 using the IAT. Use of the IAT is not an automated administrative action under Chapter 2, Part 3 of the Act. The classification algorithm is an automated administrative action under Chapter 2, Part 3 of the Act. The classification algorithm is the responsibility of Support at Home Policy and Operations Branch.

An aged care needs assessment is an activity undertaken between an assessor and an older person using an evidence based tool (the IAT) to support the discussion but also using the assessor's people skills (emotional intelligence, ability to read between the lines of someone's answers etc) and professional judgement. For comprehensive assessments the assessor also has clinical training, and professional standards they can draw on to inform their clinical judgement. To your comments below, we see a distinction between **supplementing** the IAT classification algorithm outcome with other information gathered via the IAT and via the assessment and deeming the IAT unsuitable or **disregarding** the IAT classification algorithm outcome.

Let us know if you think it's worth convening a meeting to discuss the above. We will separately loop you in on the minsub we are developing, s47C

Rachel

Rachel Blackwood
Assistant Secretary, Single Assessment System Branch
Access and Home Support Division
T: 02 5132 0813 | M: s22

The Department of Health, Disability and Aged Care acknowledges First Nations peoples as the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to all Elders both past and present.

***Making flexibility work** - if you receive an email from me outside of normal business hours, I'm sending it at a time that suits me. I'm not expecting you to read or reply until normal business hours.*

OFFICIAL:Sensitive//Legal-Privilege

From: s22 @Health.gov.au>
Sent: Friday, 31 October 2025 10:44 AM
To: s22 @Health.gov.au>
Cc: s22 @health.gov.au>; BLACKWOOD, Rachel <Rachel.BLACKWOOD@Health.gov.au>; s22 Health.gov.au>; s22 s22 @Health.gov.au>; s22 @Health.gov.au>; s22 Health.gov.au>; s22 s22 @Health.gov.au>; s22 s22 @Health.gov.au>; s22 @health.gov.au>
Subject: For your review - Drafting Instructions - Classification levels amendments [SEC=OFFICIAL:Sensitive, ACCESS=Legal-Privilege]

OFFICIAL:Sensitive//Legal-Privilege

Hi s22

s47C [redacted]

While reviewing them, you should also consider whether the System Governor (or their delegate) determining that a person was not able to fully or freely participate in the assessment process has implications for any other decision on which the System Governor would rely on the outcomes of the IAT. From the information you provided, s47C [redacted]

s47C [redacted]

s22 [redacted]

s22 [redacted]
Director – New Aged Care Framework Development
Quality and Assurance Division | Ageing and Aged Care Group
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20 October 2023

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Dear s22

Independent review of IAT trial data

We present the Department of Health and Aged Care ('The Department') with our report on whether the data collection for the Integrated Assessment Tool (IAT) was performed in a manner that means the data is valid, reliable and fit for the intended purposes.

We opine **it is likely feasible to construct a classification system subject to** careful treatment of the trial data during modelling. Specifically, with the data features and limitations discussed within, we expect this to be a relatively complex modelling exercise for the Department. We endorse the Department's approach of monitoring the performance of the proposed classification system during 2024/25 and not using it for determining Support at-Home funding until 1 July 2025.

In relation to validity and reliability, many questions in the IAT are not drawn from validated assessment tools. The Department has undertaken significant consultation and review of the NSAF, which we understand these questions have been drawn from, so they are likely useful for modelling. The Department should ensure it is comfortable with the accuracy of the data collected through these questions, and we suggest it should favour questions from validated tools over other questions where they cover similar content. We also suggest the Department reconfirms that 13 assessment tools HealthConsult classified as validated have been reviewed for both validity and reliability as this was not stated explicitly, as well as whether the KICA Cog regional/urban version was assessed for reliability.

While our review has considered the data collection, we note that **having fit-for-purpose data does not automatically mean a classification system will be fit for purpose** – this will need to be assessed after the algorithm is developed and its performance tested. Among other things, this testing should consider whether the funding results are fair and justifiable, and the extent to which assessors will need to modify recommendations from the classification system to ensure an appropriate outcome for clients.

The opinions we provide are based on a limited week-long review of trial materials and data. As such, these opinions are suggestive rather than conclusive. We may have different opinions if we completed a thorough review. We encourage the Department to use its own judgement when assessing our opinions.

We look forward to discussing further.

Yours sincerely

s22

Principal Director

1 Background

In February 2021 the Royal Commission into Aged Care Quality and Safety ("Royal Commission") delivered its final report. Among the recommendations of the Royal Commission were that the Australian Government:

- Implement a new aged care program to replace the current in-home aged care programs, residential aged care, short-term care and respite care
- Replace the existing Assessment programs – the *Aged Care Assessment Program* (ACAP) and *Regional Assessment Services* (RAS) – with one assessment process.

As part of the Australian Government's response to the Royal Commission, the Department has developed the IAT to assess older Australians accessing aged care supports in the home. It is intended that the IAT will replace the current National Screening and Assessment Form (NSAF).

The Department launched a 3-month pilot study of the IAT trial in April 2023, with the primary goal of collecting a large sample of assessment data from older Australians, to refine the classification system, aligning it to the needs of the client population. In total, 22,002 assessments were collected during this pilot.

The data collected through the IAT will be used to:

- Develop a new classification system to inform the amount of support people receive for aged care services. This will be implemented as follows:
  - From 1 July 2024, the framework will be used for assigning clients into CHSP and HCP.
  - From 1 July 2025, the framework will be used for estimating Support at Home (SaH) program support.

  Prior to implementation, we understand the model will be subject to substantial testing. The results of this will inform how and whether the models are implemented, including the extent to which a human decision-maker retains final responsibility for deciding CHSP, HCP and SAH eligibility and funding.
- Develop budget costings e.g. preliminary costs for the Mid-Year Economic and Fiscal Outlook (MYEFO) budget update process.
- Assist with ad hoc policy development for the SaH program more generally.

2 Scope and limitations of our review

Taylor Fry were engaged by the Department to conduct an independent review of the IAT Live Trial data. The scope of this review was to provide an opinion on the fitness for purpose of data collected as part of the Live Trial. We did not conduct review or analysis of the modelling using the trial data, but we comment on the classification modelling implications in our review of the data.

We report on fitness of purpose by examining:

- **Data completeness** – the extent to which the Department has all the relevant and necessary information – in Section 3
- **Data validity and reliability**– the extent to which the assessment instruments actually measure the underlying outcome of interest, and the extent to which assessment instruments give the same results each time these are used in the same setting with the same type of subjects – in Section 4.
- **Risk of bias** – the extent to which the data may capture people with higher or lower support needs than average.

Primarily, we opine on the fitness of the trial data for building a classification system that will operate alongside funding assessments rather than determine funding directly for 2024/25. It is prudent for classification systems intended for funding to operate without direct funding implications for a period

before full implementation. The Department's flexibility in potentially implementing the model with a human decision-maker still making the final funding decision is an important consideration in our review and limitation of our opinion. It is out of scope for us to examine whether the system will perform sufficiently well to remove the role of a human decision-maker in the funding decision.

Additionally, the trial data may be used for analysis of funding and policy. We offer limited insight on these uses because:

- The mapping of recommended services to funding is still a work in progress for the Department
- The trial data's usefulness in policy analysis is dependent on the policy question.

However, we expect the trial data to be a rich source for funding and policy analysis if the Department can develop a robust classification model.

We present our opinions relying on the completeness, reliability and validity of the observation and information we were provided through stakeholder engagement and discussions. Our review is limited by the information we were provided and time constraints of this review, and therefore not a comprehensive review of the IAT Live Trial data and the IAT tool.

We urge the Department to not rely solely upon our opinions, nor implement our considerations without conducting further validation of the data.

3 Data completeness

We divide our review of data completeness into:

- Assessment instruments
- Other assessment questions
- Recommended services

Assessment instruments

The use of many of the validated assessment instruments by an assessor is reliant on when specific criteria are met to do so. As such, several of the individual assessment instruments have low participation rates despite 22,002 completions. We examine the participation by assessment instrument.

We observed:

- The participation rates under 3% for:
  - Revised Urinary Incontinence Scale (RUIS)
  - Revised Faecal Incontinence Scale (RFIS)
  - Geriatric Depression Scale (GDS).

  This is likely a feature of the participants not meeting the criteria to necessitate participation.
- Cognition assessment instruments – General Practitioner Assessment of Cognition (GPCOG Step 1, Step 2) and Kimberley Indigenous Cognitive Assessment (KICA) has very low participation for the first half of the trial. The Department recognised this and issued communications to assessors to emphasise the importance of undertaking these assessments part way through the trial.
- The comprehensive assessment has higher participation for many assessment instruments, with de Morton Mobility Index (DEMMI) used almost exclusively for ACAT participants.

- KICA and Good Spirit Good Life (GSGL) assessment instruments are used exclusively for First Nations participants:
  - The KICA instruments had low participation (under 20 assessments in each case) but, combined with the GPCOG, have participation comparable to the overall population
  - GSGL has high participation rate (85%) for this cohort.

Opinion

The overall number of complete assessment responses is likely sufficient for the purpose of building a classification system using the assessment instruments. However, we expect this to be a complex process because of the structure of the data and the limitations discussed below.

The low participation rate for several of the individual assessment instruments mean that inclusion of the responses to these assessment instruments are unlikely to provide robust needs or cost estimates. In any case, it is likely that the Department's modelling algorithms would exclude these responses from informing the needs or cost estimates.

The incomplete participation in GPCOG and KICA assessments is potentially a material shortcoming given cognitive impairment was expected to be a key driver of home care costs[1]. We understand that recent modelling by the Department indicates cognition may not be as large a driver of cost as expected, however we have not reviewed the detail of the modelling and understand it was undertaken for more limited purposes than the model to be implemented in 1 July 2025. Overall, the incomplete participation in the cognitive instruments validates the Department's limited use of the classification system in 2024/25 while performance is being tested. We expect sufficient cognitive impairment data to be collected prior to the classification being used to determine funding.

Assessment participation rates for First Nations and Culturally and Linguistically Diverse (CALD) cohorts were similar to the overall population. While inconclusive without further analysis of the responses and support assessments, this provides comfort that the criteria for assessment instruments were applied similarly across cohorts and that the classification modelling is unlikely to inadvertently estimate cohort effects.

Robust First Nations specific predictive outcomes from the classification model are unlikely given the low number of assessments. This means it may not be possible to take advantage of First Nations-specific assessment tools in the classification model.

Modelling notes

Establishing separate validation data will help protect against spurious conclusions on the poorly populated responses. We encourage the Department to err on the side of parsimony in the modelling process.

The limitations of some instruments may be partly mitigated during the modelling process. For example:

- The participation in the survey may be informative of needs or cost as participation of most surveys are based on qualifying criteria
- Engineered variables, such as the intersection between participation and a group of responses indicating severity, may be informative of needs or costs, although clinical or subject matter expertise should check any engineering of variables from the assessment instruments

[1] HealthConsult (2021), 'Develop the assessment, classification and funding model to underpin a single in-home care program: assessment tool development paper'

- First Nations and non-Indigenous cognitive test responses may be grouped into a set of common engineered variables to avoid inadvertently estimating cohort effects. However, this will rely on assumptions and should be informed by clinical opinion.

We encourage the Department to avoid 'black box' models and choose modelling techniques that produce transparent results that can be vetted by subject matter experts.

Other assessment questions

In addition to the questions discussed in the preceding sections, there were a further 894 questions included in the IAT dataset supplied to us by the Department of Health. We understand that these questions were largely sourced from the NSAF.

These question categories had higher participation rates than the assessment instruments, with most question categories being attempted by over 40% of participants. We observe exceptions where the questions are highly conditional – such as care profile – or intended for advanced or extended assessments only.

Opinion

The completeness of data for any assessment question should be reviewed if it is a candidate for inclusion in the classification system.

There may be redundancy in between the assessment instruments and the other assessment questions. As the other assessment questions are better populated in many cases, these may be preferred by the classification algorithm. However, it may be desirable to override the algorithm's recommendation in some cases – see the discussion of questions drawn from outside formal validated assessment tools in Section 4.

Modelling notes

All modelling notes that applied to the assessment instruments apply here.

The 'living alone' other assessment questions and similar questions indicating family assistance are important for robust classification. This is because our understanding is that the recommended services represent an estimate of the potentially funded needs for participants and *not* the total needs. The potentially funded needs may be less than the total needs where the participant receives informal care from family members, for example. As such, is important that the classification system accounts for participant needs met from other sources. If not, the classification is likely to rank participants by total needs rather than potentially funded needs. Those with informal care may be overfunded, and those without informal care may be underfunded. We understand the Department has a 'living alone' variable that serves this purpose. We suggest that the effectiveness this variable in appropriately capturing informal support should be considered when testing the final classification framework, with comparisons made to other measures of informal support.

Recommended services

The assessors estimate recommended services based on needs. Service recommendations are provided by type, sub-type, and recommended duration, frequency, unit and number of units. These recommended services are used by the Department to estimate cost.

Of these classification types, there are only minor variations between service recommendation percentages for different demographic groups.

As expected, ACAT participants have higher needs and are more likely than RAS participants to have multiple service types. However, a high proportion (41%) of ACAT participants have no service recommendations. From discussions with the Department, one possible reason for this may be that ACAT assessors historically have not recommended service types and may have been less comfortable with this part of the process.

Opinion

We recommended further investigation into the completeness of recommended services for ACAT participants. This anomaly may be an issue with the data prepared for this review. Currently, we understand the Department intends to exclude these incomplete records from the modelling used to develop its classification framework for the SaH program – meaning that the number of assessments included in the modelling is less than the total reported of 22,002. However, the Department should satisfy itself that missing recommended services is not suggestive that the client being assessed had higher or lower funding needs than average.

We understand the classification framework is still a work in progress, so we do not have an opinion on translation of recommended services to costs.

During 2024/25, we understand the Department will compare recommended services and their likely costs against predicted funding. This will demonstrate the reliability of the classification system and highlight any risks. For example, Living Lab ran a pilot with 151 participants. This pilot included an algorithm that capped funding based on the IAT assessment results. Living Lab's report notes examples where the assessor believed that the algorithm recommended an insufficient amount of funding and would have placed the client at risk[2].

4 Data validity and reliability

It is beyond the scope of this review to independently assess reliability and validity of the IAT survey instruments. Instead, we reviewed two documents that the Department of Health supplied as evidence of existing testing of the reliability and validity of the IAT assessment instruments:

- HealthConsult (2021), *'Develop the assessment, classification and funding model to underpin a single in-home care program: assessment tool development paper'*
- Flinders University and GCMA (2022), *'Support at Home Living Lab Trial of Integrated Assessment Tool Part Two: Trial Delivery Tranche 3 – Final Report V3 28072022'*

In some cases, the above reports' findings rely on a review of academic literature. We have **not** reviewed the source literature behind each paper due to time and resource limitations.

Assessor training

Assessor training affects data reliability. We examine the IAT pilot training processes and requirements by looking at documentation and feedback. It is beyond our expertise to comment definitively on whether the training materials and clinical requirements are suitable given the clinical complexity of each assessment instrument. However, we observe:

- Structured training requirements are set out for assessors
- Assessors may have existing skills and qualifications, including the requirement that ACAT assessors have nursing or allied health qualifications in line with the My Aged Care Workforce Learning Strategy 2023[3].

Not all assessors expressed confidence in completing assessments following the training.

Some assessors expressed a particular concern regarding whether they were qualified to estimate how much Allied Health support clients require. The IAT Trial Final Report notes that *'a number of assessors indicated that they lacked the requisite experience and expertise to propose the frequency of allied health input.*

[2] Flinders University and GCMA (2022), 'Support at Home Living Lab Trial of Integrated Assessment Tool Part Two: Trial Delivery Tranche 3 – Final Report V3 28072022'

[3] https://www.health.gov.au/sites/default/files/2023-03/my-aged-care-workforce-learning-strategy-2023.pdf

*This was noted in the Monthly Assessor Surveys on **48 [out of 585]** occasions.'* This means there is some potential uncertainty in the accuracy of assessor estimates of Allied Health support.

Opinion

A proportion of assessors having low confidence may be expected with any new assessment process, but this may impact data reliability nonetheless. This learning curve is another argument for the Department undertaking model testing in 2024/25 to assess the performance of the model.

The concerns on quantifying allied health support are likely to impact the classification algorithm, as it is used to estimate the cost of services the model is seeking to derive. As this was raised by fewer than 10% of respondents, it is possible that many assessors were comfortable with it. The Department should review this closely, with clinical input if necessary, prior to implementing the model.

Formal assessment instruments

The IAT includes 15 formal assessment instruments.

HealthConsult (2021) assessed whether the instruments included in the IAT were 'validated', alongside other criteria. It appears this was primarily based on a literature review. Of the 15 instruments included in the IAT, the report found:

- 11 tools were 'validated in an Australian population'.
- 2 tools were a 'component of a validated tool'.

However, we note that:

- 2 instruments do not appear to have been examined – the Good Spirit Good Life (GSGL), and the regional/urban version of the KICA COG. On these we note:
  - The Department shared separate research[4] it has identified demonstrating GSGL's validity and reliability - we have confirmed the paper shared with us assesses both reliability and validity, but have not independently reviewed the paper's methodology.
  - The Department also shared separate research[5] it has identified demonstrating the KICA COG regional/urban version's validity. This research did not consider reliability. As with the previous paper, we have not independently reviewed the paper's methodology, other than to confirm it made an assessment of validity. We note that it is possible reliability was considered in some of the existing work the Department has commissioned – HealthConsult (2021) may have considered it when assessing the KICA COG, and Living Lab (2022) may have considered it as part of its inter-rater reliability testing. Neither report is clear on this and we suggest the Department confirms with the authors.
- The HealthConsult report does not clearly state that the term 'validated' means that, in all cases, both the instruments reliability and validity have been examined. We suggest this is confirmed with the report's authors for clarity.

[4] Gilchrist, Hyde, Petersen, Douglas, Hayden, Bessarab, Flicker, LoGuidice, Ratcliffe, Clinch, Taylor, Bradley, Smith 2021, 'Validation of the Good Spirit, Good Life quality-of-life tool for older Aboriginal Australians', Australasian Journal of Ageing. Accessed https://onlinelibrary.wiley.com/doi/epdf/10.1111/ajag.13128.

[5] Radford, Mack, Draper, Chalkley, Delbaere, Daylight, Cumming, Bennett, Broe 2015, 'Comparison of Three Cognitive Screening Tools in Older Urban and Regional Aboriginal Australians', Dementia and Geriatric Cognitive Disorders. https://karger.com/dem/article-abstract/40/1-2/22/98144

Opinion

We defer to HealthConsult on the validity and reliability of the assessment instruments. However, we recommend that the Department:

- Follows up with HealthConsult to confirm that both validity and reliability have been examined for each assessment, given the report doesn't explicitly use these terms.
- Confirms whether HealthConsult and/or Living Lab considered the reliability of the KICA COG regional/urban version. If not, it is possible the tool has only been assessed for validity and not reliability.

Additionally, the HealthConsult report does not make clear whether each instrument has been validated for specific sub-cohorts, for example CALD populations. The draft IAT Pilot Final Report further highlights some concerns in assessor feedback surveys about the appropriateness of tools for CALD and First Nations populations, as well as in-hospital administered surveys.

Appendix C shows the results of HealthConsult's review for each of the 15 instruments.

Other IAT questions

Alongside the 15 formal assessment instruments, the IAT includes 894 additional questions that may also be used for classification and other purposes. These were not drawn from validated tools, however we note that:

- Flinders University and GCMA (2022) makes note of inter-rater reliability testing being undertaken in an earlier IAT pilot (specifically, to assess whether training programs were adequate). Inter-rater reliability is a common technique used to assess the reliability of assessment tools or questions. However, the report does not outline what the results of inter-rater reliability testing were. Though we do not know the full context, it is also possible that inter-rater reliability testing had not actually been finalised when the report was prepared, as the comments in the report refers to some aspects of this being 'TBC'. We encourage the Department to examine the inter-rater reliability results to inform it on data reliability.
- While we are not aware of any formal assessment of validity of these questions, the Department has undertaken significant consultation and review of the NSAF[6], which we understand these questions have been drawn from. Given this, we believe the data are are still likely useful for the Department's modelling. The Department should ensure it is comfortable with the accuracy of the data collected through these questions, and we suggest it should favour questions from validated tools over other questions where they cover similar content.

[6] Department of Health 2018, 'Report on the National Screening and Assessment Form (NSAF) Review'. Accessed: https://agedcare.royalcommission.gov.au/system/files/2020-06/CTH.1000.0002.9889.pdf and https://agedcare.royalcommission.gov.au/system/files/2020-06/CTH.1000.0002.9852.pdf

Opinion

Many questions in the IAT are not drawn from validated assessment tools. The Department has undertaken significant consultation and review of the NSAF, which we understand these questions have been drawn from, so they are likely still useful for modelling. The Department should ensure it is comfortable with the accuracy of the data collected through these questions, and we suggest it should favour questions from validated tools over other questions where they cover similar content.

We encourage the Department to examine the inter-rater reliability results produced by Living Lab. These results are likely to inform the Department on data reliability of these questions.

Summary and follow up actions

In summary, we recommend the Department takes the three follow-up actions to clarify its documentation of validity and reliability:

- The Department should confirm that the 13 assessment instruments have all been subject to validity and reliability testing by HealthConsult – existing documentation implies this, but it could be made more explicit.
- The Department should confirm whether HealthConsult and/or Living Lab considered the reliability of the KICA COG regional/urban version. If it was not examined, it is possible that the reliability of this tool has not been examined.
- The Department should examine the results of Living Lab's inter-rater reliability testing of questions drawn from outside the validated tools, as this was not provided in Living Lab's existing documentation.

For questions drawn from outside of the validated tools, the Department should ensure it is comfortable with the accuracy of the data collected, and we suggest it should favour questions from validated tools over other questions where they cover similar content.

5 Risk of bias

The IAT pilot was conducted on a voluntary basis. This creates a risk of bias in the data, as participants may have higher or lower support needs on average than the general population receiving aged care services.

From our discussions with the Department and review of their documentation, we understand that:

- There is an argument to be made that bias in the IAT Live Trial may be lower than in other voluntary assessments – in particular, in our discussions the Department highlighted that people who opted out of the pilot would still have needed to do an assessment, and many participants would not have a strong view on whether the assessment was done through the NSAF or IAT.
- Nonetheless, there is still a risk of bias. The Department's IAT Pilot Final Report identifies that *'The voluntary nature of participation suggests that despite the large number of completed assessments, the outcomes may not be representative of the diverse population of older Australians, but particularly for [some demographic] cohorts'*. For CALD cohorts, the Final Report notes that assessor feedback indicated *'a reluctance from CALD clients to participate in the IAT Live Trial due to difficulty understanding why they would undertake a longer assessment, concerns with suitability of cognition assessment tools, and the need for translation using an interpreter'*.

Opinion

While the risk of bias may be lower in the IAT Live Trial than other voluntary assessments, there is still a risk that the population has higher or lower support needs on average than the general population receiving aged care services.

This could be mitigated through:

- Controlling for any sources of bias that can be measured – for example, controlling for under-represented demographic characteristics or other cost drivers.
- Comparing the distribution of aged care package amounts to the general population. For clients undertaking a reassessment, the distribution of their previous support amounts could also be compared to the general population undertaking a reassessment, given this was not impacted by the new assessment process.

Notwithstanding these modelling strategies, it is likely that some residual risk will still remain. Testing the model against the whole population or a randomised sample in 2024/25 would mitigate this risk. Alternatively, the Department could leave human decision-makers responsible for the final funding decision until the model is demonstrated to produce suitable results.

6 Overall opinion

We opine it is likely feasible to construct a classification system subject to careful treatment of the trial data during modelling. Specifically, with the data features and limitations discussed in this report, we expect this to be a relatively complex modelling exercise for the Department.

Our opinion is subject to the Department clarifying the reason for and potential biases from low response rates for recommended services for ACAT assessments.

In relation to validity and reliability, many questions in the IAT are not drawn from validated assessment tools. The Department has undertaken significant consultation and review of the NSAF, which we understand these questions have been drawn from, so they are likely useful for modelling. The Department should ensure it is comfortable with the accuracy of the data collected through these questions, and we suggest it should favour questions from validated tools over other questions where they cover similar content. We also suggest the Department reconfirms that 13 assessment tools HealthConsult classified as validated have been reviewed for both validity and reliability as this was not stated explicitly, as well as whether the KICA Cog regional/urban version was assessed for reliability.

We encourage the Department to consider the modelling notes offered throughout this document when building its draft classification system and refining it over time.

Once the classification framework is developed, it should be tested in 2024/25. This should assess the performance of the model in general and the specific issues identified in our review, including:

- Cognition impairment instrument participation.
- First Nations response rates.
- Assessor confidence, including recommending allied health services.

Implementing the classification system to determine funding for at-home support from July 2025 should depend on the classification performance in 2024/25. In this regard, performance should be assessed inclusive of but not exclusively by statistical means. Specifically, the Department should:

- Assess whether the funding results are fair and justifiable
- Determine the role, if any, of assessors in modifying recommendations from the classification system.

Appendix A Inputs into the review

A.1 Consultations

As part of our review, we conducted stakeholder engagement and consultation with key stakeholders from the IAT Live Trial project team, including members of the algorithm, classification and costings team and the Schema and Policy design leads.

- s22 – s22 were our contacts within the Department, coordinating our review of IAT Live Data Trial. We consulted with Joseph and Jaron on multiple occasions to discuss scope, provide any updated data we requested, and any additional Departmental contacts for consultation.
- s22 – s22 are staff in the Department of Health who are overseeing the design of the classification system for the Support at Home initiative using the data collected from the IAT. We consulted with David and Kunal to further understand the use of the IAT Live Trial data collection for classification and costing algorithms.
- s22 – s22 is the IAT Live Trial Project lead, and is responsible for Live Trial pilot. We consulted s22 to further understand the formal assessment tools that were selected and developed as part of the IAT questionnaire, and how these tools were selected.
- Assistant Secretary group – Taylor Fry met with the following First Assistant Secretaries and Assistant Secretary from the Department, to discuss the scope and background of the IAT Live Data Trial.
  - **Thea Connolly**, First Assistant Secretary
  - **Nicholas Hartland**, First Assistant Secretary
  - **Nicholas Morgan**, Assistant Secretary.
- s22 – s22 is responsible for the IAT Data Schema within the aged care Data Warehouse. We consulted with s22 to confirm whether there were any data warehousing issues of note for us to consider in our review.

A.2 Information

In order to review the validity and fitness for purpose of the data collection, we conducted a validation of the Live Trial data set, provided by the Department.

The following documents were provided to us by the Department to assist with our review:

Folder name	Document
Data Analytics Handover	▪ IAT Power BI Dashboard - 20 August 2023.pdf
Data Specifications	▪ Data Cleaning – R project ▪ Various summary reports
IAT Trial Background Documents	▪ Att G. Appendix A_IAT live trial 2023 NM.docx ▪ Att G. IAT Live trial 2023 - Detailed Statement of Work NM.docx ▪ IAT Live Trial Final Report - Draft 1.0.docx ▪ IAT Trial Monthly Analysis Report - July v1.0.pdf ▪ Export_iat_trial_data_aco.csv

Folder name	Document
	▪ Export_iat_trial_data_additional.csv ▪ WDDS_FCT_NARROW_IAT_EXTRACT_ADDITIONAL_SQL.txt
Further Background docs	▪ Fact sheet IAT live trial and system arrangements.pdf ▪ Fact sheet IAT vs NSAF.pdf ▪ IAT offline form.pdf ▪ IAT training learning pack update for ANACC organisations.pdf ▪ Quick Reference Guide IAT Key Features.pdf ▪ User Guide Integrated Assessment Tool.pdf
IAT Main Dataset	▪ export_iat_trial_data.csv ▪ WDDS NSAF NARROW IAT.jpg ▪ WDDS_FCT_NARROW_IAT_EXTRACT_SQL.txt
Reliability, validity and training documentation	▪ 280722_Living Lab Tranche 3 Final Report_V3 28072022.pdf ▪ Clinical and non clinical triggers.csv ▪ Fact sheet - IAT live trial and system arrangements.pdf ▪ Fact sheet - IAT vs NSAF.pdf ▪ FW My Aged Care Training Strategy SECOFFICIAL.msg ▪ IAT training - learning pack (update for AN-ACC organisations).pdf ▪ my-aged-care-workforce-learning-strategy-2023.pdf ▪ Quick Reference Guide – Integrated Assessment Tool (Key Features).pdf ▪ Re Taylor Fry IAT Documents (SECOFFICIAL SECOFFICIAL.msg ▪ Tool Development_Health Consult.pdf ▪ User Guide - Integrated Assessment Tool (IAT).pdf ▪ ACF Assessment Methodology Paper 28_01.docx ▪ Part A ACF Interim Report FINAL.pdf ▪ Summary Consultation Paper - Assessors 12_11.pdf

Appendix B Data completeness

B.1 Assessment instruments

Table B.1 – Assessment instrument participation

Assessment instruments	Participants	
General Practitioner Assessment of Cognition Step 1 (GPCOG Step 1)	6,284	29%
General Practitioner Assessment of Cognition Step 2 (GPCOG Step 2)	5,315	24%
Older Americans Resources and Services Instrumental Activities of Daily Living (OARS-IADL)	22,001	100%
Barthel Index of Activities of Daily Living	22,001	100%
Dukes Social Support Index (DSSI)	16,232	74%
de Morton Mobility Index (DEMMI)	4,546	21%
Kimberley Indigenous cognitive assessment (KICA COG)	17	0%
KICA COG Regional Urban	7	0%
Good Spirit Good Life (GSGL)	256	1%
Revised Urinary Incontinence Scale (RUIS)	389	2%
Revised Faecal Incontinence Scale (RFIS)	101	0%
Geriatric Depression Scale (GDS)	508	2%
Kimberley Indigenous cognitive informant questionnaire (KICA Carer)	15	0%
Patient Health Questionnaire-4 (PHQ-4).	21,999	100%
All completions	**22,002**	

Table B.2 – Assessment instrument participation by ACAT and RAS

Assessment instruments	ACAT participants		RAS participants	
GPCOG Step 1	2,818	34%	3,466	25%
GPCOG Step 2	3,431	41%	1,884	14%
OARS-IADL	8,354	100%	13,647	100%
Barthel Index	8,354	100%	13,647	100%
DSSI	5,707	68%	10,525	77%
DEMMI	4,544	54%	2	0%
KICA COG	11	0%	6	0%
KICA COG Regional Urban	6	0%	1	0%
GSGL	100	1%	156	1%
RUIS	190	2%	199	1%
RFIS	65	1%	36	0%
GDS	359	4%	149	1%
KICA Carer	11	0%	4	0%
PHQ-4	8,353	100%	13,646	100%
All completions	**8,354**		**13,648**	

Table B.3 – Assessment instrument participation for First Nations and CALD cohorts

Assessment instruments	First Nations participants		CALD participants	
GPCOG Step 1	47	16%	467	19%
GPCOG Step 2	34	12%	747	30%
OARS-IADL	293	100%	2,513	100%
Barthel Index	293	100%	2,513	100%
DSSI	223	76%	1,631	65%
DEMMI	43	15%	547	22%
KICA COG	17	6%	0	0%
KICA COG Regional Urban	7	2%	2	0%
GSGL	251	86%	18	1%
RUIS	10	3%	39	2%
RFIS	1	0%	3	0%
GDS	16	5%	39	2%
KICA Carer	14	5%	0	0%
PHQ-4	293	100%	2,512	100%
All completions	**293**		**2,513**	

B.2 Other assessment questions

Table B.4 – Other assessment question participation

Category[a]	Number of questions in IAT	Average number of respondents per question	
Assessment Details	44	22,002	100%
Medical	16	20,646	94%
Frailty	20	19,608	89%
Reason for assessment	15	19,203	87%
Client details	27	19,118	87%
Medications	4	18,247	83%
Behaviour	4	17,298	79%
Financial or legal	4	16,392	75%
Home and personal safety	24	16,098	73%
Goal setting	19	14,087	64%
Physical Health	9	10,475	48%
Personal Health	34	10,443	47%
Health and Safety	19	9,209	42%
Carer Profile	72	9,084	41%
Function	94	8,253	38%
Current access to services	91	4,428	20%
Advanced - Medical	8	13,481	61%
Advanced - Psychological	9	4,859	22%
Extended - Cognitive	9	6,766	31%
Extended – Behaviour	6	4,213	19%
Extended – Financial and Legal	14	1,324	6%
Excluded from analysis – could not be assigned to a category	352	5,832	27%
Total	**894**	**9,087**	**41%**

Notes:

(a) Some categories of assessment question were entirely made up of formal assessment tools. These are not shown in the table.

(b) To simplify the calculation across a large number of questions, we have only counted all non-missing values as a valid response. We checked the data for 3 for obvious examples of poor quality responses – 'missing', 'null' and '<no response>' (the latter being identified from visual inspection of the data). These three are counted in the numbers above. If we removed them, it would reduce the estimated total completeness rate slightly from 41% to 40%. We have not checked for other invalid values in the assessment responses.

B.3 Recommended services

Table B.5 – Recommended services

Service type	Cohort				
	All	First Nations	CALD	ACAT	RAS
Allied Health	26%	25%	27%	21%	29%
Assistance with care and housing	0%	1%	0%	0%	0%
Assistance with squalor and hoarding	0%	1%	0%	0%	0%
Case Management	3%	3%	4%	8%	0%
Domestic Assistance	36%	43%	40%	41%	32%
Home Maintenance	22%	25%	22%	21%	22%
Meals	14%	14%	14%	23%	9%
Nursing	5%	4%	5%	7%	3%
Personal Care	10%	10%	15%	22%	3%
Respits non residential	5%	3%	9%	9%	3%
Social support	20%	20%	26%	29%	14%
Specialised Support	4%	5%	3%	4%	4%
Transport	19%	18%	22%	22%	16%
No service recommendation	30%	29%	28%	41%	23%

Appendix C Data validity

Table 1 – Health Consult conclusions regarding the IAT assessment tools

Assessment tool	Health Consult report conclusion	Page reference
GPCOG	*'Component of a validated tool'*	27
OARS-IADL	*'Validated in an Australian population'*	17
Barthel Index of Activities of Daily Living	*'Validated in an Australian population'*	17
Dukes Social Support Index (DSSI)	*'Validated in an Australian population'*	37
de Morton Mobility Index (DEMMI)	*'Validated in an Australian population'*	19
KICA COG	*'Validated in an Australian population'*	27
KICA COG REG URBAN	May not have been examined	
Good Spirit Good Life	Not examined	
Revised Urinary Incontinence Scale	*'Validated in an Australian population'*	21
Revised Faecal Incontinence Scale	*'Validated in an Australian population'*	21
Geriatric Depression Scale	*'Validated in an Australian population'*	33
KICA CARER	*'Validated in an Australian population'*	27
Patient Health Questionnaire-4	*'Component of a validated tool'*	33
Fatigue, Resistance, Ambulation, Illnesses, Loss of Weight Nursing Home (FRAIL-NH)	*'Validated in an Australian population'*	19
Falls Risk in Older People Community (FROP-Comm)	*'Validated in an Australian population'*	19

Notes:

(a) *'Validated in an Australian population'* includes tools rated as *'Validated in Australian population for persons aged 65 years or over'* and rated as *'Validated in Australian population for Indigenous persons aged 50 years or over'*. The latter category was used for First Nations specific tools

From: s22
Subject: FW: UAT R33 Daily Execution Report as at 19/05/2025 [SEC=OFFICIAL]
Date: Monday, 31 August 2026 2:32:38 PM
Attachments: image002.png
image003.png

OFFICIAL

Hi s2

Good afternoon. Below is the email I used to make a PDF. I think saving this email as a PDF would have snipped the content.

Regards,
s

OFFICIAL

From: s22 @Health.gov.au>
Sent: Tuesday, 26 May 2026 3:51 PM
To: s22 @Health.gov.au>
Subject: FW: UAT R33 Daily Execution Report as at 19/05/2025 [SEC=OFFICIAL]

OFFICIAL

OFFICIAL

From: s22 @health.gov.au>
Sent: Monday, 19 May 2025 5:24 PM
s22

Subject: UAT R33 Daily Execution Report as at 19/05/2025 [SEC=OFFICIAL]

Hi all,

Key points:
UAT test cases have been drafted and walkthroughs are organised for reviews and endorsements with the respective business areas representing each project/deliverable.
UAT execution has commenced on Features/PBI's marked as 'Ready for UAT'.
Test cases are being prioritised as per BSM with business agreement and execution will be carried out based on the priorities of the test cases.

Project/Deliverable Progress:

Project/Deliverable	Total	No runs	Passed	Failed	Blocked	In progress	N/A	Executi n %	Pass rate %	Scheduled UAT State Date	Status	Comments
CR950 - Payments - Client Integration Data	44	38	5	0	0	1	0	14%	83%	19/05/2025		NA
CR910 - Support at Home - Portal	829	646	133	34	13	1	2	20%	79%	19/05/2025		NA
CR910 - Support at Home - ACA App	180	180	0	0	0	0	0	0%	0%	19/05/2025		NA
CR873.1 - Activate dormant (P2P) functionality	41	31	9	1	0	0	0	24%	90%	19/05/2025		NA
CR947 - CSM Mapping Transition & Downstream	11	11	0	0	0	0	0	0%	0%	19/05/2025		NA
CR969 - Outlet, Service Referrals and Service Finder	233	229	1	0	0	3	0	2%	25%	19/05/2025		NA
CR969.1 - Outlet, Service Referrals and Service Finder	31	28	1	1	0	1	0	10%	33%	19/05/2025		NA
CR940 - Client Nominees - NACA Supported Decision-Making Relationship	155	155	0	0	0	0	0	0%	0%	19/05/2025		NA
CR940 - Client Nominees - ACA App	23	23	0	0	0	0	0	0%	0%	19/05/2025		NA
CR983 - Transition for Aged Care Gateway	10	10	0	0	0	0	0	0%	0%	19/05/2025		NA
CR959.1 - CHSP Service List Updates	36	35	1	0	0	0	0	3%	100%	19/05/2025		NA
CR991 - NACA SIRS Form & Payload updates	12	0	10	2	0	0	0	100%	83%	19/05/2025		NA
CR995 - Grandfathering of HCP Classification in SAH Classification	25	25	0	0	0	0	0	0%	0%	19/05/2025		NA
NACA Website 2025	219	219	0	0	0	0	0	0%	0%	19/05/2025		NA
CR972 - New Aged Care Act - Find Provider tool	8	3	0	0	5	0	0	0%	0%	19/05/2025		NA
Total	1857	1633	160	38	18	6	2	11%	78%	19/05/2025		NA

Dashboard: https://tgaau.visualstudio.com/Aged%20Care%20Projects/_dashboards/dashboard/42f11b8d-3ae3-4472-9d3b-da35a97d4f6b

Thanks & Regards

s
s22
User Acceptance Test Manager
ICT Strategy & Business Assurance Branch
Reform Implementation Division | Aged Care Operations & Release Assurance Section
Australian Government Department of Health and Aged Care
s22 @health.gov.au
Sirius Building: Level 7

From: s22
To: SNOW, Jasmine
Cc: s22 ; BLACKWOOD, Rachel; LAVITHIS, Naomi; s22
s22
Subject: For Urgent Signature - Automated Decision Making Written Arrangements - Due COB today [SEC=OFFICIAL:Sensitive, ACCESS=Legislative-Secrecy]
Date: Friday, 31 October 2025 3:28:15 PM
Attachments: Final Brief - s86(1) - automation of SAH prioritisation decisions - JS.pdf
image001.png
For Input - Support at Home allocation of places s92(1) - section 582(1) written arrangement - 31 October 2025.docx
For Signature - Support at home s 78, 86, and 92 - Written arrangement under subsection 582(1).docx
RE For Urgent Input - 12pm Friday 31 October - Written Arrangements ADM - Briefing and AS sign off SECOFFICIAL.msg
For Input - Integrated Assessment Tool - classifications - s78(1) - section 582(1) written arrangement - 30 October 2025.docx

OFFICIAL

Dear Jas,

As discussed previously, section 582(1) of the *Aged Care Act 2024* empowers the System Governor to arrange for the use, under the System Governor's oversight, of computer programs to take administrative action that must be taken by the System Governor under the Act. You have been delegated this power

Your Branch has previously provided you with the **attached** briefing in relation to prioritisation provisions, which you cleared via email. Unfortunately, the appropriate delegations were not signed until this morning, and we have now developed the **attached** written arrangement minute to align with similar requirements to Services Australia and DVA.

I've also **attached** further briefing around place allocation and the IAT.

Rachel Blackwood has also agreed that this document can be signed in relation to the IAT by you as sole signatory (see email **attached**).

We would be grateful if you could please sign the attached written arrangement.

If the written arrangement is not signed prior to 1 November 2025, there is a risk that automated decisions made under the relevant provisions will be invalid.

Kind regards,

s22
Director | New Aged Care Framework Development Section
Legislative Reform Branch
Quality and Assurance Division | Ageing and Aged Care Group
Australian Government Department of Health, Disability and Ageing
P: s22 @health.gov.au
GPO Box 9848, Canberra ACT 2601, Australia
The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, water and community. We pay our respects to all Elders past and present.

OFFICIAL

Australian Government
Department of Health, Disability and Ageing

External Engagement Request

This template is to facilitate the release of communication pieces and engagement activities with Single Assessment System Organisations from the s47E(d) @health.gov.au mailbox.

Principles of engagement include:

- identifying the most appropriate channel to achieve engagement goals; and
- acting proactively in considering timing in context of other engagement activities.
- If you are unsure if your correspondence should be sent to First Nations Assessment Organisations please contact s47E(d) @health.gov.au for advice

Contact person	s22
Section and branch	Assessment Policy Section
EL2/AS clearing article from your area ** clearance email must be attached*	s47E(d) and Rachel Blackwood
Assessment Organisation category Please select all that apply	• RAC • Needs assessment • FNAO • All
Contact category/ies Please select all that apply	• Contract • Operations • IT • Training • Finance • Input • Outlet Admin • HDP Admin
Contact for replies *Where should queries be sent?*	s47E(d) @health.gov.au

Template

Element	Content

Engagement goal What do you want to achieve, create awareness, build knowledge, call to action.	To advise of the release of the Aged Care Assessment Manual, IAT user guide and IAT offline form for 1 November 2025 and make assessment staff aware of the changes that have been made between v8 and v8.1.
Channel Standalone email / stakeholder meeting/ forum (ACAU newsletter no longer issued)	Standalone email
Preferred date of issue **Please note that comms may be sent the next day if not received by 3:30pm – please provide one of the CaSE team prior notice via Teams when urgent same day comms are required.*	31 October 2025
Internal audience/ recipients	Single Assessment System branch directors
Subject Line	Release of Aged Care Assessment Manual v8.1 and IAT User Guide v2.4
Attachments (PDF preferred)	
Body of message	Good morning, We're pleased to advise that the Aged Care Assessment Manual v8.1 and IAT User Guide v2.4 which reflect the assessment process under the *Aged Care Act 2024* are available to the Single Assessment System workforce. Also available is the IAT offline form. These versions will be updated to the department's website today and are also available through the Assessment Hub SharePoint site under Documents >Manuals. **Key Updates to the Manual:** • Version 8.1 includes content that was not included in v8 of the manual. These changes are summarised in the table on p10 of the manual. Content that has been changed significantly to reflect the *Aged Care Act 2024* continues to be marked with a symbol throughout the manual for easy identification.

	• We would like to highlight a few key changes that are important for all assessment staff to be aware of, in particular assessors and assessment delegates: These are: ○ Chapter 1 includes a definition of homelessness and at risk of homelessness to be used for assessing eligibility for people aged 50-64 years. ○ Chapter 1 includes information about transition arrangements to the *Aged Care Act 2024.* ○ Chapters 1 and 3 clarify that TCP cannot be accessed through the alternative entry pathway. ○ Chapters 2, 4 and 5 provide information about Aboriginal and Torres Strait Islander assessment organisations and provides additional information for these organisations ○ Chapter 3 provides information about the Emergency Residential Care- Application for Care ○ Chapters 5 and Chapter 8 clarify circumstances where the IAT Outcome can be overridden. These circumstances are limited to recommending: ▪ short-term pathways, such as Support at Home Restorative Care Pathway, Support at Home End of Life Pathway and transition care, and ▪ permanent and residential aged care, where ongoing home support services are not also being recommended. Assessors should not use the override function to alter an individual's ongoing home support classification (eg. SaH 3 to SaH 4). ○ Chapter 10 provides additional guidance on prioritising SPRs for the End-of-Life pathway and second units of restorative care.

	○ Chapter 14 provides updated information on fees and contributions for older people accessing aged care services. **Key Updates to the IAT User Guide:** • Key changes in the IAT user guide are summarised on p10. **Future updates:** • From 1 November 2025 onwards, we will resume regular updates to the manual and IAT user guide in line with the department's IT release cycles, with the next update scheduled for February 2026. Kind regards,
Call to action	To view and reference this guidance when undertaking assessments post 1 November 2025.
Signature block	Single Assessment System Branch

Integrated Assessment Tool (IAT) Outcome communications and talking points

Key messages

- The 1 November edition of the assessment manual has been updated to clarify the circumstances in which assessors and assessment delegates may override the IAT algorithm recommendation. This update is intended to provide clear guidance to support assessors to undertake assessments and assessment delegates to exercise their delegated powers, and to ensure consistent and equitable outcomes for clients. These circumstances are limited to specific short-term pathways (such as the Restorative Care Program and End of Life pathways), transition care and residential aged care
- The IAT algorithm is built on data from over 22,000 assessments, enabling aged care funding to be allocated consistently to older people based on their clinical needs. Assessors play a critical role in achieving high quality assessment outcomes by using their clinical judgement and strong communication and engagement skills to complete the Integrated Assessment Tool (IAT) during the assessment, including using one or more of 11 clinically validated tools within the IAT as required to inform the IAT algorithm outcome. Assessors then collaborate with older people to ensure each individual's needs are accurately reflected in their support plan.
- The Department appreciates the ongoing commitment and insight of the assessment workforce, and we recognise the value of assessor qualifications and experience within the Single Assessment System.
- We will monitor algorithm outcomes to inform advice to Government to support ongoing refinements and will continue to provide support to the assessment workforce as these reforms are implemented. We welcome your feedback on how the system is operating now SaH and the new Act have commenced.
- To support assessment organisations to transition to the new assessment settings under the new Act and Support at Home, we will be holding a brief meeting with operational managers in the week commencing 3 November 2025, followed by communications to the Lead Educator Network. We encourage you to share this information with your teams and reach out with any questions via email, s47E(d) [redacted] @health.gov.au.

Talking points

- s22 and I are calling all the assessment organisations to check in on how they are feeling on the eve of the new Act coming into effect and the commencement of Support at Home.
- Firstly, I wanted to sincerely acknowledge and thank you and your teams for the expertise, experience and dedication you all bring to the Single Assessment System.
- I recognise the Single Assessment System and assessors are under a lot of pressure to understand the reforms while managing the flow of assessments.
- How are you and your staff feeling? Have they raised any concerns that you think I need to be aware of?
- I also wanted to make you aware that the updated assessment manual will be published today and there are a few important changes that your organisation and assessors need to be aware of.
- Specifically, we've updated the chapter on the IAT Outcome and you will notice that we have clarified the circumstances in which assessors and assessment delegates may override the IAT algorithm recommendation.
- These circumstances are now limited to:
    - The short-term pathways, such as the Restorative Care Program, Transition Care Programme, and End of Life pathway.
    - Residential aged care, including permanent residential care and respite care.
- If an assessor plans to recommend ongoing home support for an older person through Support at Home (SaH) or Commonwealth Home Support Program (CHSP), the IAT Outcome that is generated by the system must be accepted by the assessor. For example, where the IAT Outcome recommends an ongoing SaH 5 the assessor will accept this IAT Outcome.
- In line with section 81-10 of the Aged Care Rules 2025 the criteria for each classification is prescriptive and does not allow for an ongoing classification different to the IAT Outcome to be recommended or approved.
- I want to assure you that this update is based on clear legal guidance to support assessors and assessment delegates to exercise their delegated powers and to ensure consistent and equitable outcomes for older people.
- We will be monitoring algorithm outcomes and welcome feedback to ensure the reforms deliver positive outcomes for older people.
- To support assessment organisations to transition to the new assessment settings under the new Act and Support at Home, we will be holding a brief meeting with operational managers in the week commencing 3 November 2025, followed by communications to the Lead Educator Network. We encourage you to share this information with your teams and reach out with any questions via email, s47E(d) @health.gov.au.
- It's important to understand that classification decisions made under section 78 of the Act are reviewable decisions. If an older person or their registered supporter is unhappy with the classification decision, they can submit a written request to the department for the decision to be reviewed. This request must be made within 28 days of receiving the notice of decision.

RAC Funding Assessment Organisations - ID cards

- I also wanted to take the opportunity to let you know the department is replacing the current delegate cards for RAC funding assessors to align with the new Act, and we will be sending you updated ID cards to distribute to your assessors.
- It is still a requirement under the Act that all RAC funding assessors carry ID cards when performing their duties.
- As you know, the presentation of the ID card will ensure that RAC funding assessors visiting residential aged care facilities can enter the premises.
- The department will assign serial numbers to each RAC funding assessor using data obtained through the recent audit exercise of your assessors.
- We will be sending out an email to all the RAC funding assessment organisations today with more detail.
- We require one delivery address for your organisation to receive the new cards via registered post.
- In the meantime, can you please email us at s47E(d) @health.gov.au and let us know what address we can send the cards to?

Q&As

Will assessors be able to override the IAT algorithm outcome for First Nations people?Will assessors be able to override the algorithm outcome for First Nations people?

- No, however we note that where appropriate, assessors should consider using culturally appropriate validated tools within the IAT to deliver culturally safe, trauma aware and healing informed assessments.

We are removing the assessors ability to exercise clinical judgement, how do we know the IAT algorithm is going to apply the correct outcome?

- The IAT algorithm is built on data from over 22,000 assessments, enabling aged care funding to be allocated consistently to older people base on their clinical needs.
- Assessors play a critical role in achieving high quality assessment outcomes by using their clinical judgement and strong communication and engagement skills to complete the Integrated Assessment Tool (IAT) during the assessment, including using one or more of 11 clinically validated tools within the IAT, as required, to inform the IAT algorithm outcome.
- The Department will be monitoring, regularly reviewing and updating the algorithm to ensure it is working as intended.

What happens if the client, assessor or delegate doesn't agree with IAT outcome?What happens if the client, assessor or assessment delegate doesn't agree with IAT outcome produced by the algorithm?

- The algorithm is designed to consistently determine an older person's CHSP or SaH classification, or their ineligibility for ongoing home support services. It is guided by a set of rules that uses responses the assessor inputs into the IAT to generate a classification level (funding) for ongoing home support. The criteria that an older person must meet for each classification level are defined in section 81-10 of the *Aged Care Rules 2025 (the Rules)*.
- The client or their registered supporter can submit a reconsideration request within 28 days of receiving the decision notice.

Will the algorithm's system calculation take individual circumstances into account? For example, hardship or other extenuating circumstances?

The algorithm considers a client's needs at three levels:

- Identification of the older person's functional abilities.
- Assessment of how well the older person's functional needs are currently being met.
- Consideration of compounding factors, which introduce additional complexity for a client compared to others with similar functional status and level of met needs.

This approach ensures that people with similar characteristics and functional needs receive the same level of funding to support their aged care needs.

What if the assessor needs to correct something in the assessment?

Where an error has been identified, an assessment delegate must request a 'correction' within 42 days of the original decision. Corrections should be requested via the 'Decision History' tab in the My Aged Care Assessor Portal using the 'Request Changes to care approval decisions' button

What happens if an assessor does override the classification in the IAT?

- The system will prompt the assessor to provide a reason for overriding the IAT outcome.
- The override function is intended for specific, limited scenarios—such as recommending the Restorative Care Pathway, End-of-Life Pathway, Transition Care Program, or residential care (permanent or short-term).
- We will be monitoring the use of the override function on a regular basis from 1 November and working with assessment organisations as part of our contract management activities to support assessment organisations to manage any override usage that do not reflect the current guidance. The department is aware that everyone is adjusting to the new Act and will be taking a supportive and educational approach as the system adjusts to its new settings.

From: s22
To:
Subject: s42
[SEC=OFFICIAL]
Date: Tuesday, 21 October 2025 9:35:00 AM
Attachments: image001.png
image005.png
image006.png
image007.png
image008.png
image009.png

From: s22
Sent: Tuesday, 21 October 2025 9:26 AM
To: s22 ; BLACKWOOD, Rachel ; SNOW, Jasmine ; s22
s22
Cc: PUGH, Greg ; s22 s22
Subject: s42

Hi s22
Thanks for putting together this draft guidance. Jas and I have run a policy lens over it and have marked up some suggestions in green.

s47C

Keen for the group's thoughts on that approach, and also other items which could be included on that list.

Regards,
s22

From: s22
Sent: Monday, 20 October 2025 3:05 PM
To: s22 ; BLACKWOOD, Rachel ; s22 ; SNOW, Jasmine ;
s22
Cc: PUGH, Greg ; s22
Subject: s42

Hi all,
I met with s22 team this afternoon to test some scenarios that were provided by the

Review of Decisions team in the course of writing guidance for the IAT outcome. I have broadened the scenarios to make them more generic and included them below (in red) to test with this group. Please note I have distilled the key factors from more lengthy descriptions of each scenario. As such, I have included the full scenarios at the end of this email for further context:

s47C

Full scenarios to provide further context:

1. High-level (frequent) allied health interventions may be required for older individuals experiencing progressive conditions such as Motor Neurone Disease (MND), End-Stage Chronic Obstructive Pulmonary Disease (COPD), and Parkinson's Disease, due to the complex nature of their care needs.
2. Frequent psychological intervention may be required to support older individuals

experiencing complex psychosocial issues related to past trauma, abuse, or severe mental health disorders, or significant cognitive decline, particularly where these factors impact their ability to maintain personal safety within the community. This includes individuals exhibiting behaviours that place them at risk of harm or self-neglect, especially in the absence of a reliable informal support network. This care must be linked to age-related decline, such as cognitive impairment, depression, or anxiety associated with ageing, or conditions that are worsened or exacerbated due to ageing.

3. Specialised case management is required due to complex and high-risk circumstances. These might include:
    - Hoarding and squalor: Where living conditions pose health and safety risks.
    - Risk of eviction or homelessness: Due to financial hardship, tenancy issues, or unsafe housing.
    - Suspected elder abuse: Including physical, emotional, financial, or neglect.
4. Unusual or complex family dynamics – e.g. The co-caring relationship is characterised by persistent conflict, emotional volatility, and dysfunctional communication, resulting in a harmful environment.
5. High-level, complex and frequent input from Registered Nurses is required due to the client's ongoing and complex wound care needs and/or high-level medication management, including injectable medications.

With thanks,

s22

Assistant Director – Assessment Policy Section

Access and Home Support Division | Ageing and Aged Care Group
Single Assessment System Branch
Australian Government Department of Health, Disability and Ageing
E: s22 @health.gov.au
Location: 11 Waymouth St, Adelaide, 11th Floor.
PO Box 9848, Canberra ACT 2601, Australia

s22

nd Ageing acknowledges First Nations peoples as the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to all Elders both past and present.

From: s22 @Health.gov.au>
Sent: Monday, 20 October 2025 7:42 AM
To: BLACKWOOD, Rachel <Rachel.BLACKWOOD@Health.gov.au>; s22 s22 @Health.gov.au>; SNOW, Jasmine <Jasmine.Snow@Health.gov.au>; s22 @health.gov.au>
Cc: PUGH, Greg <Greg.PUGH@Health.gov.au>; COLE, s22 @Health.gov.au>; s22 @Health.gov.au>
Subject: RE: s42

Hi all,

Copying in s22 and s22 having verbally looped them in as per Rachel's email below.

Thanks,

s22

Director – Assessment Policy Section

Access and Home Support Division | Ageing and Aged Care Group
Single Assessment System Branch
Australian Government Department of Health, Disability and Ageing
M: s22 E: s22 @health.gov.au
Location: 595 Collins St, Melbourne, 16th Floor.
PO Box 9848, Canberra ACT 2601, Australia

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From: BLACKWOOD, Rachel <Rachel.BLACKWOOD@Health.gov.au>
Sent: Monday, 20 October 2025 7:46 AM
To: s22 s22 SNOW, Jasmine <Jasmine.Snow@Health.gov.au>; s22 @health.gov.au>
Cc: PUGH, Greg <Greg.PUGH@Health.gov.au>
Subject: RE: s42

OFFICIAL

Thanks s22 @SNOW, Jasmine and s22 what do you think of the following reworked instructions which take account of s22 ? s22 is also looping her team in this morning so I'll revert if we have further views after that time. s42

(We already have the TPs and media responses that were previously cleared but I will ask if there was additional material).

Rachel

s47C

s47C

Thank you

Rachel

Rachel Blackwood
Assistant Secretary, Single Assessment System Branch
Access and Home Support Division
T: 02 5132 0813 | M: s22

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OFFICIAL

From: s22 @Health.gov.au>

Sent: Monday, 20 October 2025 7:11 AM

To: s22 @Health.gov.au>; BLACKWOOD, Rachel <Rachel.BLACKWOOD@Health.gov.au>; SNOW, Jasmine <Jasmine.Snow@Health.gov.au>; s22 @health.gov.au>

Cc: PUGH, Greg <Greg.PUGH@Health.gov.au>

Subject: RE: Instructions re amendment to the rules to facilitate assessor override of SAH algorithm [SEC=OFFICIAL]

Morning all,

My thoughts below in green.

s22

Thanks

s22

Director – Assessment Policy Section

Access and Home Support Division | Ageing and Aged Care Group
Single Assessment System Branch
Australian Government Department of Health, Disability and Ageing
M: s22 @health.gov.au
Location: 595 Collins St, Melbourne, 16th Floor.
PO Box 9848, Canberra ACT 2601, Australia
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From: s22 @Health.gov.au>
Sent: Sunday, 19 October 2025 8:34 PM
To: BLACKWOOD, Rachel <Rachel.BLACKWOOD@Health.gov.au>; SNOW, Jasmine <Jasmine.Snow@Health.gov.au>; s22 @Health.gov.au>; s22 @health.gov.au>
Cc: PUGH, Greg <Greg.PUGH@Health.gov.au>
Subject: RE: s42

OFFICIAL

On the third point in Rec 17.1, it would be possible to subject the algorithm to independent expert scrutiny, as it is not a black box model. The level of transparency for the algorithm is the same as for the AN-ACC algorithm. The Rules spell out the first two layers, but the regression equations – the "compounding factors" which are the third layer – are not specified in the Rules. This is the same approach as for the AN-ACC algorithm.
I think that the draft instructions to ACLR still run into the authority issue. But, I've included some thoughts in purple on the list of example scenarios.
David

OFFICIAL

From: BLACKWOOD, Rachel <Rachel.BLACKWOOD@Health.gov.au>
Sent: Sunday, 19 October 2025 4:30 PM
To: SNOW, Jasmine <Jasmine.Snow@Health.gov.au>; s22 s22 @Health.gov.au>; s22 s22 @Health.gov.au>; s22 @health.gov.au>
Cc: PUGH, Greg <Greg.PUGH@Health.gov.au>
Subject: s42
Importance: High

OFFICIAL

Hi all
As discussed on Friday arvo and following the lawyers' comments below… what are your thoughts on the following instructions, in particular the list of example scenarios? I think given timelines, we need to settle something on this tomorrow morning. The following draws on our discussion and some of s22 helpful input

after the meeting on Friday.

I do think it's worth considering engaging AGD on this. AGD has been consulting on whole of govt automated decision making processes as part of implementing the Govt response to the Robodebt Royal Commission: Automated Decision-Making Reform - Attorney-General's Department - Citizen Space. It would be worth tracking back to see whether AGD had any comments on the IAT algorithm proposal when it was first presented to govt. Rec 17.1 of the Royal Commission (which was accepted by Govt along with all the other recs) stated that:

> The Commonwealth should consider legislative reform to introduce a consistent legal framework in which automation in government services can operate. Where automated decision-making is implemented:
> • there should be a clear path for those affected by decisions to seek review
> • departmental websites should contain information advising that automated decision[1]making is used and explaining in plain language how the process works
> • business rules and algorithms should be made available, to enable independent expert scrutiny

I think our reconsiderations pathway ticks the first requirement off s42 welcome your views). s47C [redacted] I understand LRB is coordinating the second element across ADM elements of the 1 Nov changes, and am expecting we will get to input and review. I'm not sure about the third item – how transparent are we about the workings of the algorithm s22 [redacted]

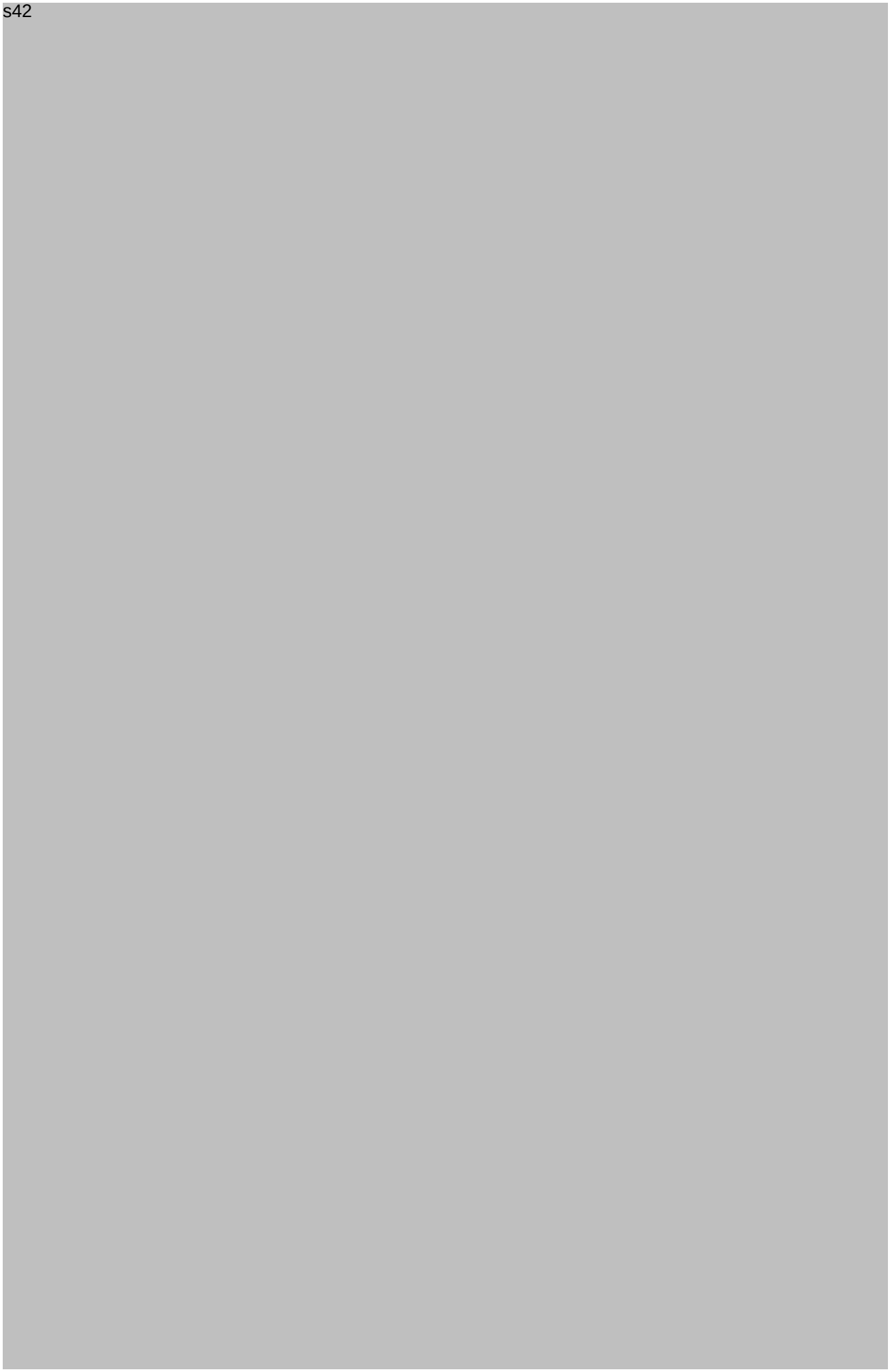
I'm supposed to be on a training course tomorrow, but have various breaks and am happy to prioritise this as needed, given the timing and importance.

Rachel

---

s47C [redacted]

s42



s42

Thank you
Rachel

OFFICIAL

From: s22 @Health.gov.au>
Sent: Friday, 17 October 2025 2:18 PM
To: s22 @Health.gov.au>; s22 s22 @health.gov.au>
Cc: SNOW, Jasmine <Jasmine.Snow@Health.gov.au>; BLACKWOOD, Rachel <Rachel.BLACKWOOD@Health.gov.au>; s22 @health.gov.au>; s22 @Health.gov.au>
Subject: RE: s42

Good afternoon Rachel and s22

s42

s42

Kindest regards,

s22
Lawyer – Aged Care Law Section
Legal Advice and Legislation Branch
Legal Division | Corporate Operations Group
Australian Government Department of Health, Disability and Ageing
Webex: s22 | E: s22 @Health.gov.au
Location: Level 16, 595 Collins Street
Melbourne, VIC 3000

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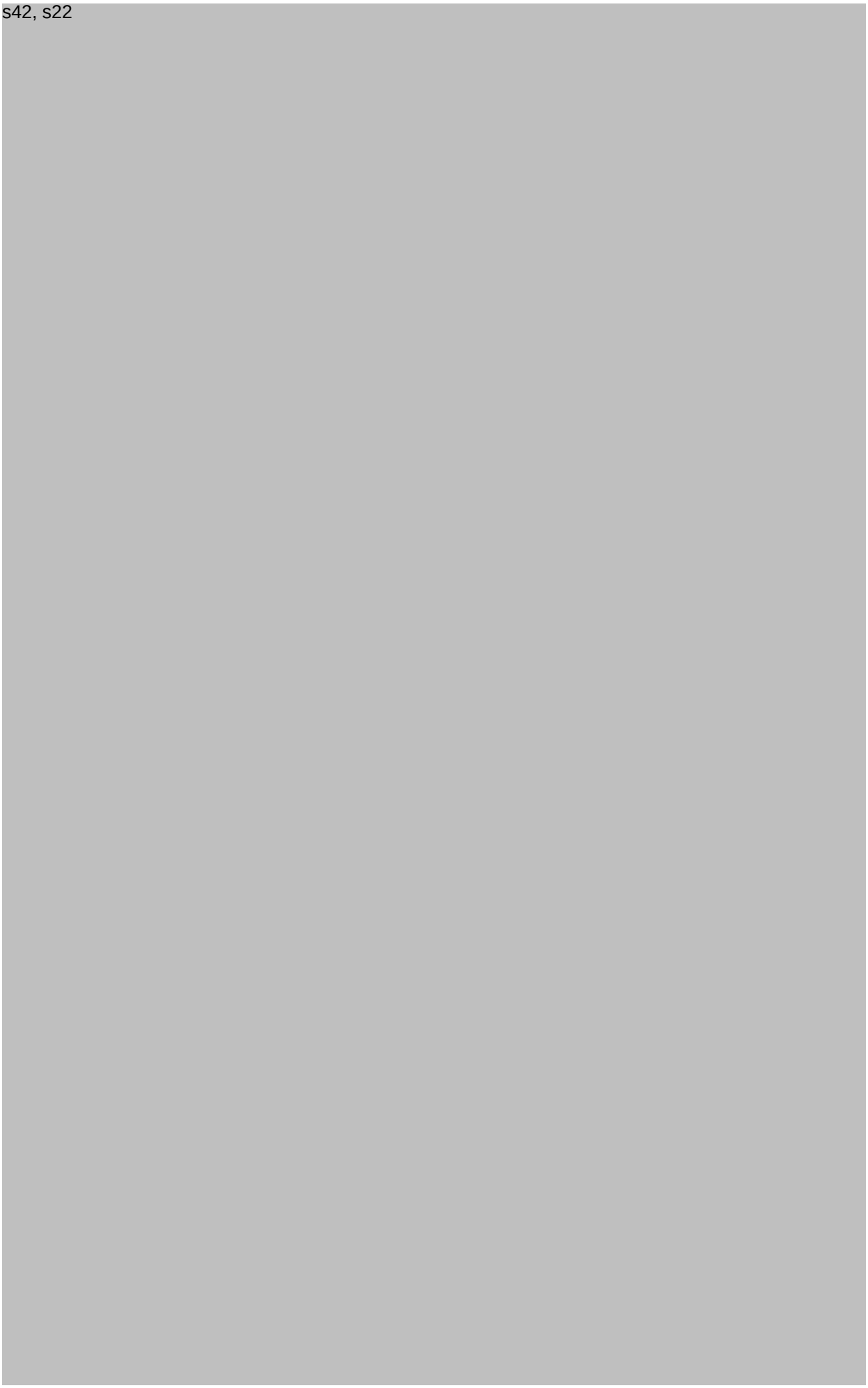
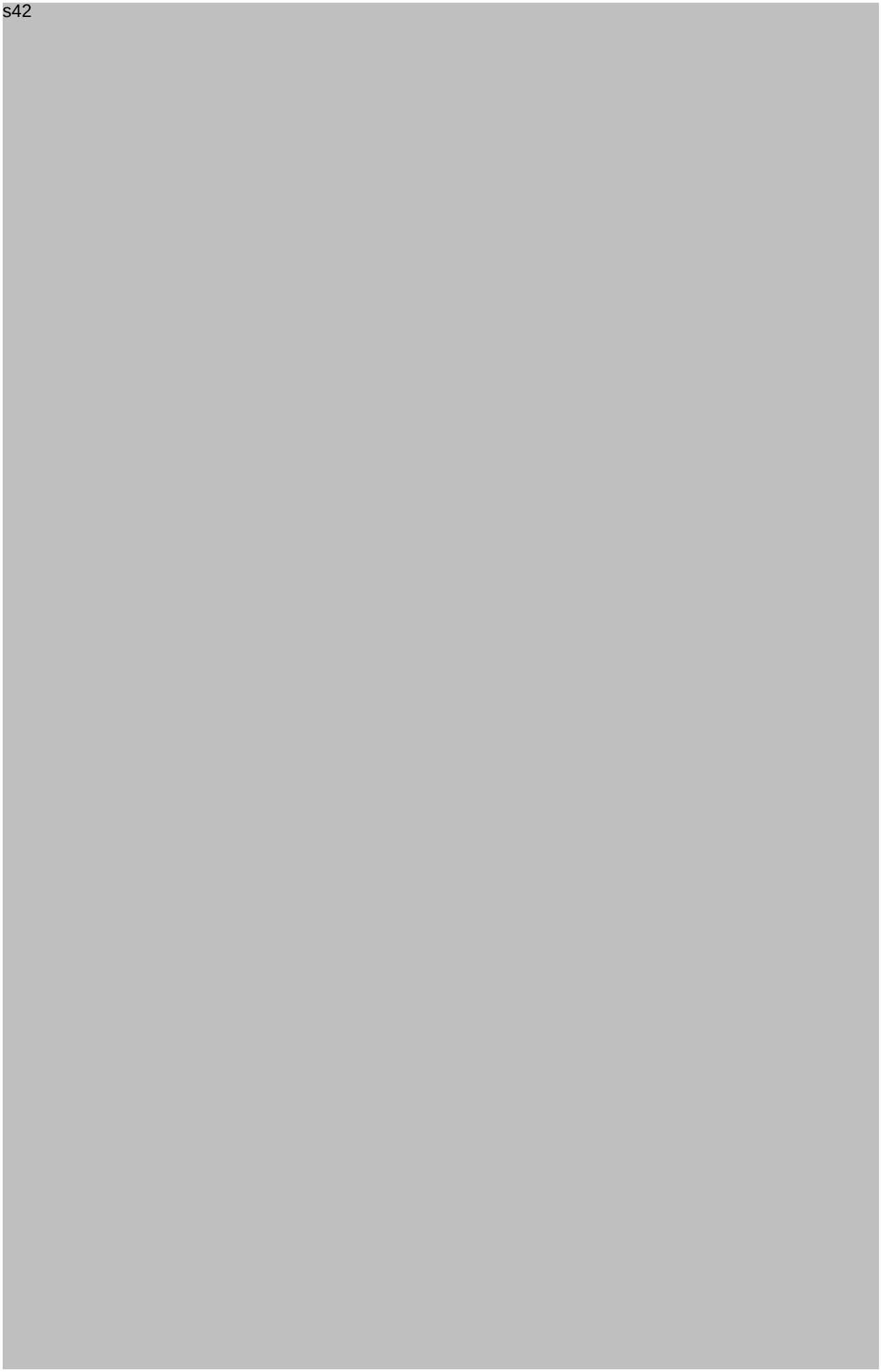
From: s22 @Health.gov.au>
Sent: Thursday, 16 October 2025 12:28 PM
To: s22 @health.gov.au>; s22
s22 @Health.gov.au>
Cc: SNOW, Jasmine <Jasmine.Snow@Health.gov.au>; BLACKWOOD, Rachel <Rachel.BLACKWOOD@Health.gov.au>; s22 @health.gov.au>
Subject: RE: s42
SEC=OFFICIAL]

s42


s42, s22

s42



s42 [redacted]

Happy to discuss if anyone has any questions.

Kind regards,

s22 [redacted]

A/g Principal Lawyer – Aged Care Law Section
Legal Advice and Legislation Branch

Legal Division | Corporate Operations Group
Australian Government Department of Health, Disability and Ageing.
s22 [redacted]
Location: Jacana House, 39 Woods Street, Darwin (Garramilla) on Larrakia Country
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From: BLACKWOOD, Rachel <Rachel.BLACKWOOD@Health.gov.au>
Sent: Wednesday, 15 October 2025 10:58 AM
To: s22 [redacted] s22 [redacted] @Health.gov.au>
Cc: PUGH, Greg <Greg.PUGH@Health.gov.au>; SNOW, Jasmine <Jasmine.Snow@Health.gov.au>; s22 [redacted]
Subject: s42 [redacted]

Importance: High

s42

Rachel

Rachel Blackwood *[Her/She]*
Assistant Secretary
Single Assessment System Branch

Access and Home Support Division | Ageing and Aged Care Group
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T: 02 5132 0813 | M: s22 | E: Rachel.Blackwood@health.gov.au
Executive Assistant: s22
T: s22 | E: s22 @health.gov.au

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