s22

From: BLACKWOOD, Rachel
Sent: Monday, 2 March 2026 6:06 AM
To: s22
Subject: FW: draft single assessment agenda [SEC=OFFICIAL]
Attachments: Single Assessment System - Discussion paper (1).pdf

Hi s22 FYI re issues discussed at recent AA meeting. No action required from you on this – I am forwarding for your awareness.
Thanks
Rachel

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

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***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.*

From: s47F
Sent: Wednesday, 25 February 2026 6:51 PM
To: PUGH, Greg
Cc: s47F ; s47F SNOW, Jasmine ; BLACKWOOD, Rachel ; s22 ; s22 s22 ; AHSDExecutive ; s47F ; s47F
Subject: Re: draft single assessment agenda [SEC=OFFICIAL]

OFFICIAL

Hello Greg

Please find attached a discussion paper including case studies that we will speak to during our item tomorrow, for circulation to attendees in advance.

Thank you for arranging this and we look forward to the meeting.

Kind regards

s47F

OFFICIAL

From: s47F
Sent: Monday, February 23, 2026 5:24 PM
To: PUGH, Greg
Cc: s47F ; s47F SNOW, Jasmine ; BLACKWOOD, Rachel ; s22 ; s22 ; AHSDExecutive ; s47F ; s47F
Subject: Re: draft single assessment agenda [SEC=OFFICIAL]

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We are preparing a short case study paper which we hope to provide by early Wednesday morning for circulation to attendees.

As mentioned to Jas last week, we have some questions to consider, possibly as part of the DHDA overview?

These questions would further support our understanding of the system, how it was designed and why, and how it is currently operating.

Ageing Australia questions

1. Perceived assessor bias "removes bias from the system" not allowing for consistent approach for scoring “we were seeing up to 25 per cent of people being overallocated” (Senate estimates 11/02/26)
    a. What is the 25% data based on - does it pertain to the amount of assessor overrides prior to 1 Nov 25?
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    c. Are you reviewing the weighting scores embedded in the IAT for the ongoing classification?
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    b. is this the triage assessor decision?

Kind regards

s47F

From: PUGH, Greg
Sent: Sunday, February 22, 2026 11:52 AM
To: s47F ; s47F s47F s47F ; s47F ; s47F
Cc: SNOW, Jasmine ; BLACKWOOD, Rachel ; s22 ; s22 AHSDExecutive
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Hi there

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I note there are several Q&As/case studies that have/are coming through in parallel so the intention would be to discuss those under each relevant item.

Happy to take any feedback with a view to finalising agenda by COB Tuesday.

Thanks

Greg

Greg Pugh

First Assistant Secretary

Access and Home Support Division

Ageing and Aged Care Group

Australian Government, Department of Health, Disability and Ageing

M: s22

EA: s22 | E: s22 @health.gov.au
EO: s22 | E: y @health.gov.au

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Ageing Australia Case Study Discussion Paper: Single Assessment System

February 2026

Purpose and audience

This discussion paper presents practical, evidence informed issues and proposed improvements across the Support at Home (SaH) assessment and classification ecosystem. It is intended for policy makers, program administrators, assessment agencies and peak bodies. The aim is to provide evidence through case studies, root cause analysis to support implementable changes that improve safety, timeliness and transparency while maintaining consistency and fairness.

Approach

This content draws on sector experience, and operational observations, and incorporates providers' perspectives on participant impact—particularly on service access, safety and outcomes. Where data is needed to validate or refine proposals, specific questions are identified under each section. Case studies selected here are a sample of many case studies provided to the Department of Health, Disability and Ageing for consideration since early December 2025. Issues identified are also based on broader policy analysis of member insights and experiences.

Key topics

A. Assessor and IAT discussion points
B. Reassessment and reconsideration discussion points
C. Priority category discussion points
D. MSO (minimum service offer) discussion points

Ageing Australia

A. Assessor and IAT discussion points

Case study example

Participant K, who has dementia and other comorbidities, was fully utilising a HCP Level 3 and also relying on family support. In addition, she accessed CHSP for her ageing related nursing needs. At 11 Nov 2025, during a reassessment, the assessor requested the CHSP Nursing provider to end dated this service in My Aged Care, so they could upload the new assessment. The assessor indicated upgrades were unlikely, and subsequently the upgrade was not approved. K remains dependent on ongoing supports but did not receive the requested upgrade to match her increased needs. It should be noted K has applied for a re-consideration and is still waiting for an outcome.

Issues identified

1. Clinical expertise is underutilised in the new assessment framework, yet clinical judgement is often necessary in complex and atypical situations. ["25% over assessed" Senate Estimates 11/02/2026.]
2. Reported increase of rejected re-assessment requests.
3. Reassessment prompted by deterioration is still resulting in same or lower funding classifications under Support at Home, reflecting concerns about automated aligned outcomes versus clinical judgement.
4. Service types are missing from assigned classification i.e. Mobility issues but no OT or Physio assigned.
5. EOL pathway – services that were previously approved through ongoing classification not approved in the EOL support plan e.g. Occupational Therapy and Physiotherapy.
6. Phone assessments can limit observation of real circumstances – impacting assessment outcomes.

Questions

1. What data was used to conclude that participants where "over assessed"? (E.g.: unspent funds, Utilisation rates, override rates pre automation?)
2. Is monitoring being completed on the IAT outcomes to identify if there is a reduction in the 'average' funding approved?
3. Were the reasons for assessors 'over-ride' under HCP reviewed?
4. What data is there on rejected re assessments and have these increased since 1 November?
5. Can we have visibility of the IAT question weightings?

Ageing Australia

6. Is there a pathway that could be introduced which would automatically assign any previously approved or related service types?
7. What percentage of assessments including reassessments are being completed over the phone?

B. Reassessment and reconsideration discussion points

Case study example

Two recent cases highlight a consistent pattern of reassessments not translating to higher funding despite clear clinical escalation and budget overrun, compounded by limited informal supports and process gaps:

- Both clients have complex care needs and no family/friend supports, requiring intensive services (e.g., medications administered up to 4× daily for Parkinson's, daily personal care, diabetes management, and regular wound care).
- Each client is overspending at Support at Home/HCP Level 4 (paying privately for additional services - up to $2,500 per month), indicating current funding is insufficient to meet assessed needs.
- Following reassessment for increased need, funding remained at Level 4 in both cases. The assessors advised that the algorithm did not support a higher level and one assessor suggested seeking a new diagnosis (memory clinic) to potentially change the outcome instead of applying for reconsideration.

Issues identified

1. Participants being assessed are being approved for less than or the same level that they are currently receiving.
2. Participants with complex needs are offered CHSP referral codes including the urgent CHSP provision. Multiple reports from CHSP providers and participants that the funding for CHSP is fully utilised and therefore these services unavailable.
3. Assessments in hospital are occurring within 1 day opposed to 31 days in the community.
4. Appeal process is 28 + 90 + 14 days -the process is not reactive enough for urgent and high priority access requirements:
    a. written notice is required by the participant and requires evidence – there are reports of the participant not having the ability or confidence to undertake this process.
    b. those without family to assist need to rely on the provider or consumer supports such as OPAN, to make application for reconsideration.

Ageing Australia

Questions

1. Is the department monitoring the amount of 'top-up' CHSP services used when MSO is in place (for financial and quality of care impacts)?
2. What mechanisms are planned to ensure participants urgent assessed needs are being addressed in a timely manner given reports of limited available CHSP funding?
3. Are we able to streamline the appeal process, such as make it available to providers or assessment agencies to further assist vulnerable clients?

C. Priority category discussion points

Case study example

Participant J has been assessed with Level 8 support needs plus AT-HM High, indicating complex requirements; however, she has been assigned medium priority, implying a potential 9 month wait despite a stated need for immediate 24/7 support. The assessment agency advised they cannot alter priority, and because participant J met 3 of 6 priority criteria, the system set her at Medium; no interim arrangements have been put in place.

Issues identified

1. Inaccurate priority being delegated to urgent access requirements of the 6 items in the priority category if item 5 (2 points) is selected along with item 1 (1 point) this score only gives a score of 3 which is currently a medium (9 month wait). As described Item 5 "Need for urgent access to ongoing home support" i.e. wound care due in 24 hours and item1 "live alone" - these are not situations which can sustain a 9 month wait.

Questions

1. Are there current or planned mechanisms to monitor the health system impact of a participant waiting when they need urgent access i.e. hospital and residential admission rates?

Ageing Australia

D. MSO (minimum service offer) discussion points

Case study example

A recent reassessment has been labelled an "upgrade", but the Transitioned HCP L2 client moved from a Full Service Offer (FSO) to a Minimum Service Offer (MSO) and a reduced funding amount.

The notification instructs the provider to commence services and billing at the MSO transitioned HCP Level 2 back-dated to 08/07/2025, creating a retroactive funding reduction.

Meanwhile, the participant's clinical needs have increased, elevating risk of further complications if funding is not lifted to match current care requirements.

Issues identified

1. Participants are being offered less than their current funding after review (93% of current allocations)
    - participants are having to reduce their services when they are in the opposite situation where they have clinical decline and change which is indicative of increased services required not less.
    - compliance risk for providers not being able to fund personal care and clinical services.
2. MSO not showing in MAC as a dollar amount and not connecting through API to provider system. Budget confusion ensues.
3. Care management funding is less than the FSO but:
    - care management workload increased as the budget, agreement, services; and
    - care plan must be reconsidered and persons needs met with less funding.

Questions

1. Is there a rule in place which is not operating as it should to stop a reduction in funding when there is an increased need?
2. Is there work being completed around the MSO application in MAC and PRODA to improve visibility?

s22

From: BLACKWOOD, Rachel
Sent: Thursday, 26 February 2026 9:44 AM
To: s22
Subject: FW: draft single assessment agenda [SEC=OFFICIAL]
Attachments: 260217 Aged Care Assessment - Systemic Issues.pdf

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

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From: PUGH, Greg
Sent: Thursday, 26 February 2026 10:39 AM
To: BLACKWOOD, Rachel ; SNOW, Jasmine
Subject: FW: draft single assessment agenda [SEC=OFFICIAL]

OFFICIAL

OFFICIAL

From: s47F @opan.org.au>
Sent: Thursday, 26 February 2026 8:35 AM
To: PUGH, Greg <Greg.PUGH@Health.gov.au>; s47F @opan.org.au>; s47F s47F
Cc: s47F @ageingaustralia.asn.au>
Subject: RE: draft single assessment agenda [SEC=OFFICIAL]

HI Greg,

Adding our compendium of a sample of cases that have given consent to the mix for today's discussion. When we met with Minister Rae on 9 February he asked us to provide case examples directly to him so they have also gone to the MO this morning.

As you may be aware Older Person's Advocacy Network (OPAN) independent members delivered over 7,500 information provisions and advocacy cases nationally from 1 October to 31 December 2025 in relation to Support at Home or Home Care Packages. This includes all issues people are having with their packages, not just assessment. This was an increase on the previous quarter where about 5,000 information provisions and advocacy cases were provided nationally between 1 July and 30 September in relation to Home Care Packages.

Chat later

s47F

E: s47F opan.org.au | **W:** opan.org.au

Call the Aged Care Advocacy Line: 1800 700 600

In the spirit of reconciliation, the Older Persons Advocacy Network acknowledges past and present Traditional Custodians of Country and Elders of this nation. We recognise their connections to land, sea and community and the continuation of cultural, spiritual and educational practices of Aboriginal and Torres Strait Islander peoples. Sovereignty has never been ceded. It always was and always will be, Aboriginal land.

From: PUGH, Greg <Greg.PUGH@Health.gov.au>
Sent: Wednesday, 25 February 2026 7:26 PM
To: s47F opan.org.au>; s47F opan.org.au>; s47F @cota.org.au>; s47F @cota.org.au>
Cc: s47F @ageingaustralia.asn.au>
Subject: FW: draft single assessment agenda [SEC=OFFICIAL]

Hi – please see attached, these will be in the mtg invite also. Thanks s47F for prepping.
Greg

OFFICIAL

From: s47F ageingaustralia.asn.au>
Sent: Wednesday, 25 February 2026 6:51 PM
To: PUGH, Greg <Greg.PUGH@Health.gov.au>
Cc: s47F ageingaustralia.asn.au>; s47F s47F @ageingaustralia.asn.au>; SNOW, Jasmine <Jasmine.Snow@Health.gov.au>; BLACKWOOD, Rachel <Rachel.BLACKWOOD@Health.gov.au>; s22 Health.gov.au>; s22 Health.gov.au>; AHSDExecutive s47E(d) @health.gov.au>; s47F y@accpa.asn.au>; s47F ageingaustralia.asn.au>
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Cc: SNOW, Jasmine <Jasmine.Snow@Health.gov.au>; BLACKWOOD, Rachel <Rachel.BLACKWOOD@Health.gov.au>; s22 s22 @Health.gov.au>; s22 Health.gov.au>; AHSDExecutive s47E(d) @health.gov.au>
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Aged Care Assessment Issues

Overview

Frontline advocacy has identified three interconnected systemic failures in the aged care assessment framework:

1. Delays in accessing assessments and reassessments, including high risk cases
2. Over reliance on the assessment algorithm, overriding clinical judgment and misclassifying emergency
3. Priority rating system design flaws that prevent high risk clients from being recognised as urgent
4. A review system that is inaccessible, slow and ineffective for older people experiencing ill health

The cumulative impact includes deterioration in health and function, premature entry into residential aged care and deaths before assessment or reviews are completed.

Please note: all names and identifying details in the case studies provided have been changed to protect privacy.

s22

s22

s22

s22 [redacted]

s22 [redacted]

Algorithmic Prioritisation Failures

Issue

The current matrix is misclassifying high risk individuals, resulting in inadequate or delayed care.

Impact

- High priority cases are not consistently treated as urgent
- Clinical staff report that their professional judgement is overridden by the algorithm, even when they identify clear risks.
- Clinicians are unable to intervene or escalate risk despite clear safety concerns

- The inability of clinicians to intervene leads to preventable deterioration and, in some cases, death.
- Over-reliance on automated decision-making is contributing to preventable deterioration and in some cases, death

Case Study

s47F ***Misclassification leading to no care before Death***

s47F sought assistance from an advocate to help navigate and access Support at Home services. Michael requested an aged care assessment in November and December 2025. During this period, Michael was initially classified as Support at Home Category 4, but within a week was reclassified to Category 7 following two phone-based assessments and rapidly declining health.

s47F [redacted].

s47F [redacted]

This case illustrates how algorithm driven prioritisation and remote assessments can misclassify high risk individuals.

s47F ***Standard Priority Assigned Despite High Risk Dementia Needs***

s47F [redacted].

At s47F most recent assessment in November 2025, the assessor clearly identified the complexity of s47F related needs and the intensity of s47F caring role. Despite this, the system assigned only a Support at Home Classification 7 with standard priority, and issued only limited CHSP codes for flexible respite, personal care, and s47F services. This outcome did not reflect the assessor's clinical understanding of the situation and appears to have been driven by the assessment algorithm's weighting rather than professional judgment.

Although two providers accepted the CHSP codes in July 2025 and December 2025, s47F has received no contact from either service. As a result, none of the supports intended to relieve s47F burden have commenced. A support plan review was lodged to request a priority review and additional CHSP codes, but the assessment agency advised that the

review process will involve a lengthy wait, leaving s47F without any meaningful pathway to correct the initial misclassification.

MAC issued interim CHSP codes for transport and shopping assistance in January 2026, but these services offer minimal benefit given s47F high-level personal care needs. s47F has also registered with Carer Gateway, but the in-home respite available is limited and insufficient to address the severity of the situation.

This case illustrates how overreliance on the assessment algorithm can override clinical judgment, underestimate s47F related risk, and misclassify high-risk situations as routine. The result is that s47F remains solely responsible for providing complex, around-the-clock care, with no timely mechanism to correct the priority error or access urgently needed support.

s47F ***Telephone Assessment Leads to Misclassification and Delayed Access to Essential Support***

s47F was referred for advocacy support after receiving a CHSP approval code for Domestic Assistance. This outcome followed a telephone assessment conducted two months earlier. When contacted, s47F was unsure what the approval code meant or how to access services. s47F also lived in an area where no domestic assistance providers were available due to capacity constraints, leaving s47F without any practical support.

During a face-to-face visit arranged by the advocate, it became clear that the telephone assessment had failed to capture s47F complex and escalating needs. Significant issues, including p s47F . These omissions resulted in s47F being assigned an approval that did not reflect s47F actual risk or support requirements.

With s47F consent, the advocate requested a new face-to-face assessment to ensure s47F needs were accurately documented. While this second assessment was eventually arranged, it created further delays and unnecessary duplication for both s47F and the assessors.

This case illustrates how telephone-based assessments and rigid assessment tools can misclassify older people with complex needs, leading to inappropriate approvals and delayed access to essential support. It highlights the risks of relying on assessment modalities and algorithms that cannot reliably identify high-risk clients without in person clinical judgement.

s47F ***Medium Priority Despite Extreme Need***

s47F is the fulltime carer for s47F -old s47F who lives with s47F s47F

Recognising the escalating strain, s47F sought an urgent assessment for Support at Home services. The assessment took place, with the advocate attending by phone. The assessor conducted a thorough and clinically sound evaluation, correctly identifying the mother's high-level needs and recommending a Level 8 Support at Home package.

However, despite the assessor's clear clinical judgment, the system assigned only a medium priority to the approval. This decision failed to reflect the severity of the situation: s47F

With no interim supports available and no mechanism to challenge the priority decision in a timely way, s47F remains solely responsible for providing complex, around-the-clock care.

This case demonstrates how over-reliance on the assessment algorithm can override clinical judgment, misclassify emergencies, and leave families in crisis without the urgent support they require.

s47F Algorithmic Misclassification Preventing Access to Essential Support

s47F sought advocacy support after being told s47F had exceeded s47F Support at Home budget and that s47F services would be paused. While the budget issue triggered the referral, it quickly became clear that the underlying problem was that s47F assessed support level no longer reflected s47F actual needs.

With s47F consent, the advocate contacted the provider, who confirmed that s47F required significantly more support than s47F current package allowed. The provider had already requested a reassessment, noting a clear increase in s47F functional decline and care needs. Despite this, the reassessment outcome showed no change. The assessor had recognised s47F s47F, but the assessment algorithm determined that s47F existing package level was "adequate," overriding the assessor's clinical judgement.

s47F recalled the assessor expressing disappointment with the result and indicating that the algorithm had constrained the outcome. The assessor suggested that an

appeal might be necessary, as the system did not allow them to adjust the priority or classification despite clear evidence of increased need.

Because the algorithm had not approved an upgrade, s47F was left relying on privately funded services to meet essential daily needs, an arrangement s47F could not sustain. Both the provider and the advocate agreed that the misclassification placed s47F at risk of losing the support required to remain safely at home.

This case illustrates how algorithm driven assessment outcomes can override clinical judgement, misclassify escalating needs, and prevent older people from accessing the level of support required to remain safe at home.

s47F ***Reassessment Refused Due to Algorithmic Criteria, Forcing Early Entry Into Residential Care***

s47F was living at home with a HCP Level 2 transitioned support at Home package and had been receiving palliative care support. As s47F condition deteriorated, s47F sought a reassessment to increase services so s47F could remain at home safely.

s47F request was declined. s47F was told s47F did not qualify for reassessment "under their computer-generated criteria," despite s47F rapidly escalating needs and clear clinical indicators of decline.

Although s47F was offered advocacy assistance to help s47F appeal, s47F chose not to proceed. s47F understood the reassessment wait times were lengthy and that s47F health was worsening too quickly for an appeal to result in timely support.

Without the additional services s47F required, s47F was unable to stay at home and entered permanent residential care earlier than s47F had planned. This outcome was driven not by choice, but by a system that relied on algorithmic thresholds rather than clinical judgement.

This case illustrates how rigid, automated reassessment criteria can prevent timely support and force premature entry into residential care.

s47F ***Algorithm Determined Priority Delays Access to Essential Assistive Technology and Home Modifications***

s47F sought advocacy assistance after experiencing significant delays in receiving Assistive Technology and Home Modifications (AT-HM) funding. s47F care needs had changed rapidly, and s47F required essential equipment to remain safe and independent at home.

After speaking with s47F service provider and the assessor, the advocate learned that s47F had been placed on the waitlist with a *standard priority* rating. Concerned that this did not reflect s47F escalating needs, the advocate reviewed the AT-HM priority criteria outlined in the AT-HM Scheme Guidelines. It was clear that s47F met several of the indicators that should have contributed to a *medium or high* priority rating.

When the advocate raised this with the assessor, they confirmed that the criteria had been considered but explained that the final priority rating was determined by the assessment algorithm. Despite the assessor's understanding of s47F situation, the automated weighting system overrode clinical judgement and assigned a lower priority.

With support from the advocate, s47F agreed to write to the department requesting a review of the assessment outcome. The matter is now on hold pending the review decision, leaving s47F without timely access to the equipment s47F urgently needs.

This case illustrates how algorithm driven priority decisions can override clinical reasoning, misclassify escalating needs, and delay access to essential assistive technology and home modifications

s47F ***Algorithmic Constraints Prevent Reassessment Despite Extreme Clinical and Social Risk***

s47F o s47F -old s47F s47F sister, who has been travelling back and forth from the s47F s47F to provide care, sought advocacy assistance as s47F becomes easily overwhelmed and was unable to navigate the system herself.

s47F lives with s47F two sons and two daughters, all of s47F t. s47F provided written evidence supporting the need for increased services and urgent home modifications to prevent injury and reduce the risk of readmission.

Although s47F was assessed and placed on the waitlist for a Level 4 Support at Home package, this allocation was insufficient to meet s47F needs. s47F was approved for Assistive Technology and Home Modifications, but due to the high cost of an occupational therapy assessment under Support at Home, s47F opted to use a private OT—resulting in a 4–6 month wait.

When the advocate inquired about a reassessment to reflect s47F escalating needs, the assessor advised that they could not guarantee a higher package due to the assessment algorithm. They further explained that requesting reassessment would place s47F at the back of the queue, triggering a 10–11 month wait despite s47F significant clinical and social risks. Faced with this, s47F chose not to pursue reassessment and remains pending Level 4, even though this level of support is inadequate to keep s47F safe at home.

The advocate met with s47F s47F s47F and s47F social worker, provided information about available supports, and referred the case to a care finder for intensive assistance. s47F The case remains ongoing.

This case illustrates how rigid, algorithm driven assessment rules can prevent high-risk clients from being reassessed, even when their needs clearly exceed their assigned package level. The inability to escalate urgent cases without punitive delays leaves vulnerable individuals without essential support and places them at ongoing risk of harm.

s47F ***Incorrect Support Plan Data Leads to a Medium Priority Rating Despite Changing Needs***

s47F who had recently been approved for a Support at Home Classification 7 package, sought advocacy support after receiving a medium priority rating that s47F believed did not reflect s47F current circumstances. s47F reported a recent change in s47F care needs and expressed concern that inaccuracies in s47F support plan may have contributed to an inappropriate priority outcome.

The advocate provided information about the Support at Home priority rating system and the Integrated Assessment Tool (IAT) tool, helping s47F understand how the algorithm determines priority levels. During this discussion, s47F identified several errors in s47F support plan and questioned whether these inaccuracies had influenced the algorithmic assessment.

With information provided by the advocate, and with assistance from s47F family, s47F drafted a letter requesting that the Department review s47F priority rating. s47F is now awaiting the outcome of this review. In the meantime, s47F remains assigned a medium priority rating that does not reflect s47F escalating needs

This case illustrates how incorrect or incomplete assessment data can lead to inaccurate priority ratings, placing the burden on clients to identify errors and challenge algorithm driven decisions.

Priority Rating System Design Flaws

Issue

Support at Home priority system uses a rigid points-based algorithm that does not adequately recognise clinical risk, dementia related needs, or carer breakdown. As a result, many older people with high and urgent needs are assigned only medium priority, even in situations involving terminal illness or extreme carer exhaustion.

Impact

- Older people living with dementia who rely on a carer cannot score "lives alone," making high priority difficult to achieve
- Carer burnout does not contribute to a higher priority score unless the carer becomes completely unavailable
- Assessors report they cannot adjust priority outcomes without altering data fields
- Decision reviews become the only escalation pathway, creating delays for clients in crisis
- Administrative errors (lost referrals, incorrect priority assignment) further delay access to urgent assessments

Case Study

s47F ***and*** s47F ***Urgent Needs Misclassified as Medium Priority***

s47F was caring for s47F wife, s47F full-s47F Evelyn was living with s47F a and experiencing rapid deterioration. As s47F needs escalated, s47F was struggling to keep s47F safe at home and was approaching complete exhaustion.

Despite the severity of s47F condition, s47F was assessed as Support at Home Class 7 but assigned medium priority, resulting in a long wait for services s47F was unlikely to survive. The assessor advised that priority ratings are determined by the system's points-based algorithm and could not be altered, even though s47F required urgent support and s47F was at breaking point.

s47F and the advocate also applied s47F. The GP posted the referral to My Aged Care, but it was lost. With advocacy support, s47F resubmitted the referral online, despite s47F limited digital literacy and extreme fatigue. When the advocate followed up, My Aged Care could not locate the digital referral. It was eventually found and forwarded to the assessment organisation, but it had been incorrectly assigned as a low priority referral, causing further delay.

This case demonstrates how misclassification of urgent needs, combined with administrative errors, can leave critically ill clients without support while placing impossible pressure on carers.

s47F ***Medium Priority Despite Rapid Decline***

s47F living with s47F . s47F primary carer, s47F husband, was in significant distress and approaching burnout due to the intensity of s47F needs. s47F s47F required fulltime support: s47F

s47F underwent an assessment for Support at Home. Assessors followed the IAT and reported that all information had been entered correctly. They also recommended that s47F be assigned urgent priority due to s47F s47F and escalating care needs. Despite this, it took two weeks for the outcome to be issued, during which time s47F condition declined further. When the outcome arrived, s47F was assigned Classification 8 with a 'medium priority' rating, a category associated with a 9–10 month wait, even though s47F and required immediate support.

The advocate liaised with the assessment team, who advised that the only available escalation pathway was to contact My Aged Care and request a formal consideration of the Notice of Decision, as the assessors were unable to override the algorithmic outcome.

This case demonstrates how a rigid priority rating system can classify a terminal, rapidly declining client as nonurgent, leaving high-risk individuals without essential care at the point of greatest need.

s47F ***Reassessment Fails to Recognise High Level Needs Leaving a Client Living Alone Without Adequate Support***

s47F . He had been receiving a Level 4 Home Care Package, yet even at this highest level of funding, the allocation was insufficient to meet s47F essential care needs.

Seeking a transition to the Support at Home program and an increase in services, s47F underwent a reassessment in December 2025. At s4 request, the advocate attended the assessment to ensure he could fully articulate s4 concerns. During the assessment, s47F clearly explained that s4 current support level was already inadequate and that he was going without essential services to stretch s4 limited funding across personal care, domestic assistance, and transport.

Despite this, the reassessment outcome assigned Leon a transitioned Level 4 package under Support at Home, the same level he had previously received and one that continued to fall short of meeting s4 needs. The advocate supported s47F to formally request reconsideration of the decision, but while this process is underway, he remains without the level of support required to maintain s4 safety and wellbeing.

s47F continues to ration essential services, including regular personal care, due to insufficient funding. The case remains open as the advocate works to secure an increased allocation that reflects s4 actual level of need.

This case illustrates how the priority rating and classification system can fail to recognise high-risk situations, leaving older people living alone with complex health needs underfunded and without essential support, even after reassessment.

s22

s22

s22

Overall Impact

These systemic issues are not isolated; they interact and compound. Delays in assessment, algorithmic misclassification and inaccessible review processes create a cycle in which:

- urgent needs are not recognised
- carers are pushed to exhaustion
- older people deteriorate without support
- preventable hospitalisations and premature residential aged care entry increase
- some individuals die before receiving any assistance

Across the case studies presented, these failures appear consistently: prolonged waits for assessment, inaccurate prioritisation driven by algorithmic weighting, priority ratings that do not reflect clinical urgency, and review pathways that are too slow or complex to correct errors. Together, they demonstrate a system that does not reliably identify high-risk situations or respond in a timeframe that protects older people's health and wellbeing.

s22

From: s47F @ageingaustralia.asn.au>
Sent: Tuesday, 13 January 2026 4:49 PM
To: BLACKWOOD, Rachel; SNOW, Jasmine; ATKINSON, Julia; CHAMBERS, Aimee; HOLM, Katie
Cc: s47F s47F s47F ; s47F s47F ; Member Support; PUGH, Greg; DAY, Robert; MALDON, Joshua
Subject: Follow up re previous DHDA Response Room escalation of issues with the Single Assessment System (Support at Home and CHSP)
Attachments: Issues reported by Ageing Australia members affecting participants' access to care in relation to the Single Assessment System and My Aged Care; 20260113 Brief - DHDA - Single Assessment System and My Aged Care - Examples 2.pdf

Hello Rachel, Jas, Julia, Aimee and Katie

I understand you are all policy owners with responsibility for issues related to our previous escalation of emerging issues related to the Single Assessment System and Support at Home. I have also included Julia as we now have examples related to CHSP and aware of the system governor role involving Katie and Rob for classification reassessment.

***Issue**: Participants are being reviewed due to increased needs, yet the outcome of the review is resulting in reduced funding and a priority category that does not align with what is anticipated nor allows for clinical judgement override.*

***Case for change**: Participants cannot receive the level of support they need, which is likely to result in increased preventable hospital admissions or early entry into residential care or carer support breakdown.*

Recommendations

The attached email of 4 December 2025 is our original escalation and brief providing background to the issue, examples from members and several recommendations/solutions for consideration.

The attached brief is our second derived from further member reports and includes two related to CHSP.

Thank you to Rachel and Jas for speaking with us late last year about our concerns, the relationship with government policy for Support at Home and noting that DHDA is undertaking monitoring.

As advised to the Response Room on its last day in December, we continue to hear concerns from members detailing impacts on participants and I would like to request this topic for a 'deep dive' approach to bring together the relevant policy owners across DHDA, Ageing Australia, OPAN and COTA to discuss as these emerging issues, impacts on participants and how this might be further investigated with potential solutions discussed.

We look forward to hearing from you.

Kind regards

s47F

Ageing Australia

Brief - Department of Health, Ageing and Disability - Single Assessment System and My Aged Care

Updated for new member examples as of 13 January 2026

Purpose: To escalate issues related to the Single Assessment System (SAS) and My Aged Care to the Department of Health, Disability and Ageing (DHDA) for investigation and consideration of recommendations.

Issue: Participants are being reviewed due to increased needs, yet the outcome of the review is resulting in reduced funding and a priority category that does not align with what is anticipated nor allows for clinical judgement override.

Case for change: Participants cannot receive the level of support they need, which is likely to result in increased preventable hospital admissions or early entry into residential care or carer support breakdown.

Recommendations

Amend and make transparent the assessment classification and priority criteria to ensure that participants can access the quantity of services they require, in a timely way which increases quality of life and reduces risk - by undertaking the following solutions:

1. **Priority-risk alignment guardrails**
    a. Introduce hard triggers that force urgent/high priority when certain conditions are met (e.g., documented need for 24/7 supervision, imminent residential care admission, carer collapse), regardless of other scoring elements. This would reduce false mediums for high-risk cases. (This aligns with SaH aim of timely support to highest need.)
2. **Transparent priority algorithm**
    a. Publish a priority determination rubric (inputs, thresholds, weightings), including examples and edge cases. Transparency helps assessors and families supply the right evidence and supports consistent application nationally.

s22 [redacted]

4. **Delegate escalation lanes**
    a. Create fast-track lanes for delegates to override priority within 72 hours upon receipt of documented high-risk evidence, supported by standardised risk templates in the assessor portal.

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Member examples of issues

1. s47F ***– E:***

Summary

Assessors are increasingly advising that reassessment outcomes are "out of their control" due to algorithm driven determinations of SAH levels, while simultaneously issuing or recommending CHSP codes that are not permitted alongside SAH packages under the CHSP manual—resulting in inappropriate care planning, funding mismatches, and significant risk and confusion for clients and providers, as demonstrated by the examples provided.

Scenario 1

- *We have had one instance where we supported a client to seek a higher level as they were already overspending at HCP level 4 by $2500 per month*
- *Service types are Medication 4 x daily (Parkinson medication), personal care, and domestic assistance.*
- *A medication review was completed, and the frequency is unable to be reduced.*
- *Client has no family or friends for support*
- *Assessor advised the algorithm determined no higher funding than the current level 4 and has suggested the client be reviewed at the memory clinical for a new diagnosis as this may change the outcome or the algorithm assessment.*
- *Assessor also advised there could be an option to use CHSP codes however the CHSP codes such as personal care, social support, domestic are not allowed to be used in conjunction with a SAH package?*

Scenario 2

- *Client was re-assessed on due to increased needs on 27/11/2025.*
- *On 8/12/2025, he received his notice of decision advising he had been approved for a Level 4 SAH Transitioned package. The same level he already had.*
- *As the client has no direct support, our care partner provided support to the client during the assessment.*

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- *When the care partner asked the assessor if they take into consideration the information submitted to instigate the review, they advised they did not get that information or review it before visiting the client.*
- s47F
-
- *With the current level of support, client is spending $265 per week over his allocated budget.*
- *A higher package would support the clients' clinical needs*

Scenario 3

- *Request submitted for a reassessment due to increase client needs. Client was a grandfathered level 3 client*
- *Client requires daily full assistance personal care and weekly domestic assistance. Client is urinary incontinent.*
- *Assessor contacted the care partner advising the outcome from 'AI' (her words not ours) was that the client was declined for increased funding.*
- *The algorithm stated the client should be on a SAH level 1?*
- *Client was instead approved for AT Medium.*

Scenario 4

- *SAH Clients are being provided CHSP codes (SSI, domestic, personal care that can't be used in conjunction alongside a SAH package as per section 6.3 page.47 of the 2025-2027 CHSP manual?*
- *Even if they could be, there are minimal CHSP providers (including our service) with any funding to provide said CHSP services.*

Scenario 5

- *A current CHSP client of ours who has CHSP codes for allied health, equipment and products, home adjustments, domestic, and SSI which we accepted in 2022*
- *SAH level 1 issued on 12th Dec 2025 with funding pending at the standard priority so 10-11 months away.*
- *SAH AT medium and HM medium funding assigned 5th Dec 2025*

- *We now have a CHSP client who has a CHSP agreement with us for AT-HM services he was receiving under CHSP. They will now also need a AT-HM agreement. This is leading to client and provider confusion.*

2. s47F

Summary

A s47F **participant experienced long delays and failed escalation responses for a necessary assessment, with action only occurring after severe decline and shortly before his death, exposing serious failures in timely assessment, communication, and prioritisation.**

The assessment trigger dated back to 2020, yet by May 2025 the participant remained unassessed, prompting numerous follow up calls to MAC and repeated attempts to contact the assessment team. During late 2025, provider efforts to escalate concerns increased as the participant's health deteriorated significantly. Responses from the assessment agency were limited, communication channels were nonresponsive, and an assessment was only scheduled after escalation to a team leader in November 2025.

The participant passed away in December 2025 before the scheduled assessment date. The assessment team subsequently attempted to attend despite being notified of his death, indicating further procedural breakdown.

This case highlights a failure in assessment responsiveness and escalation pathways, contrary to the expectations for timely assessment decision making and prioritisation of vulnerable clients outlined in the Aged Care Act 2024 and SAH Manual.

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3. s47F

Summary

A client with rapidly escalating needs has waited over six months for a reassessment despite repeated requests, creating significant risk and unfunded provider burden while the referral shows no progress.

Client: s47F
We have a client who has been awaiting a reassessment for higher-level care for more than six months following substantial deterioration in mobility, continence, and general health. Despite repeated attempts by both the client and the Care Coordinator to request a reassessment through My Aged Care and the allocated assessment provider, there has been minimal response and no progression toward completion of the assessment.
The delay is now creating additional risk, as the client's needs have escalated beyond the level of support available under CHSP. Our Care Coordinator has continued to intervene and advocate, but this has involved unfunded care management time and leaves the client vulnerable without an appropriate level of formal support.
A review of My Aged Care notes indicates the referral has recently been reassigned to another assessment team; however, no contact or reassessment scheduling has occurred to date.

4. s47F

Summary

A recent case shows the algorithm driven assessment model is failing to recognise increased care costs or needs, leaving assessors unable to adjust outcomes and participants receiving insufficient support.

We are sharing the following case example as it highlights a significant failure within the current algorithm-driven assessment model now guiding assessor decision-making.

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A Care Partner recently requested a reassessment for a client who has exceeded their budget under the new Support at Home (SAH) pricing structure. The assessor's written response indicates that the algorithm does not recognise increased service costs and is restricted to need-based indicators only. Assessors report they are unable to override the algorithm's outcomes—even when updated assessments clearly demonstrate higher-level care needs. As a result, reassessments default to transitioned HCP funding levels under the "no worse off" rule, with no capacity to account for real increases in service costs. This resulting in the participant having to receive less services when they have increasing needs.

The assessor further noted that priority scoring has become rigid and insensitive to context. For example, s47F *client with significant needs did not meet the priority threshold due to non-clinical factors within the algorithm's scoring framework, despite previously qualifying for higher prioritisation.*

This case reflects broader concerns that the current assessment process is not adequately supporting older people, with assessors themselves reporting frustration and distress at being unable to align outcomes with actual care needs. Clients are being adversely impacted, and providers have limited avenues to resolve misaligned assessment results.

The assessor's recommendation was for participants to lodge complaints directly to the System Governor following reassessment and for organisations to make submissions to the Senate Inquiry (closing 31 July 2026).

5. s47F

Summary

A vulnerable client with s47F **was downgraded to Transitioned Level 2 after a brief phone assessment and algorithmdriven decision, leaving her without the higherlevel support her escalating risks require.**

The client is a vulnerable individual living alone with s47F *, experiencing unpredictable falls and progressive functional decline. Her previous Level 2 package was insufficient, prompting an urgent upgrade request in February 2025. The continuation of*

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a Transitioned Level 2 package does not meet her clinically assessed needs and places her at ongoing risk of injury, hospitalisation, and loss of independence.

*The assessment was conducted via **telephone** on the 1/12/25, and the client was not aware that she was speaking with the Aged Care Assessment Team. As such, she did not provide a complete account of her limitations, leading to an outcome that does not accurately reflect her level of risk or required support.*

We wish to raise a critical concern regarding the recent rejection of an upgrade request for a highly vulnerable client. The family was advised that the assessor was unable to override the algorithm-generated outcome, resulting in a downgrade to Transitioned Level 2 despite clear evidence of escalating risk.

This is our first rejection of this type and appears directly linked to the new assessment algorithms, a telephone assessment with poor nonperson centred communication alignment which restrict assessors from applying clinical judgement. For vulnerable participants, this is deeply concerning.

This decision places the client at significant risk of preventable injury, hospitalisation, and loss of independence.

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Brief - Department of Health, Ageing and Disability - Single Assessment System and My Aged Care

As at 4 December 2025

Purpose: To escalate issues related to the Single Assessment System (SAS) and My Aged Care to the Department of Health, Disability and Ageing (DHDA) for investigation and consideration of recommendations.

Issue: Participants are being reviewed due to increased needs, yet the outcome of the review is resulting in reduced funding and a priority category that does not align with what is anticipated nor allows for clinical judgement override.

Case for change: Participants cannot receive the level of support they need, which is likely to result in increased preventable hospital admissions or early entry into residential care or carer support breakdown.

Recommendations

Amend and make transparent the assessment classification and priority criteria to ensure that participants can access the quantity of services they require, in a timely way which increases quality of life and reduces risk by undertaking the following solutions:

1. **Priority-risk alignment guardrails**
    a. Introduce hard triggers that force urgent/high priority when certain conditions are met (e.g., documented need for 24/7 supervision, imminent residential care admission, carer collapse), regardless of other scoring elements. This would reduce false mediums for high-risk cases. (This aligns with SaH aim of timely support to highest need.)
2. **Transparent priority algorithm**
    a. Publish a priority determination rubric (inputs, thresholds, weightings), including examples and edge cases. Transparency helps assessors and families supply the right evidence and supports consistent application nationally.

s22 [redacted]

4. **Delegate escalation lanes**
    a. Create fast-track lanes for delegates to override priority within 72 hours upon receipt of documented high-risk evidence, supported by standardised risk templates in the assessor portal.

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Background

SAS – Aged Care Framework Overview

Since mid-November, Ageing Australia members have consistently raised concerns about the SAS process. The examples below illustrate that both providers and participants are experiencing significant impacts. Participants are being downgraded despite increased needs resulting from clinical deterioration in particular cognitive decline. This forces providers and participants to reduce essential services, which heightens the risk of poor health outcomes. The anticipated consequence is a rise in preventable hospital admissions and earlier entry into residential aged care.

Further, consumer peaks have advised the Response Room of increasing demand for reassessment under Support at Home due to participants concerned about a reduction in services from their package value from increased prices. This is likely to increase pressure on SAS.

Key issues

A. Priority category not reflecting risk

- Reports from the members include participants with very high needs (e.g., needing 24/7 support) are being categorised medium, yielding many months of wait despite high assessed classification levels (e.g., Level 8 + AT-HM High). While the official framework says priority derives from assessment inputs, real-world wait time estimates for medium commonly stretch to ~8–9 months (or longer)—which for high-risk clients is misaligned with safety and prevention aims.

B. Limited ability of assessment agencies to alter priority

- Assessors can initially input participant data into assessments. Assessors cannot directly change the priority category after submission without initiating a formal support plan review/reassessment or delegate reconsideration. Ageing Australia have received reports of 'word coaching' by the assessor to achieve the outcome they assess as required.

C. Algorithm transparency (embedded in My Aged Care)

- Assessors report unexpected downgrades or "upgrades" that are reclassifications with modest budget increases, confusing clients/providers. The member examples

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show multiple transition classifications changes that can look like upgrades but alter the offer type, not necessarily care capacity. Confusion is exacerbated by back-dated notices and differing terminology (FSO/MSO vs. classification levels)

D. Fragmented communication and consent practices

- Some assessors are collecting participant consent to retain current level if downgraded—which is sensible in principle—but families interpret this as foreclosing escalation or reducing upgrade chances. Some assessors are coaching participants at assessment in what to say – with the intent of achieving the outcome they assess as expected.

E. Complex review pathways and legislative transition

- Review/reconsideration rights exist, but families face procedural complexity (delegations, reconsideration under old vs new Act, timing rules). Practically, this can slow urgent reprioritisation, especially when capacity to process reviews is limited.

Member examples of issues

Case study A: participant 'K' (HCP Level 3 w/ CHSP top-ups; reassessment s47F ; potential downgrade and CHSP end-date)

'Participant 'K' was in receipt of a home care package level 3 with Flexi Care at the time of her reassessment on s47F
Her funds were completely utilised and she was also receiving CHSP top-ups (until s47F *) for nursing and day respite services.*
'K' has a formal diagnosis of s47F *, with other medical conditions.*
She would be unable to live alone and relies heavily on Flexi Care and her family, especially her daughter 'N', for daily activities.
On s47F *, I received a phone call from* s47F *at ACAT – she asked for me to end-date the CHSP Nursing referral on My Aged Care so that she could upload the info from the assessment conducted that morning.*
According to her, My Aged Care had confirmed that this needed to be completed.
I end-dated the CHSP Nursing referral whilst on the phone with s47F
She freely volunteered the information with words to the effect, that based on the reviews she had conducted since the previous week (i.e.. the start of Support at Home), that it was likely that 'K' would not receive the requested upgrade. It felt like she was implying that all her reviews during that time had resulted in no one receiving an upgrade from their requested reassessments.
From My Aged Care, I was able to view K's Non-Approval letter.'

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Case study B: s47F (older woman; assessed Level 8 SaH + AT-HM High, priority = Medium)

's47F assessment resulted in Level 8 plus AT-HM High—indicative of complex needs—yet her priority category is Medium, implying ~8–9 months waiting (as currently communicated by sector guidance), despite a stated need for immediate 24/7 support. The agency says they cannot change priority, only the assessment itself; s47F met 3/6 priority criteria via the assessment inputs, hence Medium. Interim arrangements appear not in place.'

Case study C: (reclassification resulted in higher level but less Money with AT-HM not being considered)

This person is on a Transitioned HCP L3. With the transition to SaH and the subsequent increase in fees, this person was over budget. Additionally, the persons need for support increased and we applied for a review.

The review took place, and the person received an allocation of the SaH L5.

Looking at the bottom line, this person is now worse off than before. The current annual amount for a Transitioned HCP L3 is $42055.30 where the SaH L5 is $39697.40. The assessor did not allocate any AT-HM tiers.

Case study D: (Assessor confusion and unclear messaging)

'The assessing agency advised that new algorithms which dictate funding levels/ classifications are causing havoc in that clients are often being downgraded through assessment (although they assure me that there is a no worse off principle, so this is not actioned). They mentioned a bed-bound client was recently classified as a 5 which didn't make any sense to them. They acknowledge that they are fairly new to the IAT and so unsure what triggers a priority, but they are apparently under strict directive from the commonwealth that they cannot override the algorithm as they have previously been able to do with their clinical knowledge.

submitted a request for a review for an L2 client and was told by the same agency that unless the client needs PC, medication or support with continence an upgrade would be declined. My coordinator advised reviews submitted prior to the transition had been accepted without PC but that now the criteria has clearly changed.'

s22

From: s47F @ageingaustralia.asn.au>
Sent: Thursday, 4 December 2025 2:21 PM
To: s22 BLACKWOOD, Rachel; CHAMBERS, Aimee; Response Room
Cc: s47F ,s47F ; s47F ; s47F ; Member Support
Subject: Issues reported by Ageing Australia members affecting participants' access to care in relation to the Single Assessment System and My Aged Care
Attachments: 20251204 Brief - DHDA - Single Assessment System and My Aged Care.pdf

Hello s22 Rachel and Aimee

We have had several members raise concerns about issues with the Single Assessment System and My Aged Care.

Issue: Participants are being reviewed due to increased needs, yet the outcome of the review is resulting in reduced funding and a priority category that does not align with what is anticipated nor allows for clinical judgement override.

Case for change: Participants cannot receive the level of support they need, which is likely to result in increased preventable hospital admissions or early entry into residential care or carer support breakdown.

Recommendations

The attached brief provides background to the issue, examples from members and several recommendations/solutions for consideration.

Kind regards

s47F

s22

From: s47F geingaustralia.asn.au>
Sent: Wednesday, 4 February 2026 10:17 AM
To: BLACKWOOD, Rachel; SNOW, Jasmine; ATKINSON, Julia; CHAMBERS, Aimee; HOLM, Katie; BARNETT, Erika; s22
Cc: s47F s47F ; s47F s47F ; s47F ; Member Support; PUGH, Greg; DAY, Robert; MALDON, Joshua
Subject: Re: Follow up re previous DHDA Response Room escalation of issues with the Single Assessment System (Support at Home and CHSP)
Attachments: 20260130 Brief - DHDA - Single Assessment System and My Aged Care - Examples 3.pdf

Hello everyone

Thank you to Greg for agreeing to our request for a 'deep dive' meeting to be scheduled in mid-February with COTA and OPAN and other participating agencies as appropriate to be invited.

I attach our third brief examples we continue to receive from members. I have included Erika in this as it includes examples of issues she is investigating where the s22

We look forward to hearing more about your investigations of the examples raised since early December 2025 and the opportunity to discuss the issue and ways forward in more detail.

Kind regards

s47F

From: s47F
Sent: Tuesday, January 13, 2026 5:18 PM
To: BLACKWOOD, Rachel ; SNOW, Jasmine ; ATKINSON, Julia ; CHAMBERS, Aimee ; katie.holm@health.gov.au
Cc: s47F ; s47F s47F ; s47F s47F Member Support ; PUGH, Greg ; DAY, Robert ; MALDON, Joshua
Subject: Follow up re previous DHDA Response Room escalation of issues with the Single Assessment System (Support at Home and CHSP)

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The attached email of 4 December 2025 is our original escalation and brief providing background to the issue, examples from members and several recommendations/solutions for consideration.

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We look forward to hearing from you.

Kind regards

s47F

Ageing Australia

Brief - Department of Health, Ageing and Disability - Single Assessment System and My Aged Care

Updated for new member examples as of 29 January 2026

Purpose: To escalate issues related to the Single Assessment System (SAS) and My Aged Care to the Department of Health, Disability and Ageing (DHDA) for investigation and consideration of recommendations.

Issue: Participants are being reviewed due to increased needs, yet the outcome of the review is resulting in reduced funding and a priority category that does not align with what is anticipated nor allows for clinical judgement override.

Case for change: Participants cannot receive the level of support they need, which is likely to result in increased preventable hospital admissions or early entry into residential care or carer support breakdown.

Member examples of issues

1. s47F

Summary

Reassessment has resulted in less funding and is not an upgrade, the MSO is less than current funding and MSO is back dated to July 2025? Participant has increased clinical needs which are putting them at risk of further complications if funding is not increased.

Dear My Aged Care User,

s47F

*Client receives a Home Support classification upgrade. Your current or prospective client … (*s47F s47F *is currently receiving a Full Service Offer for Transitioned HCP Level 2. The Support at Home classification assigned to this client has been increased and they should now start receiving a Minimum Service Offer for Transitioned HCP Level 2 budget. Please speak to your client and update their service agreement where necessary. For current clients you need to begin delivering services at the upgraded classification as you will begin receiving a Minimum Service Offer for Transitioned HCP Level 2 subsidy from* s47F

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s47F

Summary

Delays and inconsistencies are being observed relating to the single assessment system in particular the Integrated Assessment Tool (IAT), including: referrals to CHSP where recommended supports cannot be delivered due to funding limits (resulting in services being declined despite client preference); SAH assessments that appear to understate care needs, leading to inappropriate support levels and constrained access to necessary services; eligible CHSP clients not being transitioned to SAH where SAH support appears more suitable; and issuance of CHSP service codes while clients await SAH assessment, creating confusion and raising concerns regarding compliance, appropriate funding use and client safety—collectively impacting timely access to care and creating operational challenges for our organisation. Please see just one example below which we are very concerned about.

Scenario

- *Client has experienced significant clinical and functional decline over recent months (worsening* s47F *), yet the IAT outcome maintains ineligibility for a higher support level despite an ACAT clinician assessment documenting substantial deterioration.*
- *Impact: The mismatch between documented need and classification limits access to appropriate funded supports, increasing risks to safety and wellbeing (falls, unmanaged symptoms, malnutrition, avoidable deterioration), reducing capacity to remain safely at home, and driving operational strain for providers.*

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3. s47F

Summary

Issues with clients being unable to acquire a higher level SaH package when their acuity has increased. The new algorithm with My Aged Care is not permitting clients to access a higher tier which is leaving them without sufficient funds for their increased care needs.

Scenario

Reassessed at a lower level SAH tier, even when our Care Partner explicitly outlined the 'changes in acuity, risk, functional decline and unmet needs' (as has always been our process).

The assessor was challenged by the Care Partner, the assessor referenced "the algorithm" as the reason for declining.

This was one of our higher-acuity clients who I would consider to be high risk and certainly disadvantaged by having this review declined.

4. s47F

Summary

Despite clear and escalating care needs, the client experienced lengthy delays and staggered approvals/allocations (HCP Level 3 and SAH Classification 7), creating a prolonged period where support levels and funding did not align with timely, appropriate care delivery.

Ageing Australia

Scenario

Case Study

s47F

[redacted]

s47F

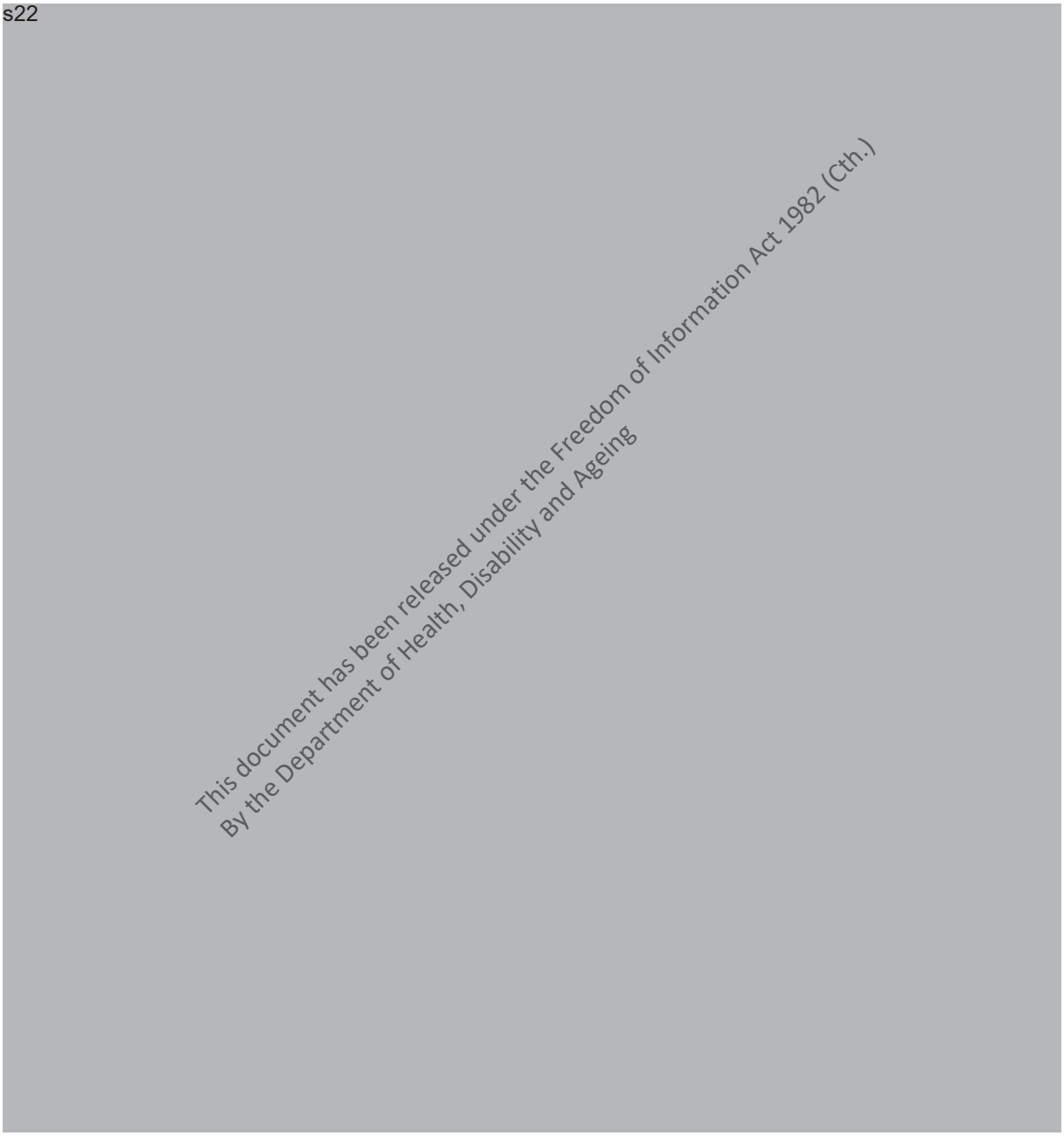
[redacted]

s22

[redacted]

Ageing Australia

s22



Ageing Australia

s22

s22

From: s22
Sent: Friday, 15 May 2026 10:44 AM
To: s22
Subject: FW: IAT and assessment algorithms - Dementia Australia and s22 feedback [SEC=OFFICIAL]

OFFICIAL

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

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OFFICIAL

From: BLACKWOOD, Rachel <Rachel.BLACKWOOD@Health.gov.au>
Sent: Tuesday, 9 December 2025 1:24 PM
To: s22 @Health.gov.au>; s22 @Health.gov.au>; SNOW, Jasmine <Jasmine.Snow@Health.gov.au>; s22 @Health.gov.au>
Subject: FW: IAT and assessment algorithms - Dementia Australia and s22 feedback [SEC=OFFICIAL]

OFFICIAL

Hi all, these issues and s47F question were just discussed in the transition taskforce meeting and Greg agreed to set up a meeting before Xmas to discuss these concerns. Greg has tasked s22 to set a meeting up – will involve all of us, aiming for 45 minutes later this week or early next week. s47F specifically mentioned concerns that:

- Assessment orgs are telling ppl not to get an assessment as there is no guarantee they will get more funding
- Assessors telling Dementia Australia that they haven't been trained appropriately on dementia issues
- The concern already raised about needing a formal diagnosis as a prerequisite for getting more funding (Greg said that this isn't true and we will canvass further at the meeting).

Sonja mentioned that she's meeting with assessment orgs next week and will be talking about the department's expectations re communications about the reforms (we will need to cover this off in her TPs for that meeting).

There will be an action item recorded to come back to the next Transition Taskforce meeting in Feb with an update on this issue.

Might be worth a quick meeting to have a discussion in advance of the Greg/s47F Dementia Australia meeting.

Rachel

Rachel Blackwood

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

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***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

From: s47F dementia.org.au>
Sent: Monday, 8 December 2025 4:01 PM
To: s22 @Health.gov.au>
Cc: s22 @Health.gov.au>; s22 s22 @health.gov.au>; BLACKWOOD, Rachel <Rachel.BLACKWOOD@Health.gov.au>; DONNELLY, Genevieve <Genevieve.Donnelly@health.gov.au>; s22 s22 @Health.gov.au>; s22 @Health.gov.au>; s22 s22 @Health.gov.au>; s22 @Health.gov.au>; s22 s22 @health.gov.au>; s47F @dementia.org.au>; s47F s47F @dementia.org.au>
Subject: RE: IAT and assessment algorithms - Dementia Australia and s22 feedback [SEC=OFFICIAL]

Hi s22

Thank you for this response. We have been having ongoing discussions with people with lived experience of dementia to understand how the IAT process is working on the ground. We remain very concerned about the feedback we are receiving.

As an example, I was speaking with a dementia advocate last week. He is caring for his wife who has a Level 3 home care package whose dementia has progressed after a s47F . He was advised by his local assessment service not to pursue a reassessment as they have seen a number of people with dementia receiving less or no support following IAT assessment, even if their care needs are increasing. We have also had a number of similar calls to the National Dementia Helpline.

We would like to have a discussion with the Department, ideally before Christmas, to get a better understanding of the process and how we can assist as a peak body. We are interested in:

- How the dementia status is factored into the IAT in practice?
- s22
- s22
- s22
- s22
- What information is being collected to inform monitoring and refinement of the IAT algorithm to ensure appropriate outcomes for people living with dementia?

Look forward to hearing from you.

Kind regards
s47F

National Dementia Helpline 1800 100 500

Visit: dementia.org.au

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From: s22 @Health.gov.au>
Sent: Thursday, 27 November 2025 6:21 PM
To: s47F @dementia.org.au>
Cc: s22 @Health.gov.au>; s22 @health.gov.au>; BLACKWOOD, Rachel <Rachel.BLACKWOOD@Health.gov.au>; Genevieve Donnelly <Genevieve.Donnelly@health.gov.au>; s22 Health.gov.au>; s22 s22 @Health.gov.au>; s22 Health.gov.au>; s22 @Health.gov.au>; s22 @health.gov.au>
Subject: RE: IAT and assessment algorithms s22 and s22 feedback [SEC=OFFICIAL]

OFFICIAL

Hi s47F

My colleague s22 passed on your email below for a response.

Thank you for sharing your concerns regarding the Integrated Assessment Tool (IAT) classification algorithm and rules guiding the function to override IAT outcomes. I acknowledge the challenges highlighted regarding assessments for people living with dementia, particularly when conducted over the phone and in situations where assessment delays occur.

The changes introduced on 1 November 2025 have enabled added functionality to the Single Assessment System, to ensure consistency in ongoing home support outcomes for older people.

The IAT classification algorithm is designed to consistently determine an older person's home support classification, or their ineligibility for ongoing home support services, and is guided by a set of rules that are built 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)*.

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

It is important to note that the IAT classification algorithm supports assessors in delivering accurate, person- centred outcomes but it does not replace their clinical judgement. The algorithm relies on assessors first documenting their clinical advice and ensuring all information entered is accurate and reflective of individual needs.

The Department of Health, Disability and Ageing (the Department) acknowledges that clinical aged care assessors are essential to Australia's aged care system. Their clinical expertise and compassionate approach help older people access the right care by ensuring assessments are accurate and person-centred. Using the IAT, assessors apply clinical judgment and communication skills, supported by up to 11 validated tools, to deliver high-quality outcomes tailored to individual needs.

I wish to assure you that the Department will regularly monitor, review and update the algorithm to ensure it is working as intended.

A reconsideration process is in place where the System Governor can assess the IAT classification level and make another determination, should older people believe it is inaccurate. In the event the client or their registered supporter does not agree with the IAT outcome produced by the algorithm, they can submit a reconsideration request within 28 days of receiving the notice of decision to:

The System Governor
Department of Health, Disability and Ageing
Attn: Review of Decisions Section
GPO Box 9848
ADELAIDE SA 5001

This request must set out reasons why they are seeking a review.

Many thanks for raising your concerns with us.

Best wishes,

s22

s22
Assistant Secretary (acting)

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, 10th Floor
PO Box 9848, Canberra ACT 2601, Australia

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OFFICIAL

OFFICIAL

From: s47F @dementia.org.au>
Sent: Tuesday, 25 November 2025 3:08 PM
To: s22 @Health.gov.au>
Cc: s47F dementia.org.au>; s47F dementia.org.au>
Subject: IAT and assessment algorithms

REMINDER: Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Hi s22

Nice to talk earlier today.

Please find attached a link to the LinkedIn posts from a dementia and aged care advocate regarding the IAT assessment tool and changes from 1 November preventing assessors from using clinical judgment to override the IAT generated SaH classifications. s47F has commented on the posts too.

We would appreciate any clarification of this issue from the Department. We are concerned about the additional risk for people living with dementia where assessment is more challenging and nuanced, particularly if done over the phone rather than in person, and when long waits apply for reassessment. I understand from s47F that concerns about the assessment process were also raised at the s22 this afternoon.

Many thanks
s47F

s47F

National Dementia Helpline 1800 100 500

Visit:
dementia.org.au

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s47E(d)

s22

From: s47F dementia.org.au>
Sent: Wednesday, 17 December 2025 5:52 PM
To: PUGH, Greg; s47F ; BLACKWOOD, Rachel; SNOW, Jasmine; HARPER, Emily; s47F
Subject: RE: IAT and assessment algorithms - s22 feedback
Attachments: Aged Care Reforms - client survey response.docx; client services aged care reform feedback Dec 2025.docx

Hi Greg and all

Looking forward to meeting to discuss the IAT tomorrow.

Pls find attached some early feedback on the aged care reform experience of people living with dementia, including on the assessment process.

Happy to talk you through when we meet.

Kind regards
s47F

s47F
Executive Director Policy and Government Relations

Dementia Australia
Endeavour House, Level 3, 2-10 Captain Cook Crescent (entry via Franklin Street),GriffithACT2603
Phone:s47F
Email: s47F @dementia.org.au

National Dementia Helpline 1800 100 500

Visit: dementia.org.au

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-----Original Appointment-----
From: PUGH, Greg

Sent: Wednesday, 10 December 2025 9:40 AM
To: PUGH, Greg; s47F ; s47F ; BLACKWOOD, Rachel; SNOW, Jasmine; HARPER, Emily; s47F
Subject: IAT and assessment algorithms - s22 feedback
When: Thursday, 18 December 2025 12:30 PM-1:15 PM (UTC+10:00) Canberra, Melbourne, Sydney.
Where: Microsoft Teams Meeting

-----Original Appointment-----
From: PUGH, Greg <Greg.PUGH@Health.gov.au>
Sent: Wednesday, 10 December 2025 9:36 AM
To: PUGH, Greg; BLACKWOOD, Rachel; SNOW, Jasmine; HARPER, Emily; s47F
Subject: IAT and assessment algorithms - s22 feedback
When: Thursday, 18 December 2025 12:30 PM-1:15 PM (UTC+10:00) Canberra, Melbourne, Sydney.
Where: Microsoft Teams Meeting

Microsoft Teams Need help?

Join the meeting now

Meeting ID: 432 831 493 387 96

Passcode: ye2gQ2PK

Dial in by phone

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Find a local number

Phone conference ID: 620 307 918#

Join on a video conferencing device

Tenant key: health-au@m.webex.com

Video ID: 131 830 825 7

More info

For organisers: Meeting options | Reset dial-in PIN

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Client survey response summary – from November 2025 survey

147 clients chose to respond to the following optional questions

Thinking about the aged care changes introduced on 1 November 2025, to what extent do you agree with the following statements

- I understand what the new aged care changes introduced on 1 November 2025 mean for me – **53.4% disagree/tend to disagree**
- I feel confident I can access the aged care services I need when I need them – **52.7% disagree/tend to disagree**
- I expect to be able to afford the care services I need – **47.9% disagree/tend to disagree**

In summary, more than 50% of people surveyed don't understand the changes and don't feel confident they'll be able to access the care they need, and almost 50% don't think they'll be able to afford the care they need.

s22

s22

s22

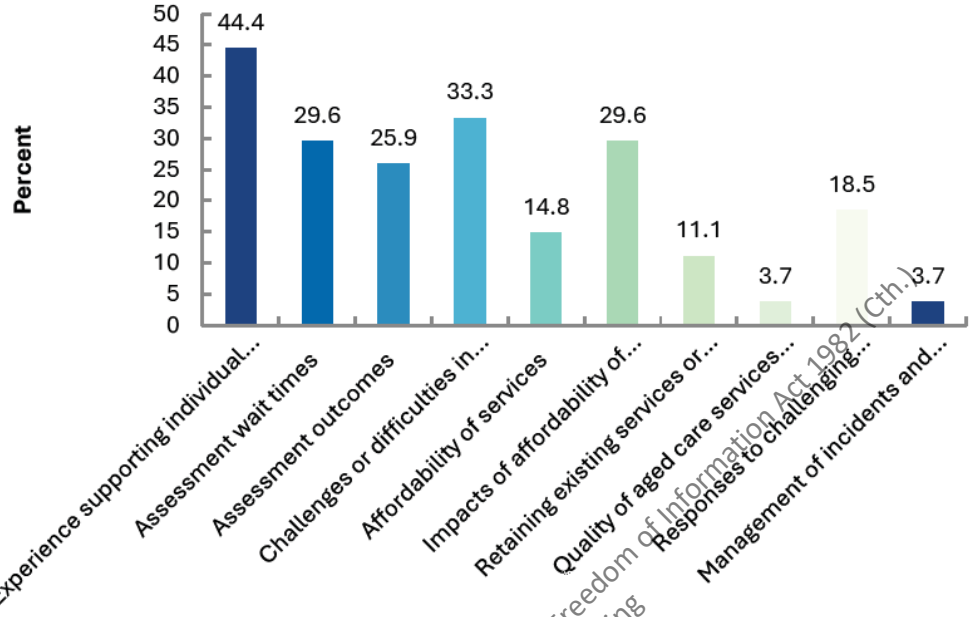
s22

s22

s22

Report for Staff New Aged Care Reform Client Feedback Recording Survey – 17 December 2025 n27

Please select up to 3 of the topics this discussion was related to from the list below:



Thematic analyses

s22

s22

s22

s22 [redacted]

6. Algorithmic Assessment and Systemic Barriers

Concerns about the use of algorithms in assessment and the inability of professionals to override system decisions.

Quotes:

- "Aged care assessors and delegates are not permitted to over ride the decision generated by the system despite their on the ground observations of the level of care need and the observed need for a high priority of allocation for a home care package."
- "Assessments are being graded using an AI algorithm which negates the skill and value of having an allied health professional conduct the assessment. Concerns that this assessment process will not be able to understand the nuance of functional changes in dementia."
- "DA Care Finder and clients advised by Aged Care Assessor before commencing a comprehensive clinical assessment, that the assessment outcome may not reflect the care need and time frame that services/home care package needs to be allocated to the client. This is due to an algorithm in the system that determines the outcome of an assessment and this outcome cannot be over ridden by the assessor or delegate."

s22 [redacted]

s22

From: s47F @health.qld.gov.au>
Sent: Thursday, 19 March 2026 9:59 AM
To: My Aged Care Assessment
Cc: s22 ; s22
Subject: SAS26-1823 - FW: TCP client assessed twice with 2 S@H outcomes 7 and 8

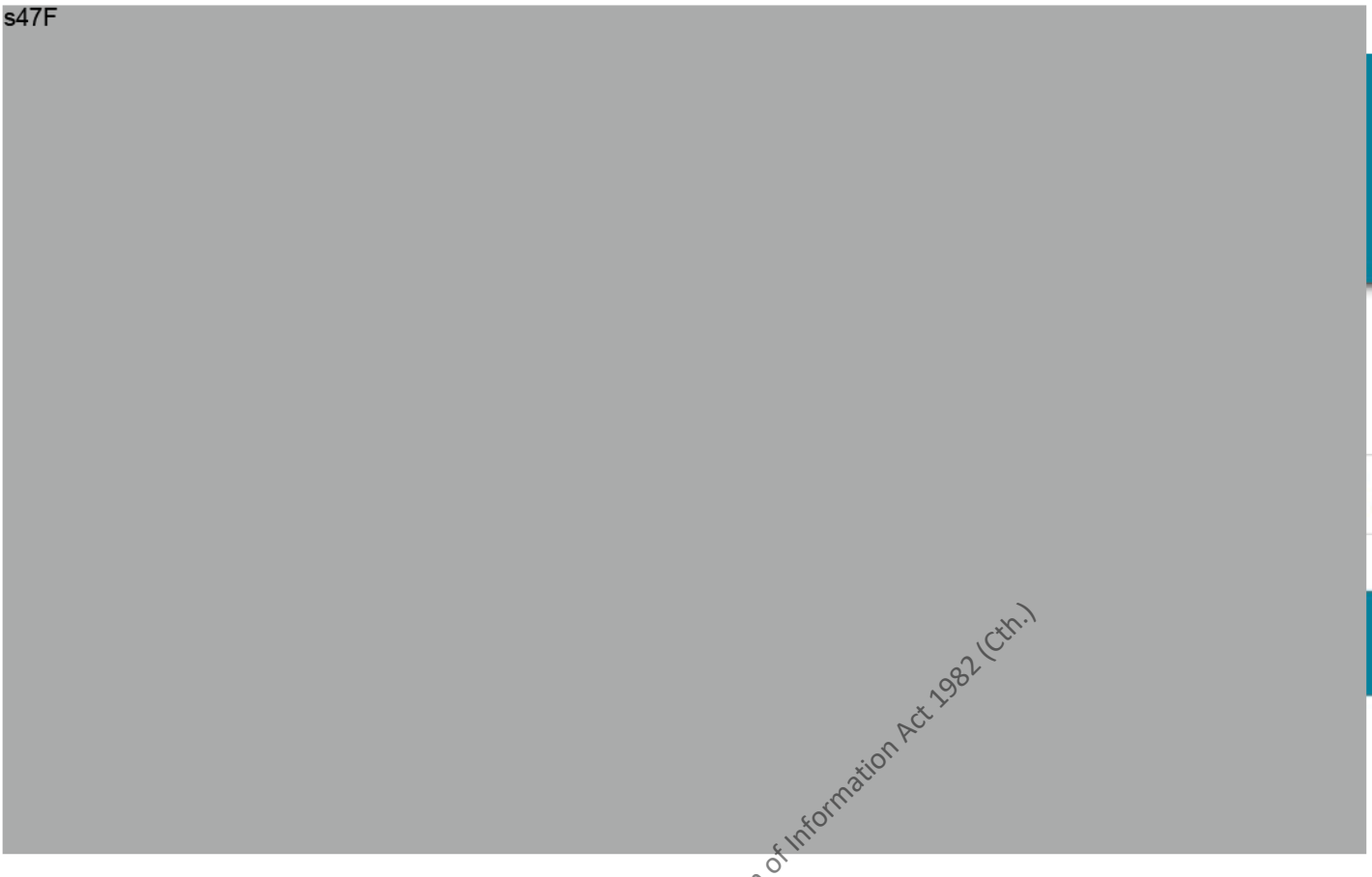
Importance: High

Good morning, Team,

1. Firstly, we know in this example it should have been a request for a correction, and the Manager of s47F has counselled the delegate and the assessor
2. This email is related to the two different outcomes from assessment for the same person within a 24 hour period.
3. Original Assessment occurred on the 10th March and then was delegated on the 11th March. SAH 8 was the outcome
4. The assessor realised they hadn't added the TCP recommendation, and the delegate didn't pick this up and they panicked finalised the assessment and self referred and the prepopulated the assessment and the outcome of this assessment was SAH7. I want to say I have checked the IAT and both assessments are exactly the same but have different outcomes.
5. Is there any reason why this is the case?

s47F

s47F



****

****

From: Assessment Management Support
To: s47F
Cc: s47F ; s47F ; My Aged Care Assessment; s22 ; s22
Subject: RE: Review of IAT Outcome - RE: ADS25-5767 - s47F [SEC=OFFICIAL]
Date: Monday, 1 December 2025 8:57:05 AM
Attachments: image001.png
image002.png
image003.png
image004.png
image005.png

OFFICIAL

Dear s47F

Thank you so much for bringing this case to our attention and expressing your concerns regarding the Integrated Assessment Tool (IAT) classification outcome. We truly value your input and the opportunity to address any issues that may arise.

As you know, the enhancements introduced on 1 November 2025 have sought to strengthen the Single Assessment System. These improvements aim to ensure greater consistency in determining ongoing home support outcomes for older Australians. The IAT classification algorithm is designed to apply a standardised set of rules that help determine whether an older person is eligible for ongoing home support services and, if so, the appropriate classification level.

These rules are embedded within the IAT and align with the criteria outlined in section 81-10 of the Aged Care Rules 2025. This approach ensures that individuals with similar characteristics and functional needs receive equitable levels of support. However, it's essential to remember that the algorithm is a decision-support tool and does not replace clinical judgement. Accurate and comprehensive documentation by assessors is critical, as the algorithm relies entirely on the information entered into the IAT.

We acknowledge the vital role of clinical assessors in delivering person-centred outcomes. Their expertise, combined with the IAT and up to 11 validated tools, ensures that assessments remain thorough and tailored to individual needs.

Regarding the gentleman you referred to, we have reviewed the assessment and the resulting CHSP classification. Based on the responses recorded in the IAT, the algorithm has correctly assigned CHSP. However, we noted discrepancies between the IAT responses and the information provided in your email and triage notes. We encourage assessors to ensure the IAT is filled in accurately and completely so that the algorithm has the appropriate information to classify the correct outcome.

If an older person or their authorised representative disagrees with an IAT outcome, there is a reconsideration process available. Requests can be submitted within 28 days of receiving the notice of decision to:

The System Governor
Department of Health, Disability and Ageing
Attn: Review of Decisions Section
GPO Box 9848
ADELAIDE SA 5001

Thank you once again for your diligence and dedication in ensuring the best outcomes for older Australians. Please feel free to reach out if you have any further questions or concerns.

Kind Regards

s22
A/g Assistant Director - Assessments Assurance
Single Assessment System Branch
Access and Home Support Division | Ageing and Aged Care Group
Australian Government Department of Health, Disability and Ageing
Email: s47E(d) @health.gov.au

This email comes to you from the lands of the Eora Nation
Location: Surry Hills
MDP 114, GPO Box 9848, Sydney NSW 2001, Australia

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OFFICIAL

OFFICIAL

OFFICIAL

From: s47F
Sent: Tuesday, 18 November 2025 10:08 AM
To: My Aged Care Assessment s47E(d) @health.gov.au>
Cc: s47F s47F s47F
Subject: ADS25-5767 - s47F

REMINDER: Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Good Morning team,

I have a client that I recently completed delegation following a comprehensive assessment. I am sending this client to you for review of the IAT outcome being CHSP only.

He was approved for Residential Respite and Residential Permanent Care as he requires constant supervision from his wife.

This s47F gentleman is visually impaired and his wife is in a caring role.

The assessor selected all the relevant functional needs and considerations and I would appreciate the Dept. review this assessment and let me know how the IAT algorithm resulted in CHSP only when it is clear this gentleman has high needs and if there is anything further the assessor could select to get a SAH outcome,

Regards s47

s47G(1)(a)

From: s47F
To: Assessment Management Support
Subject: RE: Transitioned HCP client and Restorative care - following CHSP IAT outcome [SEC=OFFICIAL]
Date: Monday, 15 December 2025 11:55:16 AM
Attachments: image006.png
image007.png
image008.png
image001.png

Thank you for clarifying this s22

Kind regards

s47F
Assessor, Aged Care Assessment Service South
Assessment and Case Management Services
Tasmanian Health Organisation
25 Argyle Street, Hobart TAS
s47F hs.tas.gov.au

ACAS Reception T: 03 6166 7274 | F: 03 61730300 | E: acas.south@ths.tas.gov.au

TASMANIAN HEALTH SERVICE
Tasmanian Government

In the spirit of reconciliation I acknowledge the Traditional Custodians of country throughout Australia and their connections to land, sea and community.
I pay my respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today

From: Assessment Management Support s47E(d) @health.gov.au>
Sent: Monday, 15 December 2025 11:52 AM
To: s47F @ths.tas.gov.au>
Cc: s47F @ths.tas.gov.au>; s47F
s47F @ths.tas.gov.au>; Assessment Management Support
s47E(d) @health.gov.au>
Subject: Transitioned HCP client and Restorative care - following CHSP IAT outcome [SEC=OFFICIAL]

OFFICIAL

Good Morning s47F

Thank you for your email.

In this instance an override from a CHSP classification to Restorative Care is not permitted for approval. While the system may technically allow this during a comprehensive assessment, assessors must not undertake this action, and delegates must not approve assessments where this occurs. Where a CHSP classification outcome is generated, Restorative Care cannot be recommended for approval in line with section 81-15 of the Aged Care Rules (refer to *My Aged Care Assessment Manual*, Section 6.2.3 – Recommending Restorative Care Pathway in the assessor portal).

For completeness, the My Aged Care Assessment Manual states:
"Though the IAT will allow a CHSP classification to be overridden to RCP during a comprehensive assessment, an assessor must not recommend or approve the RCP for:

- an older person new to the aged care system and not receiving aged care services, who is recommended CHSP by the IAT outcome; or
- an older person already accessing CHSP, who is recommended CHSP by the IAT outcome.

(Noting, where a CHSP classification outcome is generated, RCP cannot be recommended for approval (in line with section 81-15 of the Aged Care Rules.) If an older person accessing CHSP is recommended an ongoing Support at Home classification through a reassessment using the IAT, this can be overridden to recommend the Restorative Care Pathway. Note: Older people can access allied health and therapy services through CHSP. Assessors can recommend reablement and/or allied health and therapy services on their support plan." (refer to My Aged Care Manual, *Section 6.2.4 – Interactions with other programs*, Table 25: Restorative Care Pathway – Interaction with other programs).

Please do not hesitate to reach out if we can be of further assistance

With thanks

s22
Assistant Director - Assessments Assurance

Access and Home Support Division | Ageing and Aged Care Group
Single Assessment System Branch
Australian Government Department of Health, Disability and Ageing
Email: s47E(d) @health.gov.au
Location: Surry Hills
MDP 114, GPO Box 9848, Sydney NSW 2001, Australia

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OFFICIAL

From: s47F ths.tas.gov.au>
Sent: Friday, 12 December 2025 8:56 AM
To: Assessment Management Support s47E(d) @health.gov.au>
Cc: s47F 1@ths.tas.gov.au>; s47F
s47F @ths.tas.gov.au>
Subject: Transitioned HCP client and Restorative care

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Dear Team

Can I ask a question please

As delegate, we have the situation of a transitioned HCP client (waiting allocation) needing to access Restorative Care. The IAT outcome is CHSP so we don't have the ability to recommend Restorative Care on system without overriding. Is overriding permitted in this instance.

Thank you for considering

s47F
Assessor, Aged Care Assessment Service South
Assessment and Case Management Services
Tasmanian Health Organisation
25 Argyle Street, Hobart TAS
s47F ths.tas.gov.au

ACAS Reception T: 03 6166 7274 | F: 03 61730300 | E: acas.south@ths.tas.gov.au

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I pay my respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today

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s22

From: ACAVIC (Health) s47B(a) .vic.gov.au>
Sent: Friday, 7 November 2025 1:07 PM
To: My Aged Care Assessment
Cc: acavic s47F); s47F s47F s47F s47F
Subject: ADS25-5637 - FW: OFFICIAL: RE: VIC DH ACA feedback on the IAT algorithm

Follow Up Flag: Follow up
Flag Status: Flagged

Categories: NACA Process

Hello team

We are receiving feedback from our VIC DH Aged Care Assessment agencies regarding concerning outcomes from the IAT algorithm and the assessors not being able to override the outcome.

The assessors are feeling conflicted as they do not agree that the IAT algorithm outcome reflects the clients' needs. The impact has been increased calls to assessment agencies from unhappy clients, requests for reassessments, increased reviewable decisions and an increase in SPRs.

Please see some examples below where s22 outcome was not deemed to meet the clients' needs:

- s47F hospital admissions, limited support from son. Care needs around meals, cleaning, shopping, transport. We would probably assess as a Level 2 HCP but the IAT is recommending CHSP. This one has been a tricky one as the Delegate was unhappy to Delegate. They have Delegated it but if I had known I might have flagged it with you first, as I don't want my Delegates put in difficult situations where they are approving the algorithm and they don't agree with it.
- s47F Required Respite approval. Came out as CHSP
- s47F - client on a transitioned HCP Level 3. Budget fully accounted for. Family unable to manage care needs. SAH classification was lower, so we had to accept the transitioned HCP Level. This client will probably go into Residential Care.
- s47F - client with daily nursing needs and other care needs - S@A L3

Is there opportunity to have a discussion regarding the last minute change to the directive that assessors are not to override the S@H algorithm outcome . We would like to understand the context for this change and whether there is possibility for assessors to override the outcome.

Regards,
s47F
Aged Care Assessment Victoria
Hospitals and Health Services Division
Department of Health | 50 Lonsdale St Melbourne VIC 3000
e s47B(a) health.vic.gov.au w. www.health.vic.gov.au

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s22

From: s47F @nt.gov.au>
Sent: Thursday, 13 November 2025 10:20 AM
To: My Aged Care Assessment
Cc: s47F ; s22 ; s22 ; s47F ; s22 s22 s22 ; s47F ; s47F Aged Care Health; s47 s47F ; s47F ; s47F s47F
Subject: ADS25-5719 - New IAT Algorithm and Implementation Concerns
Attachments: IAT Algorithm Concerns.docx

Good morning team,

Following the introduction of the Act from 1 November, our s47F have highlighted concerns regarding the algorithm and erosion of clinical judgement within the new assessment system. Attached are some examples of clinical assessments conducted in the past week that have resulted in unexpected outcomes and feedback below:

- Assessors and delegates are feeling very disheartened that they are no longer able to use their clinical judgement and years of clinical experience to over-ride the IAT recommendations, to achieve optimal consumer outcomes.
- These outcomes have required many difficult conversations with consumers, families, and providers to explain to them that we cannot approve a higher level of funding, despite clear evidence that there is no funding left in their budget to increase services and unmet care needs. This combined with the lack of respite in the NT is likely to lead to increased carer stress and increased hospital admissions.
- This new approach does not feel consumer directed, as consumers are no longer applying for care under the Act, but waiting for the outcome that the algorithm gives them.
- This is particularly impacting on consumers who have good physical function, but significant cognitive impairment. We understand that the IAT algorithm scores higher when a consumer has functional impairment and their needs are completely unmet, however in circumstances where a consumer has an existing package and a carer, most of these functions must be marked as partially met, which then leads to an unwanted IAT outcome. This does not consider carer stress and there being no funds available to increase services.
- The team have also reported that the new Notice of Decision letters are very complicated and time consuming and anticipate an increase in phone calls to reception to help explain what these letters mean as they start to get delivered.

We appreciate your consideration of these early concerns with the system and happy to discuss further at our next meeting, which is scheduled for today. We are just trying to determine if operational areas are available to attend.

Kind regards

s47F
s47F System Planning and Commissioning
NT Health

Level 7, Manunda Place, 38 Cavenagh Street, Darwin
PO Box 40596, CASUARINA NT 0811

t. s47F
m. s47F
w. health.nt.gov.au

I acknowledge Aboriginal people as the Traditional Owners of the country I work on, and their connection to land and community. I pay my respect to all Traditional Owners, and to the Elders both past and present.

IAT Algorithm Concerns – Northern Territory of Australia – ACA – s47F

AC ID	Assessor expectations	Algorithm outcome	Comments / Concerns
s47F	SaH level 6	SaH level 1	s47F . Previously on CHSP. Needs more support than SaH level 1
	SaH level 7-8	CHSP	s47F currently accessing residential respite and wants to access permanent care
	SaH level 6-7	SaH level 5	On a transitioned level 3 HCP. Referred by provider for higher level as no funding left. IAT recommended SaH level 5, which is less than what client is on, so s47F retained transitioned level 3 HCP. s47F . Carer stress reported.
	SaH Level 1-2	CHSP	s47F
	SaH level 1-3	CHSP	Client lives alone in regional area, s47F
	SaH level 8	SaH level 7	s47F
	SaH level 8	SaH level 7	On a transitioned level 4 HCP. Referred for SaH level 8 as the funds are in deficit. On reassessment a SaH level 7 was provided, which is less than what client is on, so he retained the transitioned level 4 HCP. s47F
	SaH level 5-6	SaH level 2	Currently in hospital, s47F has limited informal supports
	High priority SaH level 8	Medium priority SaH level 8	s47F and Delegate both believe that this SaH funding should be provided immediately, but medium priority was assigned by IAT.

s22

From: s47F @health.wa.gov.au>
Sent: Friday, 14 November 2025 5:32 PM
To: My Aged Care Assessment; s47E(d) @health.gov.au
Cc: s47E(d) ; s47F
Subject: ADS25-5749 - Issues Log

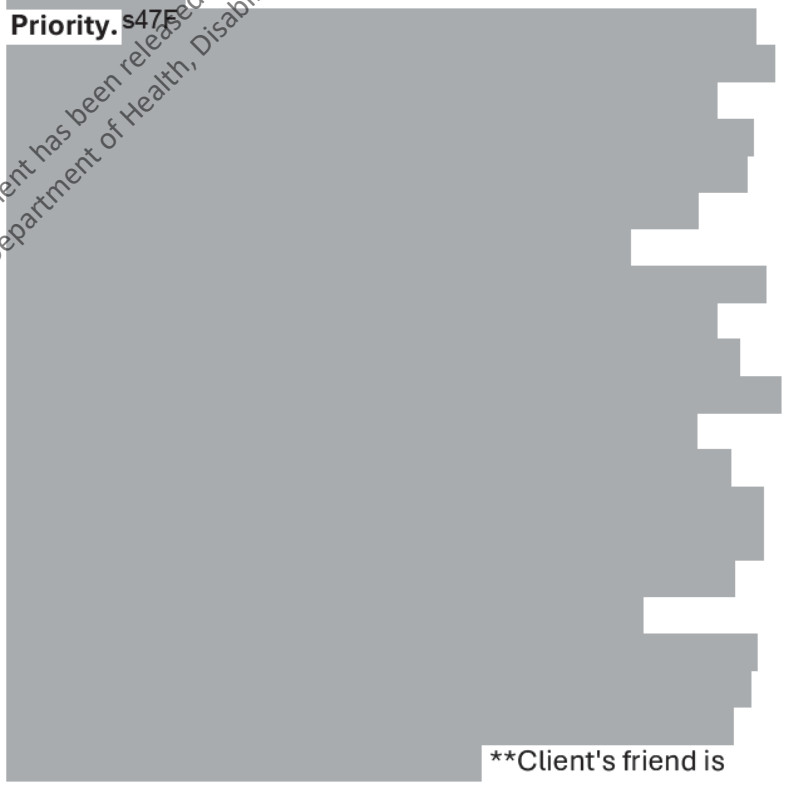
OFFICIAL

Good Afternoon,

Since implementation of the new *Aged Care Act 2024* and the transition to the Support at Home program on 1 November 2025, we have received numerous queries and complaints. Below is a sample of some of the issues raised:

Theme	Issue	Date
s22		

s22

IAT Algorithm/Priority	s47F Assessor contacted MAC to challenge outcome of IAT as felt too low (SAH3 at Medium Priority) but recommends SAH6. Was advised by MAC to override the outcome if assessor did not agree with it. This is contrary to advice provided by Commonwealth with regards to overriding the SAH classification/priority.	13/11/25
IAT Algorithm/Priority	s47F :Rural client. IAT recommended CHSP but no CHSP Providers in the area that provide social support, transport or home maintenance. Assessor override algorithm to a SAH2. Will be an ongoing issue in rural areas.	13/11/25
IAT Algorithm/Priority	s47F Two assessors report that they think the client is eligible for CHSP for the reasons highlighted in the areas of the Support Plan. However, upon finalising the IAT the algorithm has indicated " Ineligible for CHSP/SaH ". Choices are to either assist him to escalate this to be reviewed, or MAC has the option to do a SPR and add then add the CHSP services he requires. "The latter will ensure the client has access to the services he needs but we get no funding for this and it does not change this system"	13/11/25
IAT Algorithm/Priority	s47F Outcome: **SaH Classification 4 at HIGH Priority.** s47F  **Client's friend is planning to raise a complaint to the System Governor**	13/11/25

IAT Algorithm/Priority	s47F **IAT Outcome SAH1: Client is on a HCP L3 transitioned to SAH**. Is currently receiving personal care – 3 times weekly, cleaning once a week, shopping once a fortnight. Requires increased support for personal care from 3 to 5 times weekly. Requires regular weekly transport for medical appointments s47F	

We have also sent several emails to the Commonwealth requesting advice in relation to the following questions but are yet to receive a response:

s22

Thank you in advance for your consideration of these issues and requests for clarification.

Kind regards,

s47F
Intergovernmental Relations and Community Programs
Strategy and Governance Division
WA Department of Health
s47F
T: s47F
E: s47F health.wa.gov.au
www.health.wa.gov.au

s22

From: s47F s47G(1)(a)
Sent: Tuesday, 18 November 2025 9:08 AM
To: My Aged Care Assessment
Cc: s47F s47F
Subject: ADS25-5767 - s47F

REMINDER: Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Good Morning team,
I have a client that I recently completed delegation following a comprehensive assessment. I am sending this client to you for review of the IAT outcome being CHSP only.
He was approved for Residential Respite and Residential Permanent Care as he requires constant supervision from s47F
This s47F
The assessor selected all the relevant functional needs and considerations and I would appreciate the Dept. review this assessment and let me know how the IAT algorithm resulted in CHSP only when it is clear this gentleman has high needs and if there is anything further the assessor could select to get a SAH outcome,
Regards s47
s47G(1)(a)

s22

From: s47F s47G(1)(a)
Sent: Wednesday, 19 November 2025 5:59 AM
To: My Aged Care Assessment; s22
Cc: s22
Subject: ADS25-5791 - Advice Please - Respite/Perm Care

REMINDER: Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Hi s22 & Team,

Could I please request some assistance on the below -

We are fielding a lot of queries regarding residential respite and permanent care.

We currently have a client who is in residential respite (s47F) & would like to move into residential aged care on a permanent basis. The client has just had an assessment & produced a CHSP IAT outcome.

Can you please refer me to the appropriate reference material/sections of documents that determines the eligibility of clients for residential (respite or perm) if they have CHSP IAT outcomes?

I'd like to provide this material to our delegates who currently have a mixed position on this.

s47F

s47F

s47G(1)(a)

s47G(1)(a)