OFFICIAL: SENSITIVE

Australian Government
Department of Health, Disability and Ageing

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

To: **Minister Rae**

cc: **Minister Butler**

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

Comments:			
Contact Officer:	*Rachel Blackwood*	*Assistant Secretary, Single Assessment System Branch, Access and Home Support Division*	Ph: s47F Mo
Clearance Officer:	*Sonja Stewart*	*Deputy Secretary, Ageing and Aged Care Group*	Ph: s47F Mo

Key Issues:

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

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

s47E(d), s47C [redacted]

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

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Minister	**Minister Rae**
PDR Number	**MB25-002554**
Subject	****URGENT** Dept Initiated Information Brief - ASSESSOR OVERRIDE OF SAH CLASSIFICATION**
Contact Officer	Rachel Blackwood Ph: s47F Mobile: s47F
Clearance Officer	Sonja Stewart Ph: (s47F Mobile: s47F
Division/Branch	|Ageing and Aged Care| Access and Home Support Division
Has Budget Branch been consulted if there are financial implications?	Not Applicable
Ensuring connected products across the Portfolio	Have disability/NDIS linkages been considered and outlined as relevant? YES ☐ NO ☒ N/A ☒ Have aged care linkages been considered and outlined as relevant YES ☐NO ☐ N/A ☒

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

s47E(c), s47F

From: PUGH, Greg
Sent: Monday, 27 October 2025 7:45 PM
To: BLACKWOOD, Rachel
Cc: s47E(c), s47F
Subject: RE: SAH algorithm - constraints on legal discretion to override [SEC=OFFICIAL:Sensitive, ACCESS=Legal-Privilege]

OFFICIAL:Sensitive//Legal-Privilege

Thanks for the chat. As mentioned, have now talked through with the MO.

They are aware of s47C

s47E(d), s47C and I agree we need to meet our obligations to provide clear guidance to exercise delegated powers, happy for alternative options to go into the sub.

s47E(d), s47C

Let me know views – drawing closer to resolution though I think.

s47E(d), s47C

s47E(d), s47C

OFFICIAL:Sensitive//Legal-Privilege

From: BLACKWOOD, Rachel
Sent: Monday, 27 October 2025 3:56 PM
To: PUGH, Greg
Cc: s47E(c), s47F
Subject: RE: SAH algorithm - constraints on legal discretion to override [SEC=OFFICIAL:Sensitive, ACCESS=Legal-Privilege]

OFFICIAL:Sensitive//Legal-Privilege

Thanks Greg

Thanks for the call just now. Confirming next steps as discussed:

- Thanks for confirming that you have flagged this in s47E(d) going up soon, and that you'll call the MO this arvo to give a headsup about the issue. s47E(d), s47C
- s47C We have been working hard to build credibility with assessment organisations and other stakeholders, and want to avoid doing things that will undermine our working relationship at a critical time. We are also concerned that s47C would expose our assessment delegates unfairly. We have a responsibility to provide guidance to delegates to exercise their delegated powers under the Act with integrity, accuracy and honesty.
- s47C, s47E(d)

s47E(d), s47C

s47E(d), s47C

Rachel

Rachel Blackwood
Assistant Secretary, Single Assessment System Branch
Access and Home Support Division
T: 02 s47E(c), s47F

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

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From: PUGH, Greg <Greg.PUGH@Health.gov.au>
Sent: Monday, 27 October 2025 9:58 AM
To: BLACKWOOD, Rachel <Rachel.BLACKWOOD@Health.gov.au>
Cc: s47E(c), s47F @Health.gov.au>
Subject: Re: SAH algorithm - constraints on legal discretion to override [SEC=OFFICIAL:Sensitive, ACCESS=Legal-Privilege]

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Have fwded separately email trail - am intermittently available for the rest of the day

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Sent from Workspace ONE Boxer

OFFICIAL:Sensitive//Legal-Privilege

On 27 October 2025 at 9:30:43 am AEDT, BLACKWOOD, Rachel <Rachel.BLACKWOOD@Health.gov.au> wrote:

OFFICIAL:Sensitive//Legal-Privilege

Thanks Greg
We would be keen to see the text of the hook you put in the s47E(d) this will help us know how to target briefing. (I looked up the PDMS item but I don't have access to it). Would you like a standalone sub, or input to another product this week?
We are giving some thought to how to answer questions like s47E(d) under your preferred approach – will revert with some advice.
Rachel

Rachel Blackwood
Assistant Secretary, Single Assessment System Branch
Access and Home Support Division
T: 02 s47E(c), s47F

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From: PUGH, Greg <Greg.PUGH@Health.gov.au>
Sent: Sunday, 26 October 2025 10:13 AM
To: BLACKWOOD, Rachel <Rachel.BLACKWOOD@Health.gov.au>
Cc: s47E(c), s47F @Health.gov.au>
Subject: RE: SAH algorithm - constraints on legal discretion to override [SEC=OFFICIAL:Sensitive, ACCESS=Legal-Privilege]

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Thanks Rachel (and s47E(c), for the comprehensive advice.

Appreciate the options analysis and presentation of risks attached to each. I'm not sure I necessarily agree with some of the option characterisation, but do agree with the fundamental point that we need to brief the Minister (and Sonja) on it so he is aware and can make an informed decision on next steps shortly after commencement on 1 November. To that end, I have included a hook to this being an issue we need to brief the MO on in s47E(d) so active steps are already being taken to address that.

In terms of s42 – let's discuss on Monday the preferred timing and approach to do this.

s47C .

A big thanks for working through this tricky issue and for providing your frank and open advice. In my mind the work of you and your team to get us to this position and to present sensible options shows you have thought through every element and have discharged your duties of briefing upwards on this. Equally, I appreciate my response may not be your preferred approach. However I am comfortable that this decision is the best available in light of all contextual circumstances, including proximity to 1 November and having a clear and workable pathway to address it.

Happy to work through further.

Thanks
Greg

Greg Pugh
First Assistant Secretary
Access and Home Support Division

Ageing and Aged Care Group
Australian Government, Department of Health and Aged Care
M: s47E(c), s47F
EA: s47E(c), s47F @health.gov.au
EO: s47E(c), s47F @health.gov.au

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From: BLACKWOOD, Rachel <Rachel.BLACKWOOD@Health.gov.au>
Sent: Friday, 24 October 2025 11:12 AM
To: PUGH, Greg <Greg.PUGH@Health.gov.au>
Cc: s47E(c), s47F @Health.gov.au>
Subject: SAH algorithm - constraints on legal discretion to override [SEC=OFFICIAL:Sensitive, ACCESS=Legal-Privilege]

OFFICIAL:Sensitive//Legal-Privilege

Hi Greg

As you know, the team and I have been working with Jas and LRB to resolve s47C

In short, s47C, s47E(d)

s47E(d), s47C

Policy authority

s47E(d), s47C [redacted] it is clear that the inclusion of an override has been regarded by many staff, and SES including my predecessor and the former B1 of Support at Home Branch, as a settled position.

The assumption that there would be an override has been consistently reflected in messaging to assessment organisations, in the design of our IT system, s47C [redacted]

Public positions

We have consistently indicated that assessment delegates would have the discretion to use their clinical judgement to override the recommendation of the SAH algorithm. This includes in:

- Repeated messaging to the assessment workforce (see attached word doc)
- Responses to media inquiries (see attached email chain entitled "FW: Media enquiry...")
- s47C [redacted]

Legal Drafting

The Aged Care Act 2024 sets up a framework that empowers the System Governor (delegated to assessment delegates) to issue approvals for access to funded aged care services (under section 65 of the Act) and also decide on the classification levels for the services an older person may access (under section 78 of the Act). Classification level decisions must be made in accordance with criteria, methods or procedures prescribed by the rules (ss 78 and 81 of the Act). s47C [redacted]

s582 of the Act does refer to classification level decisions under s78(1) being one type of decision that the System Governor may authorise, in writing, to be automated subject to the oversight and safeguards outlined in s583. s47C [redacted]

Delegation instruments to be made under the Act empower assessment delegates to exercise the System-Governor's decision-making powers under s78. This is consistent with the framework of the Single Assessment System, which recognises and respects the clinical judgement of assessors and prescribes qualification and training requirements for assessors and assessment delegates.

However, the Rules prescribing criteria for classification decisions (clause 81-10 of the Aged Care Rules 2025) have been drafted to provide no discretion for assessors or assessment delegates to do anything other than accept the recommendation of the SAH algorithm for ongoing SAH classes. Overrides are legally permitted for other aged care services (and in fact, required because of the way the IT system is built) - the Rules provide for discretion to determine short-term pathways, permanent and respite residential care, and Transition Care Program (TCP).

- s47C, s47E(d)

s42

s47C

Options and risks

- We need to settle material for inclusion in the Single Assessment System program manual by Friday 31 October in order that it can be provided to assessors and published on the Department's website before 1 November. The manual as at 1 November is referenced in the Rules, and updates to the manual after 1 November will need to be reflected in amendments to the Rules which will need to be made by the Minister.

- s47C, s47E(d) there will need to be a decision about how to reflect the current drafting in the manual and other guidance to assessors.
- We have identified the following options.

Option	Implementation	Benefits	Risks
s47E(d), s47C			

s47E(d), s47C

[redacted]

s42, s47E(d), s47C, s47E(c)

- s42, s47E(d)

Legal advice on s42

- s42, s47E(d)
- On 14 October I sent you dot points with a summary of the issue, s47E(d)

RE_ Dot points on override _SEC_UNOFF

- s42, s47E(d)

Keen for your advice on next steps. s47E(c) and I are available to discuss further if needed.

Thank you
Rachel

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

Access and Home Support Division | Ageing and Aged Care Group
Australian Government Department of Health, Disability and Ageing
T: 02 s47E(c), s47F | E: Rachel.Blackwood@health.gov.au

Executive Assistant: s47E(c), s47F
T: 02 s47E(c), s47F @health.gov.au

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[SEC=OFFICIAL]

s47E(c), s47F

From: BARNETT, Erika
Sent: Tuesday, 21 October 2025 8:49 PM
To: s47E(c), s47F
Subject: FW: Media enquiry - please provide AS cleared responses by 1pm Friday 5 April FW: follow up questions and questions about the SAT [SEC=OFFICIAL]

OFFICIAL

Erika Barnett
A/g Assistant Secretary

Reform Implementation Division | Ageing and Aged Care Group
Assessment and Home Care Transition Branch
T: 02 s47E(c), s47F @health.gov.au
Location: Sirius Building – Level 8
GPO Box 9848, Canberra ACT 2601, Australia

The Department of Health, Disability and Ageing acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community.
We pay our respects to all Elders past and present.

OFFICIAL

From: s47E(c), s47F @Health.gov.au>
Sent: Friday, 5 April 2024 10:32 AM
To: ATKINSON, Julia <Julia.ATKINSON@Health.gov.au>
Cc: MORGAN, Nick <Nick.Morgan@health.gov.au>; RUSHTON, Lezah <Lezah.Rushton@health.gov.au>; s47E(c), s47F @Health.gov.au>; BARNETT, Erika <Erika.BARNETT@health.gov.au>; s47E(c), s47F @Health.gov.au>; s47E(c), s47F @Health.gov.au>
Subject: Media enquiry - please provide AS cleared responses by 1pm Friday 5 April FW: follow up questions and questions about the SAT [SEC=OFFICIAL]

Hi Julia,

Please see below responses to the media enquiry. Thank you to s47E(c), s47F for progressing this so quickly.

I have some questions about the new Single Assessment Tool being introduced.

s47C

s47C

Comms have reviewed the content (note, they advised there is currently no published information on the $ for the national tender at current so the team have referred to the amount spent on current programs in 22/23).

Kind regards

s47E(c), s47F
Assessment and Home Care Transition Branch
Home and Residential Division | Ageing and Aged Care Group
Australian Government, Department of Health and Aged Care
T: s47E(c), s47F @health.gov.au
Location: South Australian State Office
GPO Box 9848, Canberra ACT 2601, Australia

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From: s47E(c), s47F @health.gov.au>
Sent: Thursday, April 4, 2024 10:55 AM
To: s47E(c), s47F @health.gov.au>; ATKINSON, Julia <Julia.ATKINSON@Health.gov.au>; RUSHTON, Lezah <Lezah.Rushton@health.gov.au>; TYQUIN, Sarah <Sarah.Tyquin@health.gov.au>
Cc: HRD Executive s47E(d) @Health.gov.au>; RID Executive s47E(d) @Health.gov.au>; CONNOLLY, Thea <Thea.Connolly@health.gov.au>; s47E(c), s47F @health.gov.au>; FOAB Coords s47E(d) @Health.gov.au>; ACAB Coords s47E(d) @health.gov.au>; s47E(c), s47F @Health.gov.au>; s47E(c), s47F @Health.gov.au>; Communication Aged Care s47E(d) @Health.gov.au>; s47E(c), s47F @Health.gov.au>
Subject: Media enquiry - please provide AS cleared responses by 1pm Friday 5 April FW: follow up questions and questions about the SAT [SEC=OFFICIAL]

Hi All,

We have received follow up questions from the ABC. There are a few questions which I suspect sit with a few different areas which I have outlined below (please let me know if I can mis-allocated).

Grateful for AS cleared responses to me by **1pm tomorrow, 5 April**.

Can you please explain what this means: "Total amount of Extra Service payments (subsidy reductions due to extra service payments) was $796k.". Does that mean that providers received $796k in extra service payments and does this mean their Government funding is reduced by this amount? ***If this isn't the case, can you please explain. -*** **RID**

Also, you've said that you don't know the amount people pay in means tested fees but that "the Government regulates the maximum fees for a number of payment types".

Can you tell me which fees are regulated and what the maximum is? - **FOAB**

Is there a maximum lifetime fee for accommodation? **- FOAB**

I have some questions about the new Single Assessment Tool being introduced*.*

1 Will the tool be introduced irrespective of whether the new Aged Care Act is passed by July 1 – will it commence on July 1 2025? – **ACAB/AHCTB**

2 Will aged care assessments be entirely privatised under the new system? - **ACAB/AHCTB**

3 Does this system require elderly people to input information into a computer for assessment? - **ACAB/AHCTB**

3 Is the Single Assessment Tool based on an algorithm or AI?- **ACAB/AHCTB**

4 Will elderly people still receive face to face assessments under the new scheme? - **ACAB/AHCTB**

5 How much is the national tender worth, approximately? - **ACAB/AHCTB**

Thanks
s47E(c), s47

From: News <news@health.gov.au>
Sent: Thursday, April 4, 2024 10:41 AM
To: s47E(d) @Health.gov.au>
Cc: s47E(c), s47F @health.gov.au>; News <news@health.gov.au>
Subject: FW: follow up questions and questions about the SAT [SEC=OFFICIAL]

Hi team,

Please see follow-up enquiry for clarification with additional questions for response. Deadline 5pm, Friday 5 April.

Thanks,
s47E(c), s47F
Media, Communication Branch

Australian Government, Department of Health and Aged Care
T: 02 6289 7400 | M: s47F I E: news@health.gov.au

From: s11C @abc.net.au>
Sent: Thursday, April 4, 2024 10:22 AM
To: News <news@health.gov.au>
Subject: follow up questions and questions about the SAT

Hi s47E(c), s47

Thanks for your reply. I had some follow up questions based on your response.

Can you please explain what this means: "Total amount of Extra Service payments (subsidy reductions due to extra service payments) was $796k.". Does that mean that providers received $796k in extra service payments and does this mean their Government funding is reduced by this amount? **If this isn't the case, can you please explain.**

Also, you've said that you don't know the amount people pay in means tested fees but that "the Government regulates the maximum fees for a number of payment types".

Can you tell me which fees are regulated and what the maximum is?

Is there a maximum lifetime fee for accommodation?

I have some questions about the new Single Assessment Tool being introduced.

1 Will the tool be introduced irrespective of whether the new Aged Care Act is passed by July 1 – will it commence on July 1 2025?

2 Will aged care assessments be entirely privatised under the new system?

3 Does this system require elderly people to input information into a computer for assessment?

3 Is the Single Assessment Tool based on an algorithm or AI?

4 Will elderly people still receive face to face assessments under the new scheme?

5 How much is the national tender worth, approximately?

Could you please respond by 5pm tomorrow?

Many thanks
s11C
ABC

From: News <news@health.gov.au>
Sent: Friday, March 22, 2024 5:55 PM
To: s11C @abc.net.au>; News <news@health.gov.au>
Subject: RE: additional questions [SEC=OFFICIAL]

Hi s11C

Thanks for your enquiry, please see the below:

Is there currently any requirement for aged care workers who come from overseas to do a Certificate III?
Is there an English proficiency test?

- The Aged Care Industry Labour Agreement (ACILA) aims to streamline the recruitment of qualified direct care workers from overseas to work in the aged care sector. It has a number of requirements around training and English-language proficiency levels.
- The ACILA include requirements that workers:
    - hold a relevant Australian Qualifications Framework Certificate III or equivalent, or higher qualification, or 12 months of relevant work experience in lieu of a qualification, and
    - an English language proficiency level of at least International English Language Testing System (IELTS) 5.0 or equivalent, or with workers with target community language skills employed by culturally and linguistically diverse aged care providers at least IELTS 4.5 or equivalent.

Will the new aged care legislation require a certificate III and English proficiency? I can't see it in the current exposure draft.

- The Government is committed to establishing a comprehensive and robust national worker registration scheme for the aged care sector.
    - The national worker registration scheme has four elements: Code of Conduct for Aged Care; expanded worker screening; English language proficiency and training requirements.
    - Whilst not including all components of the worker registration scheme, the exposure draft contains placeholders to allow for the inclusion of further aged care worker reforms into the future.
    - The Department of Health and Aged Care will be consulting on the English language proficiency and training requirement elements of the registration scheme in 2024.
- The Australian Government encourages all workers to undertake training to increase their skills, knowledge and confidence to provide safe, high-quality care to our older Australians.
    - Funding is available through programs, including Fee-Free TAFE, to support aged care workers to obtain relevant qualifications, including, for example, the Certificate III in Individual Support.
- The Government does not currently mandate that personal care workers hold a specific qualification type or level.

Can you please tell me what the average annual fee paid for accommodation, living expenses and care is by people who are means tested and living in an aged care facility? Do you have those figures?
The Department does not have the requested figures for people who are means tested and living in an aged care facility. Amounts that residents may have paid to the provider are an agreement between the resident and the provider. While the Government regulates the maximum fees for a number of payment types, the Department does not hold information on the specific amounts paid by individual residents.

What percentage of residents are entirely supported by the Government, ie they only pay 85 per cent of their pension to the facility?
Approximately 27% of residents are fully supported by the government.

Are you able to tell me how many people living in retirement villages have a home care package? And if so, what is the total value of those packages?
No, the Department is not able to determine how many people living in retirement villages have a home care package.

Do you keep figures and monitor the number of providers charging for "extra services"? If so, can you tell me the numbers who charge these fees and the value of the fees?
A provider (or organisation) manages an aged care service. Providers may operate a number of different residential services. A service is a facility that provides aged care and may operate extra service places. During calendar year 2023, 72 providers had extra service payment across 102 services. Total amount of *Extra Service* payments (subsidy reductions due to extra service payments) was **$796k.**

Data was sourced from Services Australia payment system and modelled in Health Aged Care Data Warehouse.

Thanks
s47E(c), s47F
Media Unit, Communication Branch

Australian Government, Department of Health and Aged Care
T: 02 6289 7400 | s47F E: news@health.gov.au

Unless stated otherwise, this information is provided on a background basis and should not be attributed.

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From: s11C @abc.net.au>
Sent: Thursday, March 21, 2024 12:22 PM
To: News <news@health.gov.au>
Subject: additional questions

Hi there

Some additional questions:

Can you please tell me what the average annual fee paid for accommodation, living expenses and care is by people who are means tested and living in an aged care facility? Do you have those figures?

What percentage of residents are entirely supported by the Government, ie they only pay 85 per cent of their pension to the facility?

Are you able to tell me how many people living in retirement villages have a home care package? And if so, what is the total value of those packages?

Do you keep figures and monitor the number of providers charging for "extra services"? If so, can you tell me the numbers who charge these fees and the value of the fees?

I realise these questions may take more time to collate. If so, can you please get them to me by Friday COB?

Thanks

s11C

From: s11C
Sent: Thursday, March 21, 2024 9:20 AM
To: news@health.gov.au
Subject: questions re training of aged care workers

Hi there

Can you please assist:

Is there currently any requirement for aged care workers who come from overseas to do a Certificate III?

Is there an English proficiency test?

Will the new aged care legislation require a certificate III and English proficiency? I can't see it in the current exposure draft.

Could you get back to me sometime tomorrow morning?

Many thanks
s11C

s11C
Reporter
ABC Investigations
M: s11C

We acknowledge Aboriginal and Torres Strait Islander peoples as the First Australians and Traditional Custodians of the lands where we live, learn and work.

Between May- October 2025- Assessment organisations have submitted several questions and concerns in forums asking for clarification on whether an assessor can override the IAT outcome and in what circumstances. Further, they have expressed concern that this will remove their ability to exercise their clinical judgement. The department gave advice to expert reference groups and the Single Assessment System workforce that the classification recommend by the IAT algorithm can be overridden to recommend a different classification level. (see Table 1)

September-October 2025 - The system functionality to override has been visible to assessment staff through the Aged Care Assessment Manual v8, the Integrated Assessment Tool (IAT) through User Acceptance Testing, the draft IAT user guide and training materials that have been circulated to assessment organisations (see Table 2).

Table 1 –Summary of advice/guidance on override IAT outcomes (SaH classification)

Forum	Date	Audience	Advice
Lead Educator Network meeting #14	28 May 2025	Lead educators of the assessment workforce	Advice was given that initially assessors will need to accept the recommended classification generated by the algorithm. Over time the assessor and assessment delegate will start to understand where the classification recommended by the algorithm needs to be change to ensure a person's assessed need is met. This is when the assessor will override the IAT Outcome and recommend a different classification for ongoing care.
FAQs – Assessor Drop-in Session 3 In-flight assessments	8 September 2025	Assessment workforce	Question: Are we as Clinical assessors going to be replaced by AI once the algorithm is up and running? Provided advice: The IAT is not an automated process, it uses algorithms to assist with decision making, but not to make decisions. The IAT relies on human decision making to ensure assessment outcomes are appropriate for the client. The IAT will be used by trained, independent assessors to develop a detailed and holistic understanding of an older person's current circumstances and care needs, and to form the basis of support planning to meet their requirements.

			Assessors will be able to override recommendations made by the IAT at any time if they are satisfied the recommendation is not correct.
Dementia Expert Reference Group Summary Notes: Meeting 16, Thursday 28 August 2025	19 September 2025	Internal	'Members were interested in how the algorithm will work. The department confirmed the algorithm will commence operation from 1 November 2025. It relates specifically to determining a Support at Home classification level which will be based on what's included in the IAT fields. However, all recommendations made by the algorithm will be reviewed by a clinical delegate and can be overridden if needed. The more nuanced notes included in the IAT by the assessor will be used by the delegate in making their final decision.'
Live question in Assessor drop in 5	8th October 2025	Assessment workforce	Question: Maria's care needs look a lot like a HCP2 - can the assessor and/or delegate override the IAT CHSP class recommendation and approve Maria for an appropriate level of SaH classification Provided advice: spoke to how the IAT algorithm compiles scores collected throughout the assessment to recommend the appropriate CHSP/SaH classification. He did not speak to overriding the outcome.

Table 2 –Guidance on override IAT outcomes to the assessment workforce

Product	Date	Audience	Chapter/Section	Guidance

Aged Care Act 2024_Change Guide for the Single Assessment System workforce	27 May 2025	Assessment workforce		If you override the IAT outcome a screen will display where you can:
				• select the Support at Home Classification you recommend the older person is assigned
				  ○ for an individual who is currently not part of the aged care system and
				  ○ is going through their first assessment, the assessor can override the recommended classification level either down (e.g. SAH classification 3 to SAH classification 2) or up (e.g. SAH classification 3 to SAH classification 4)
				  ○ for an existing aged care client going through a new assessment, the classification level must be equivalent or higher in terms of the associated annual funding amount
				• recommend the older person is ineligible to receive CHSP or Support at Home service
				If you choose to override the IAT outcome, you will be required to:
				• select a reason for overriding the IAT outcome
				• provide a descriptive reason for overriding.

Confidential Draft_ Aged Care Assessment Manual v8 for 1 Nov	15 September 2025	Assessment workforce	Chapter 5 – IAT Outcome	'Assessors will have the option to accept or override the IAT outcome. These buttons will appear underneath the IAT outcome. It is best practice that the older person's concerns and goals are added before finalising the IAT.'

				'Note: for those clients with CHSP outcome, the assessor will not be able to override to recommend Restorative Care Pathway (RCP).'
				
				Note: alongside the below content, assessors are provided a table available at the end of this document as Table 4 – Outcome Override Options
				'If the IAT outcome is overridden a screen will display where you can:
				• select the Support at Home classification you recommend the older person is assigned
				  ○ for an individual who is currently not part of the aged care system and is going through their first assessment, the assessor can override the recommended classification level either down (e.g. SAH classification 3 to SAH classification 2) or up (e.g. SAH classification 3 to SAH classification 4)
				  ○ for an existing aged care client going through a reassessment, the classification level must be equivalent or higher in terms of the associated annual funding amount
				• recommend the older person is ineligible to receive CHSP or Support at Home
				• recommend the older person for the Support at Home Restorative Care Pathway or the Support at Home End-of-Life Pathway – these pathways can *only* be

				recommended through the override button if the client is eligible for Support at Home • recommend the older person for CHSP If you choose to override the IAT outcome, you must: • select a reason for overriding the IAT outcome • provide a descriptive reason for overriding. Depending on the action you take, you will be navigated to the 'Add Home Support services' page or *'Goals & recommendations'* page. Further guidance on the IAT Outcome will be provided before 1 November 2025.'
			Chapter 5 – Converting a home support assessment to a comprehensive assessment	'If an assessment is triaged as a home support assessment and the IAT outcome (accepted or overridden) is for services under the Support at Home program or residential care (permanent or short-term), the assessment will need to be converted to a comprehensive assessment under the supervision of a staff member who holds a clinical assessor role in the My Aged Care Assessor Portal.'
			Chapter 5 – Recommending aged care services	'As an assessor, if you recommend that an older person access ongoing Support at Home, Restorative Care Pathway or End-of-life Pathway by accepting or overriding the IAT outcome, assessors will be taken directly to the 'Add Home Support services' page. On this page specific services are grouped by service type. These service types relate to the services in the *Aged Care Rules 2025*.'

			Chapter 5 – Adding concerns and goals	'It is important to identify the goals the older person wants to achieve that are associated with the areas of concern that the older person wishes to address. The goals note the older person's strengths and abilities, the domain the goal(s) relate to, their area of difficulty and level of motivation to achieve the goal. The recommendations represent the agreed strategies and supports to achieve goals. It is recommended that goals are added under 'Client concerns and goals' on the *Goals & recommendations* tab before accepting or overriding the IAT outcome.'
			Chapter 6 – Recommending Restorative Care Pathway in the assessor portal	'Upon finalisation of the IAT, if the IAT outcome recommends an ongoing Support at Home classification, this can be overridden to change the IAT outcome to Restorative Care Pathway by clicking the override button. By overriding to the Restorative Care Pathway, assessors will be navigated to the '*Add Home Support Services*' page to add services. Older people approved for the Restorative Care Pathway can only access services they have been approved for. Assessors should consider what services are being accessed under the person's ongoing Support at Home classification and ensure they are complementary (and be based on need connected to their restorative care approval), noting delivery of multidisciplinary intensive allied health/nursing services is a key element of the Restorative Care Pathway.'

			Chapter 6 – Recommending the End-of-Life pathway in the assessor portal	'Upon finalising the IAT, the system will recommend either a single CHSP classification or an ongoing Support at Home classification (in nearly all instances, it will be a Support at Home classification for this cohort). To select an End-of-Life outcome, assessors will need to override the recommendation and choose 'End-of-Life'. Assessors will be navigated to the 'Add Home Support Services' page where services are pre-selected. Assessors should only unselect service sub types if they think the client may not have a need for this service. This will then enable assessors to allocate this pathway for assessment delegate approval.'
			Chapter 6- Recommending Residential Care	'If an assessor recommends that a client only receive ongoing residential care and/or short-term residential care, there are two pathways to consider when recommending these services: • An assessor can choose to override the IAT outcome to 'ineligible' for SaH and CHSP and then choose Residential Permanent and/or Residential Respite options under the 'Add a Care type for Delegate Decision' button • An assessor can accept a 'Support at Home Classification' or 'CHSP' IAT outcome, then choose Residential Permanent and/or Residential Respite from the 'Add a care type for delegate decision' button. The assessor must then ensure that the SaH classification is switched to 'not seeking services' and kept as a latent class. This provides the client with flexibility in case they want to return home in

				the future and access home support services.'
			Chapter 6 – Restorative Care Pathway Interactions with other programs	**Note- the below content is a relevant content extracted from Tabe 24. which provides guidance on RCP interactions with other programs.** '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.'
			Chapter 8 – Approving Home Support Step 2. Decide the classification type and level	'Note: • Before approving any recommended classification level that is different to the IAT outcome, consider any guidance on the home support classification levels. • Check if the assessor has overridden the IAT outcome. The system-generated recommendation is labelled 'IAT outcome', and the assessor's recommendation is labelled 'Recommended classification'. If these two values are different, then the assessor has overridden the IAT outcome, and you should carefully review the reason the assessor has given to override. • If you disagree with the recommended classification, you should contact the assessor before overriding their recommendation. High-level guidance relating to the ongoing classification levels will be shared at a later date.

				Guidance relating to the short-term classification levels follows.' 'Note: • To recommend the Restorative Care Pathway classification, the individual must have received an initial ongoing SaH classification through the IAT algorithm. This is then overridden by the assessor to recommend the Restorative Care Pathway. • Participants assigned to the Restorative Care Pathway who have an assessed need for AT and or HM will be allocated AT-HM funding immediately. • After a restorative care episode, a participant will undertake a reassessment to get an approval for an ongoing classification and be placed in the prioritisation system, if required. If the individual is reassessed and recommended for an ongoing SaH classification while undertaking the Restorative Care Pathway, the Restorative Care episode will end immediately upon delegate approval of the ongoing SaH classification.'
Draft - IAT User Guide	20 September	Assessment workforce	IAT outcome and classification	Once the system generated IAT outcome displays, the assessor will have the option to ACCEPT or OVERRIDE the system generated IAT outcome. • The possible IAT outcomes displayed are: • Not eligible for ongoing CHSP and SaH program. • CHSP • SaH Classification 1

				• SaH Classification 2 • SaH Classification 3 • SaH Classification 4 • SaH Classification 5 • SaH Classification 6 • SaH Classification 7 • SaH Classification 8 When the ACCEPT button is selected, the 'Add Home Support services' page will display When the OVERRIDE button is selected, the 'Override IAT outcome' page will display and assessors must select an 'override IAT outcome' from the list below (list value options are dynamic and will display depending on the initial system generated IAT outcome) AND must provide an override reason AND override reason description. Once these fields are completed, the 'Add Home Support services' page will display. • SaH Classification 1 • SaH Classification 2 • Sah Classification 3 • SaH Classification 4 • Sah Classification 5 • SaH Classification 6 • Sah Classification 7 • SaH Classification 8 • SaH Restorative Care Pathway • SaH End of Life Pathway • Ineligible • CHSP
Clinical delegate Training	Early September	Assessment workforce	Section 8: Key Decisions in Practice	General decision-making guidance • **Before approving any recommended classification level that is different to the**

				IAT outcome, consider any guidance on the home support classification levels (see below). • **Check if the assessor has overridden the IAT outcome.** The system-generated recommendation is labelled 'IAT outcome', and the assessor's recommendation is labelled 'Recommended classification'. If these two values are different, then the assessor has overridden the IAT outcome, and you should carefully review the reason the assessor has given to override. • If you disagree with the recommended classification, **you should contact the assessor before overriding their recommendation.** High-level guidance relating to the ongoing classification levels will be shared at a later date. Guidance relating to the short-term classification levels follows.
Training Module MAClearning – Understanding the Key Changes to Systems, Policy and Practice	Week of October 13th	Assessment workforce	Accepting or overriding the IAT outcome	Ax Policy reviewed Training element. Requested update to content below prior to publish day: ** Further guidance on when to override the IAT outcome to a higher or lower Support at Home classification will be provided before 1 November. Note: For someone new to My Aged Care and undergoing their **first assessment**, the system allows the assessor to override the classification to higher or lower levels of care (e.g. from SaH 3 to SaH 2, or SaH 4).

				However, if the individual is an existing Support at Home ongoing or Home Care Package client undergoing a **reassessment**, the classification level must be **equivalent to or higher** than their current level in terms of the associated annual funding amount. The system will not allow a lower classification to be recommended and instead will retain the client's current level of funding. ** The option to override to SaH End-of-Life Pathway will only be available if the IAT outcome has recommended a Support at Home Classification. Similarly, the option to override to Restorative Care Pathway will only be available if the IAT outcome has recommended a Support at Home classification ** Further guidance on circumstances for overriding the IAT algorithm will be available in v8.1 of the Aged Care Assessment Manual.

s47E(c), s47F

From: ATKINSON, Julia
Sent: Tuesday, 7 October 2025 5:03 PM
To: BLACKWOOD, Rachel; s47E(c), s47F
Cc: s47E(c), s47F
Subject: FW: To add to Q&A [SEC=OFFICIAL]
Attachments: MS24-000845 001 Attachment A - Aged Care Bill 2024 Questions and Answers.docx

OFFICIAL

s47C

OFFICIAL

From: METZ, Mel <Mel.Metz@health.gov.au>
Sent: Tuesday, 17 September 2024 10:46 AM
To: s47E(c), s47F @Health.gov.au>
Cc: ATKINSON, Julia <Julia.ATKINSON@Health.gov.au>; MORGAN, Nick <Nick.Morgan@health.gov.au>
Subject: To add to Q&A [SEC=OFFICIAL]

Hi s47E(c), s47F

Suggested questions for the Q&A and where they should be included. Nick's note to s47F below.

s22

Nick and Julia – will need some support from your teams to provide some talking points requested by s47F this morning. They need to be straightforward. Something a Senator could read out in parliament in response to a question.

s22

Kind regards

Mel

Mel Metz
Assistant Secretary

Legislative Reform Branch
Quality and Assurance Division | Ageing and Aged Care Group
Australian Government, Department of Health and Aged Care
T: 02 s47F, s47E(c) | E: mel.metz@health.gov.au
Location: Sirius 9
PO Box 9848, Canberra ACT 2601, Australia

Please note that I work from home on Mondays.

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

s47E(c), s47F

From: BLACKWOOD, Rachel
Sent: Friday, 24 October 2025 8:18 AM
To: PUGH, Greg
Subject: RE: FW: URGENT: MEDIA ENQUIRY - Aged Care Act - deadline midday Wednesday [SEC=OFFICIAL]
Attachments: Dot points on override

s47C

s47E(c), s47F s47C, s47E(d)).

From: PUGH, Greg <Greg.PUGH@Health.gov.au>
Sent: Friday, 24 October 2025 6:35 AM
To: BLACKWOOD, Rachel <Rachel.BLACKWOOD@Health.gov.au>
Subject: RE: FW: URGENT: MEDIA ENQUIRY - Aged Care Act - deadline midday Wednesday [SEC=OFFICIAL]

OFFICIAL

OK thank you. Let's log it, make sure it is on the s47E(d), s47C , and monitor closely post commencement. If we need to institute a quick fix we will be high on the priority list to do so.
Thanks
Greg

OFFICIAL

From: BLACKWOOD, Rachel <Rachel.BLACKWOOD@Health.gov.au>
Sent: Thursday, 23 October 2025 9:36 PM
To: PUGH, Greg <Greg.PUGH@Health.gov.au>
Subject: FW: FW: URGENT: MEDIA ENQUIRY - Aged Care Act - deadline midday Wednesday [SEC=OFFICIAL]

OFFICIAL

Just FYI re internal deliberations re bill drafting – s47C

s47C, s47E(d)

s47C, s47E(d)

OFFICIAL

From: ATKINSON, Julia <Julia.ATKINSON@Health.gov.au>
Sent: Thursday, 23 October 2025 9:24 PM
To: BLACKWOOD, Rachel <Rachel.BLACKWOOD@Health.gov.au>
Subject: FW: FW: URGENT: MEDIA ENQUIRY - Aged Care Act - deadline midday Wednesday [SEC=OFFICIAL]

OFFICIAL

s47C

OFFICIAL

From: s47E(c), s47F @health.gov.au>
Sent: Wednesday, 14 February 2024 10:03 AM
To: RICHARDSON, Mark <Mark.RICHARDSON@Health.gov.au>; CONNOLLY, Thea <Thea.Connolly@health.gov.au>; ATKINSON, Julia <Julia.ATKINSON@Health.gov.au>; METZ, Mel <Mel.Metz@health.gov.au>; s47E(c), s47F @health.gov.au>; s47E(c), s47F @health.gov.au>
Cc: MORGAN, Nick <Nick.Morgan@health.gov.au>; s47E(c), s47F @Health.gov.au>; s47E(c), s47F @Health.gov.au>
Subject: RE: FW: URGENT: MEDIA ENQUIRY - Aged Care Act - deadline midday Wednesday [SEC=OFFICIAL]

Hi all

We have existing provisions to deal with errors, both computer and human:

29C-8 Use of computer programs to make decisions

(1) The Secretary may arrange for the use, under the Secretary's control, of computer programs for making decisions on the classification of care recipients under section 29C-2.

(2) A decision made by the operation of a computer program under such an arrangement is taken to be a decision made by the Secretary.

(3) The Secretary may, under section 29C-2, substitute a decision for a decision the Secretary is taken to have made under subsection (2) if the Secretary is satisfied that the decision made by the operation of the computer program is incorrect.

(4) Subsection (3) does not limit any other provision of this Act that provides for the review or reconsideration of a decision.

Division 29E—How are classifications changed?

29E-1 Changing classifications

(1) The Secretary must change a classification of a care recipient under this Part if the Secretary is satisfied that:

(a) the assessment of the level of care needed by the care recipient, relative to the needs of other care recipients, that was made for the purposes of the classification (see section 29C-3) was incorrect or inaccurate; or

(b) the classification was, for any other reason, incorrect.

Note: Changes of classifications are reviewable under Part 6.1.

(2) The classification cannot be changed under this section in any other circumstances.

Note: The Secretary may reclassify the care recipient in certain circumstances—see section 29D-1.

(3) Before changing the classification, the Secretary must review it, having regard to:

(a) any material on which the classification was based that the Secretary considers relevant; and

(b) any matters specified in the Classification Principles as matters to which the Secretary must have regard; and

(c) any other material or information that the Secretary considers relevant (including material or information that has become available since the classification was made).

(4) If the Secretary changes the classification:

(a) the change takes effect on the same day that the classification took effect (see subsection 29C-2(6)); and

(b) the Secretary must notify the care recipient, and any approved provider that is providing care to the care recipient, in writing, of the change.

Regards

s47E(c), s47F
Director – Legislation
Residential Care Funding Reform

Home and Residential Division | Aged Care, Sport and Population Health Group
Australian Government, Department of Health and Aged Care
T: 02 s47E(c), s47F @health.gov.au
Location: Sirius 4.S.405

PO Box 9848, Canberra ACT 2601, Australia

The Department of Health and Aged Care acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present

---

From: RICHARDSON, Mark <Mark.RICHARDSON@Health.gov.au>
Sent: Tuesday, February 13, 2024 8:14 PM
To: CONNOLLY, Thea <Thea.Connolly@health.gov.au>; ATKINSON, Julia <Julia.ATKINSON@Health.gov.au>; METZ, Mel <Mel.Metz@health.gov.au>; s47E(c), s47F @health.gov.au>; s47E(c), s47F @health.gov.au>; s47E(c), s47F @health.gov.au>
Cc: MORGAN, Nick <Nick.Morgan@health.gov.au>; s47E(c), s47F @Health.gov.au>; s47E(c), s47F @Health.gov.au>
Subject: Re: FW: URGENT: MEDIA ENQUIRY - Aged Care Act - deadline midday Wednesday [SEC=OFFICIAL]

Hi Thea,

No ANACC decisions can't be changed by a human in the context in the context I think you are asking. However, it is important to stress that providers can seek a reclassification if they disagree with the ANACC classification result. s47E(c), s47F may have further input to what I have provided below.

There is a standard ANACC assessment tool that the AMOs use. Assessor's answer/enter information into this tool that captures the core attributes or characteristics of an individual that drive the costs of care and are based on existing and internationally recognised assessment methods. Essentially we are looking for physical ability, cognitive ability, behaviour and mental health issues that impact the costs of care.

The information or data entered by a human (ie the assessment is undertaken by a person) is processed electronically (an ICT system) in order to assign an ANACC classification. This enables consistent, accurate and repeatable results. A human can not go in and change the outcome. As mentioned if a provider disagrees they would seek a reclassification.

Regards

Mark

Sent from Workspace ONE Boxer
On 13 February 2024 at 6:09:31 pm AEDT, CONNOLLY, Thea <Thea.Connolly@health.gov.au> wrote:

HI Mark

s47C, s47E(d) [redacted]

[redacted]

[redacted]

[redacted]

Regards
Thea

From: ATKINSON, Julia <Julia.ATKINSON@Health.gov.au>
Sent: Tuesday, February 13, 2024 4:48 PM
To: CONNOLLY, Thea <Thea.Connolly@health.gov.au>
Cc: MORGAN, Nick <Nick.Morgan@health.gov.au>
Subject: FW: URGENT: MEDIA ENQUIRY - Aged Care Act - deadline midday Wednesday [SEC=OFFICIAL]

From: ATKINSON, Julia
Sent: Tuesday, February 13, 2024 4:10 PM
To: s47E(c), s47F [redacted] @Health.gov.au>; MORGAN, Nick <Nick.Morgan@health.gov.au>
Cc: s47E(c), s47F [redacted] @Health.gov.au>
Subject: RE: URGENT: MEDIA ENQUIRY - Aged Care Act - deadline midday Wednesday [SEC=OFFICIAL]

Thanks s47E(c), s47F looks good to me.

Older people or clients – just keep it consistent.

Nick – views on the highlighted?

From: s47E(c), s47F @Health.gov.au>
Sent: Tuesday, February 13, 2024 3:25 PM
To: ATKINSON, Julia <Julia.ATKINSON@Health.gov.au>
Cc: s47E(c), s47F @Health.gov.au>
Subject: RE: URGENT: MEDIA ENQUIRY - Aged Care Act - deadline midday Wednesday [SEC=OFFICIAL]

Hi Julia

Draft clean dot points for you/Thea/Nick below based on the thread below and yesterday afternoon's meeting. I have gone with less is more.

Note these have been reviewed by s47E(c), s47F who has no problem with any of the content. She has sent to Mel for consideration and Mel is also currently reviewing the draft mythbusting dot points she mentioned yesterday. s47E(c), will circle back tomorrow on both.

Draft clean dot points:

s47C, s47E(d)

Do you want them in a word doc? Any format? Etc etc.

Thanks

s47E(c), s47F

s47E(c), s47F
Director – Assessment Policy Section

Home and Residential Division | Ageing and Aged Care Group
Aged Care Assessments Branch
Australian Government Department of Health and Aged Care
M: s47E(c), s47F @health.gov.au
Location: 595 Collins St, Melbourne, 16th Floor.
PO Box 9848, Canberra ACT 2601, Australia

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

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

From: ATKINSON, Julia <Julia.ATKINSON@Health.gov.au>
Sent: Monday, February 12, 2024 12:11 PM
To: s47E(c), s47F @Health.gov.au>
Subject: FW: URGENT: MEDIA ENQUIRY - Aged Care Act - deadline midday Wednesday [SEC=OFFICIAL]

Following our meeting this arvo, appreciate if you/s47E(c), s47F could pull together some clean dot point on this for me/Thea/Nick:

s47C, s47E(d)

From: MORGAN, Nick <Nick.Morgan@health.gov.au>
Sent: Monday, February 12, 2024 11:29 AM
To: METZ, Mel <Mel.Metz@health.gov.au>; s47E(c), s47F @Health.gov.au>
Cc: ATKINSON, Julia <Julia.ATKINSON@Health.gov.au>; s47E(c), s47F @Health.gov.au>; s47E(c), s47F @Health.gov.au>
Subject: RE: URGENT: MEDIA ENQUIRY - Aged Care Act - deadline midday Wednesday [SEC=OFFICIAL]

OK that's good to know – I wasn't clear on whether s47C).

From: METZ, Mel <Mel.Metz@health.gov.au>
Sent: Monday, February 12, 2024 11:24 AM
To: s47E(c), s47F @Health.gov.au>; MORGAN, Nick <Nick.Morgan@health.gov.au>
Cc: ATKINSON, Julia <Julia.ATKINSON@Health.gov.au>; s47E(c), s47F @Health.gov.au>; s47E(c), s47F @Health.gov.au>
Subject: RE: URGENT: MEDIA ENQUIRY - Aged Care Act - deadline midday Wednesday [SEC=OFFICIAL]

s47C

From: s47E(c), s47F @Health.gov.au>
Sent: Monday, February 12, 2024 11:12 AM
To: MORGAN, Nick <Nick.Morgan@health.gov.au>; METZ, Mel <Mel.Metz@health.gov.au>
Cc: ATKINSON, Julia <Julia.ATKINSON@Health.gov.au>; s47E(c), s47F @Health.gov.au>; s47E(c), s47F @Health.gov.au>
Subject: RE: URGENT: MEDIA ENQUIRY - Aged Care Act - deadline midday Wednesday [SEC=OFFICIAL]

Hi Mel and Nick (& lovely to e-meet you Mel),

Julia and I were just discussing s47C

Happy to discuss

s47E(c), s47F
Director – Assessment Policy Section

Home and Residential Division | Ageing and Aged Care Group
Aged Care Assessments Branch
Australian Government Department of Health and Aged Care
M: s47E(c), s47F @health.gov.au
Location: 595 Collins St, Melbourne, 16th Floor.
PO Box 9848, Canberra ACT 2601, Australia

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

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From: ATKINSON, Julia <Julia.ATKINSON@Health.gov.au>
Sent: Wednesday, February 7, 2024 12:35 PM
To: MORGAN, Nick <Nick.Morgan@health.gov.au>; s47E(c), s47F @Health.gov.au>; s47E(c), s47F @Health.gov.au>; s47E(c), s47F @health.gov.au>; RICHARDSON, Mark <Mark.RICHARDSON@Health.gov.au>
Cc: QAD Executive <s47E(d) @Health.gov.au>; CONNOLLY, Thea <Thea.Connolly@health.gov.au>; s47E(c), s47F @health.gov.au>
Subject: RE: URGENT: MEDIA ENQUIRY - Aged Care Act - deadline midday Wednesday [SEC=OFFICIAL]

s47C, s47E(d)

. Some suggested edits below.

From: MORGAN, Nick <Nick.Morgan@health.gov.au>
Sent: Wednesday, February 7, 2024 12:21 PM
To: ATKINSON, Julia <Julia.ATKINSON@Health.gov.au>; s47E(c), s47F @Health.gov.au>; s47E(c), s47F @Health.gov.au>; s47E(c), s47F @health.gov.au>; RICHARDSON, Mark <Mark.RICHARDSON@Health.gov.au>

Cc: QAD Executive <s47E(d) @Health.gov.au>; CONNOLLY, Thea <Thea.Connolly@health.gov.au>; s47E(c), s47F @health.gov.au>
Subject: RE: URGENT: MEDIA ENQUIRY - Aged Care Act - deadline midday Wednesday [SEC=OFFICIAL]

Thanks Julia
I have added a bunch of stuff in green. This is way more than would normally go into a media request. But my concern is that s47C

Nick M

From: ATKINSON, Julia <Julia.ATKINSON@Health.gov.au>
Sent: Wednesday, February 7, 2024 10:23 AM
To: s47E(c), s47F @Health.gov.au>; s47E(c), s47F @Health.gov.au>; s47E(c), s47F @health.gov.au>; RICHARDSON, Mark <Mark.RICHARDSON@Health.gov.au>
Cc: QAD Executive <s47E(d) @Health.gov.au>; CONNOLLY, Thea <Thea.Connolly@health.gov.au>; s47E(c), s47F @health.gov.au>; MORGAN, Nick <Nick.Morgan@health.gov.au>
Subject: RE: URGENT: MEDIA ENQUIRY - Aged Care Act - deadline midday Wednesday [SEC=OFFICIAL]

Some edits to the IAT text below in red.

Nick – can you confirm this is consistent with current thinking re support at home?

From: s47E(c), s47F @Health.gov.au>
Sent: Wednesday, February 7, 2024 9:39 AM
To: ATKINSON, Julia <Julia.ATKINSON@Health.gov.au>; s47E(c), s47F @Health.gov.au>; s47E(c), s47F @health.gov.au>; RICHARDSON, Mark <Mark.RICHARDSON@Health.gov.au>
Cc: QAD Executive <s47E(d) @Health.gov.au>; CONNOLLY, Thea <Thea.Connolly@health.gov.au>; s47E(c), s47F @health.gov.au>
Subject: RE: URGENT: MEDIA ENQUIRY - Aged Care Act - deadline midday Wednesday [SEC=OFFICIAL]

Thanks, Julia

Mark – I've sent to s47E(c), s47F already, so you might get this from multiple directions.

Also, as an FYI: you may have seen the attached come through. I feel like I've seen it multiple times now and think it may be doing the rounds.

s47E(c), s47F
A/g Director – New Aged Care Framework Development
Quality and Assurance Division | Ageing and Aged Care Group
Australian Government, Department of Health and Aged Care
T: (02) s47E(c), s47F @health.gov.au

From: ATKINSON, Julia <Julia.ATKINSON@Health.gov.au>
Sent: Wednesday, February 7, 2024 8:35 AM
To: s47E(c), s47F @Health.gov.au>; s47E(c), s47F @Health.gov.au>; s47E(c), s47F @health.gov.au>; RICHARDSON, Mark <Mark.RICHARDSON@Health.gov.au>

Cc: QAD Executive <s47E(d) @Health.gov.au>; CONNOLLY, Thea <Thea.Connolly@health.gov.au>; s47E(c), s47F @health.gov.au>
Subject: RE: URGENT: MEDIA ENQUIRY - Aged Care Act - deadline midday Wednesday [SEC=OFFICIAL]

Hi s47E(c), – yes, IAT is me, I'll have a look. I've cc'd mark for AN-ACC.

Thea heads up on this one – the Guardian doing a write up on automated decision making.

From: s47E(c), s47F @Health.gov.au>
Sent: Wednesday, February 7, 2024 9:19 AM
To: ATKINSON, Julia <Julia.ATKINSON@Health.gov.au>; s47E(c), s47F @Health.gov.au>; s47E(c), s47F @health.gov.au>
Cc: QAD Executive <s47E(d) @Health.gov.au>
Subject: FW: URGENT: MEDIA ENQUIRY - Aged Care Act - deadline midday Wednesday [SEC=OFFICIAL]

Morning all

We have an urgent media enquiry regarding computer-made decisions.

Could you please review the sections marked "Julia" and "s47E(c), s47F are correct? s47C, s47E(d)

This is simultaneously being progressed to Amy for clearance before it goes to Michael Lye. Urgent attention this morning is much appreciated.

s47E(c), s47F
A/g Director – New Aged Care Framework Development

Quality and Assurance Division | Ageing and Aged Care Group
Australian Government, Department of Health and Aged Care
T: (02) s47E(c), s47F @health.gov.au

From: METZ, Mel <Mel.Metz@health.gov.au>
Sent: Wednesday, February 7, 2024 8:11 AM
To: s47E(c), s47F @Health.gov.au>
Cc: s47E(c), s47F @Health.gov.au>; s47E(c), s47F @health.gov.au>; MCDONALD, Terry <Terry.MCDONALD@Health.gov.au>; QAD Executive <s47E(d) @Health.gov.au>; FILARDO, Maria <Maria.FILARDO@Health.gov.au>
Subject: RE: URGENT: MEDIA ENQUIRY - Aged Care Act - deadline midday Wednesday [SEC=OFFICIAL]

Thanks s47E(c), Some edits below. It's important that the messaging in these media responses is really clear and we don't confuse things too much by talking about what is coming with support at home. We also really need to mythbust this in the FAQ.
s47C

This needs to be checked by Julia Atkinson, Mark Richardson and LAD – maybe simultaneously with Amy given the deadline. s42

.

- **Is the computer program being referred to the Integrated Assessment Tool?**

- s47C
- s47C, s47E(d)

[Julia]

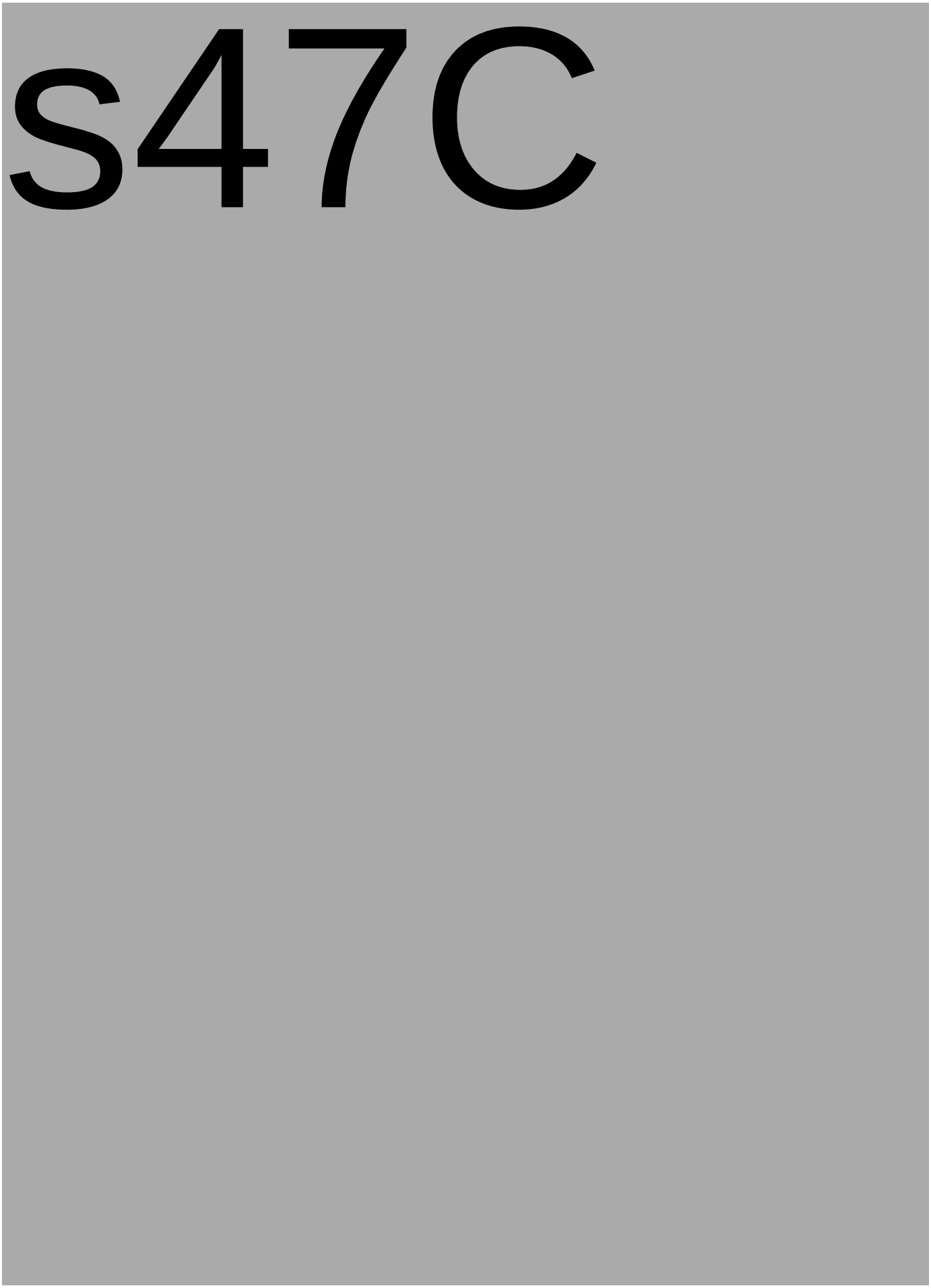
- s47C, s47E(d)
- s47C, s47E(d)

s47C, s47E(d)

From: s47E(c), s47F @Health.gov.au>
Sent: Tuesday, February 6, 2024 5:50 PM
To: METZ, Mel <Mel.Metz@health.gov.au>
Cc: s47E(c), s47F @Health.gov.au>; s47E(c), s47F @health.gov.au>; MCDONALD, Terry <Terry.MCDONALD@Health.gov.au>; QAD Executive <s47E(d) @Health.gov.au>
Subject: FW: URGENT: MEDIA ENQUIRY - Aged Care Act - deadline midday Wednesday [SEC=OFFICIAL]

Mel – for your urgent clearance. Due to Amy by 9am. Note: these are questions that are coming through the inbox a lot and I think are related to the attached submission from s47F . He has also sent this to Support at Home, the Ministers offices, etc.

s47C


s47C

s47C

s47E(c), s47F)
A/g Director – New Aged Care Framework Development

Quality and Assurance Division | Ageing and Aged Care Group
Australian Government, Department of Health and Aged Care
T: (02) s47E(c), s47F @health.gov.au

From: QAD Executive <s47E(d) @Health.gov.au>
Sent: Tuesday, February 6, 2024 2:07 PM
To: s47E(c), s47F @Health.gov.au>; s47E(c), s47F @Health.gov.au>
Cc: Legislative Reform Coords s47E(d) @Health.gov.au>; MCDONALD, Terry <Terry.MCDONALD@Health.gov.au>
Subject: URGENT: MEDIA ENQUIRY - Aged Care Act - deadline midday Wednesday [SEC=OFFICIAL]

Hi s47E(c), s47F

Are we able to respond to this media request. Can you please confirm and advise if 12pm tomorrow is possible.

Thanks

s47E(c), s47F

Executive Officer | Amy Laffan | First Assistant Secretary
Quality and Assurance Division | Ageing and Aged Care Group
Australian Government Department of Health and Aged Care
P: 02 s47E(c), s47F @health.gov.au

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From: News <news@health.gov.au>
Sent: Tuesday, February 6, 2024 2:07 PM
To: QAD Executive <s47E(d) @Health.gov.au>
Cc: s47E(c), s47F @health.gov.au>; s47E(c), s47F @Health.gov.au>; News <news@health.gov.au>; s47E(c), s47F @Health.gov.au>
Subject: MEDIA ENQUIRY - Aged Care Act - deadline midday Wednesday [SEC=OFFICIAL]

Hi team

Would it be possible to get a response to the below by midday tomorrow? Let me know if you need more time.

Thanks

s47E(c), s47F
Media Unit, Communication Branch

Australian Government, Department of Health and Aged Care
T: 02 6289 7400 | s47F E: news@health.gov.au

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From: s47F
Sent: Tuesday, February 6, 2024 2:00 PM
To: News <news@health.gov.au>
Subject: Media - The Guardian - Aged Care Act

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.

Hello health team,

I am hoping you could please provide some more information about one aspect of the exposure draft aged care act that has concerned some analysts. I am trying to establish whether those concerns have merit, rather than simply re-reporting them or making assumptions that may not be fair.

My questions relate to *Chapter 8, Part 7, Sections 398 and 399* which focus on use of computer programs. I've attached a screenshot for ease.

- Is the computer program being referred to the Integrated Assessment Tool?
- Who is the system governor? Is it the department? Or a third-party acting on behalf of the department with its authorization?
- Does the department currently have the legislative authority to use computer programs to determine a person's classification and priority?
- The exposure draft states decisions made by the computer program can be overturned if the system governor or the commissioner believe they are incorrect. But will a human be required and empowered to review the computer's decision before it is formally made and have the ability to reject it?
- If a person is unhappy with how the computer program has assessed their classification and priority, what powers of review do they have?

I appreciate this is all a little technical, but I do want to make sure *The Guardian* understands the intent of the act before reporting on it given the subject matter. I am happy for information to be provided on background rather than quotes.

Do you think a response by midday tomorrow is practical?

Many thanks,

s47F
Reporter
The Guardian | Australia
---
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---

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Melbourne VIC 3000
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[SEC=OFFICIAL]

s47E(c), s47F

From: MCDONALD, Terry
Sent: Friday, 10 October 2025 2:11 PM
To: BLACKWOOD, Rachel; s47E(c), s47F
Cc: SNOW, Jasmine; s47E(c), s47F
Subject: RE: s42 [SEC=OFFICIAL]

Let's lock in 13:30am-11am.

Terry McDonald
A/g Assistant Secretary, Legislative Reform Branch

Quality and Assurance Division | Ageing and Aged Care Group
Australian Government Department of Health, Disability and Ageing
T: 02 s47E(c), s47F @health.gov.au

From: BLACKWOOD, Rachel
Sent: Friday, 10 October 2025 2:03 PM
To: MCDONALD, Terry ; s47E(c), s47F
Cc: SNOW, Jasmine ; s47E(c), s47F
Subject: RE: s42 [SEC=OFFICIAL]

OFFICIAL

No worries Terry. Can we pencil in a time to meet on Monday? Our preferred times would be between 9-10am, 10.30-11, or 12.30-2.30, but we can move other things before 2.30 to prioritise this if needed.
Rachel

OFFICIAL

From: MCDONALD, Terry s47E(c), s47F @Health.gov.au>
Sent: Friday, 10 October 2025 1:49 PM
To: BLACKWOOD, Rachel <Rachel.BLACKWOOD@Health.gov.au>; s47E(c), s47F @Health.gov.au>; s47E(c), s47F @Health.gov.au>
Cc: SNOW, Jasmine <Jasmine.Snow@Health.gov.au>; s47E(c), s47F @Health.gov.au>; s47E(c), s47F @Health.gov.au>
Subject: RE: s42 [SEC=OFFICIAL]

OFFICIAL

Thanks Rachel

Can we look over and then meet Monday? Sorry to delay.

Cheers,
Terry McDonald
A/g Assistant Secretary, Legislative Reform Branch

Quality and Assurance Division | Ageing and Aged Care Group
Australian Government Department of Health, Disability and Ageing
T: 02 s47E(c), s47F [redacted] @health.gov.au

OFFICIAL

From: BLACKWOOD, Rachel <Rachel.BLACKWOOD@Health.gov.au>
Sent: Friday, 10 October 2025 1:24 PM
To: MCDONALD, Terry s47E(c), s47F @Health.gov.au>; s47E(c), s47F [redacted] @Health.gov.au>; s47E(c), s47F [redacted] @Health.gov.au>
Cc: SNOW, Jasmine <Jasmine.Snow@Health.gov.au>; s47E(c), s47F [redacted] @Health.gov.au>; s47E(c), s47F [redacted] @Health.gov.au>
Subject: s42 [redacted] SEC=OFFICIAL]

OFFICIAL

Hi Terry and team
As just discussed with Terry, we have received the below advice s47E(d) [redacted]
Jas and I can make ourselves available to discuss this at any time this afternoon that suits you.
Thank you very much
Rachel

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

Access and Home Support Division | Ageing and Aged Care Group
Australian Government Department of Health, Disability and Ageing
T: 02 s47E(c), s47F [redacted] | E: Rachel.Blackwood@health.gov.au

Executive Assistant: s47E(c), s47F
T: 02 s47E(c), s47F [redacted] @health.gov.au

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