s22

From: s47F health.wa.gov.au>
Sent: Thursday, 20 November 2025 11:56 AM
To: s22 ; My Aged Care Assessment
Cc: WAACAP Training; s47F ; s47F
Subject: ADS25-5828 - Issues with delegates signing off inappropriate classifications

Importance: High

OFFICIAL

Hi s22

This morning we have received numerous concerns across most of our outlets regarding delegates using their powers under the legislation to approve inappropriate SAH classifications. Where delegates do not agree with the outcomes (and have identified assessor errors or gaps in information), there are is no mechanism in the IAT to amend the assessment and receive a new classification/priority level. Approving classifications and assessment outcomes that they do not agree with does not align with their professional ethics and they are concerned this has possible legal impacts.

Can you pls advise what guidance we can give to delegates on this? Options:

- Delegate rejecting the assessment outcome. This would leave the older person with no services and delay their access to services. It would also likely result in a re-assessment (the Cwlth would pay for this ax twice). It is also unclear if the reconsideration process can then be used by the older person to determine a new classification. Can you pls advise?
- Delegate adjust the delegate letter to indicate that whilst they are agreeing with the decision, this was determined by the algorithm and may not be fully capturing care/funding needs. The older person can then proceed with a reconsideration. Assessors are rightly concerned many older people will not proceed with the lengthy reconsideration process and this burden should not be on them.

We acknowledge there is some workforce training to be completed to ensure more accurate SAH classification. We are working to unpack various case studies. However this is resource intensive and additionally, there will always be instances where assessors have made an error in the IAT and the delegates are unable to amend this. This highlights the need for a timely escalation pathway (for the Cwlth to review and override the decision) or ability of delegates to override the decision in some circumstances.

Keen for any quick advice you can provide on this to avoid negative impacts on older people. Staff attrition is a very real issue for us at the moment.

Regards

s47F
Intergovernmental Relations and Community Programs | Strategy and Governance Division
WA Department of Health
s47F

E: s47F @health.wa.gov.au
P: s47F
s47F

www.health.wa.gov.au | www.healthywa.wa.gov.au

s22

From: s47F s47G(1)(a)
Sent: Tuesday, 25 November 2025 10:50 AM
To: My Aged Care Assessment
Subject: ADS25-5864 - s47F
Attachments: s47F Delegate Approval Letter Template 25 November 2025.pdf

Importance: High

Follow Up Flag: Follow up
Flag Status: Completed

Hi,

We are seeking some advice & next steps for this client (see attached) regarding the Classification outcome not reflecting the adequate needs for this client at the time of assessment.

Summarising client's situation:

- s47F

We understand there are pathways for escalations for a variety of different concerns, however this particular situation cannot wait for that process, and UC is not comfortable with the reconsiderations pathway due to this seeming to be an issue with algorithm, rather than accurate and perhaps reasonable IAT outcome.

Client will access CHSP services in the meantime, however, these are unlikely to be enough of a wraparound to provide the support she requires at this extremely difficult time and have the consistency of approach and personnel to support her needs.

If the Department could please offer some advice for next steps for this client as a priority it would be appreciated.

Regards,

s47F

s47F

s47G(1)(a)

s22

From: s47F @health.nsw.gov.au>
Sent: Tuesday, 25 November 2025 11:43 AM
To: My Aged Care Assessment
Cc: s47F s47F s47F (s47F
Subject: ADS25-5867 - assessment examples and some questions since 1 November

Hi all
I just wanted to highlight just a few examples, issues and situations that NSW Health assessors and delegates are coming across as we navigate the system post 1 November

AC IDs:

s47F Support Plan is 26 pages long
Support Plan is 17 pages long
Support Plan is 17 pages long
current HCP 3. Assessed with algorithm outcome of SaH 8. Assessor felt SaH 7 would have been sufficient support

s47F current HCP 3 and needing increased support to manage chronic wounds and personal care. IAT outcome SaH 1. Assessor felt it was difficult within the IAT constraints to sufficiently indicate the importance of the nursing needs

Situations:

- s22
-
- Inpatient for TACP assessment with existing SaH or tHCP in place. Assessment results in new higher SaH level. The assessor wants to keep the existing service and level of support in place and only approve for TACP – what is the process?
- No ability to understand individual wait times for tHCP, SaH classification, RCP and AT or HM – can have a significant impact on life changing decisions for people. For example - if services are imminent , a person may decide to discharge home from hospital whereas if they know that they have an extended wait time, may choose to enter residential care
- A carer with minimal functional impairment needing access to CHSP funded Dementia Advisory Services. Algorithm outcome is likely to be ineligible
- A vulnerable person with minimal functional impairment and no support network (could be low vision but basically managing within their own environment except for safe meal preparation) requiring a CHSP funded meal service to keep them safely in the community. Algorithm outcome is likely to be ineligible
- Delegates with a legislated role under the Act but no correlation with the role in reality

Solutions:

- Education and direction as to how best to accurately reflect a person's care needs and situation within the IAT – could be via IAT User Guide/MAClearning /Factsheet
- Consideration of a mechanism to facilitate quick access to service support for the most vulnerable and those in crisis in the community – high priority mechanism
- Amendment to the legislation to expand the circumstances where an override may be appropriate (for example, when the outcome is higher than the assessor believes is warranted)
- Examples of how to respond to some common circumstances that arise

Many thanks for any input/responses

s47F

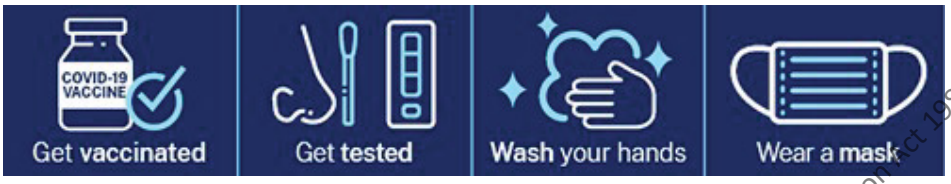
s47F ACA – s47F

Northern NSW Local Health District

T s47F **M** s47F **E** s47F @health.nsw.gov.au

PO Box 523 Ballina NSW 2478 58 Fox St Ballina, 2478

Northern NSW Local Health District



I acknowledge the traditional custodians of the land and pay respects to Elders past and present. I also acknowledge all the Aboriginal and Torres Strait Islander staff working with NSW Government at this time.

Please consider the environment before printing this email.

s22

From: s47F s47G(1)(a)
Sent: Monday, 1 December 2025 3:07 PM
To: My Aged Care Assessment
Subject: ADS25-5954 - Fw: Concerns for IAT outcomes - suitable for CHSP

Follow Up Flag: Follow up
Flag Status: Completed

After some urgent advice please.

Please see below the 3 clients that we are seeking support for.

The first client (s47F) is only wanting CHSP and does not want to go into S@H - can we downgrade the outcome to CHSP

The second client (s47F) as above.

The 3rd client (s47F) is showing as ineligible for support however has had CHSP referrals put in place by the Contact Centre for transport and is requiring this ongoing and access to home maintenance - IAT stating they are ineligible for support. Yet we need to send referrals.

We are concerned about the number of clients suitable for CHSP that are triggering requirements for conversion to S@H and clinical assessments when they are suitable for CHSP outcomes. This is putting extreme pressure on our delegates, timeframes and client outcomes.

Please advise how you would like us to deal with these client outcomes. We have these clients all being held pending suitable outcomes.

Thanks.

s47F

s47G(1)(a)

We acknowledge Aboriginal and Torres Strait Islander peoples as the traditional owners of this country, and pay respect to Elders past, present and future.

We value diversity and inclusivity. We're committed to providing respectful, quality and accessible services to all.

s47F, s47G(1)(a)

s22

From: s47F s47G(1)(a)
Sent: Monday, 1 December 2025 3:15 PM
To: My Aged Care Assessment
Subject: ADS25-5955 - ADS25-5955 - IAT Outcome concerns

Follow Up Flag: Follow up
Flag Status: Completed

Hi MAC

Please find below some clients that we believe have received the incorrect IAT outcome. Please advise how we should proceed:

18/11/25	s47F	HSA IAT outcome = ineligible for CHSP/SAH	s47F .
24/11/25		CA outcome = SAH 1 - requires higher level, and higher priority.	s47F reliant on support worker to access community due to complex medical conditions; no family support. Requires urgent access to coordinated supports. Has most considerations ticked, and 5 x complexities of significant nature.
19/11/25		CA Ax with CHSP outcome needing SaH 3	increased needs - multiple comordities, minimal care support already has CHSP services in place that are unble to be met due to rural locality.
19/11/25		CA Ax with CHSP outcome needing SaH 6 - requires Residential respite and care approvals	s47F Carer stress

19/11/25	s47F	CA Ax with CHSP outcome needing SaH 4	s47F lives alone, is s reliant on family support already receiving multiple CHSP services. Requiring Residential care apps
19/11/25		CA Ax with CHSP outcome needing SaH 3	multi complex comorb's - has maximum CHSP support in limited CHSP s47F currently no chsp provision in clients location
19/11/25		CA Ax with CHSP outcome needing SaH3	s47F chsp support in s47F location. family carer burden. Chronic pain and health conditions.
19/11/25		CA Ax with CHSP outcome needing SaH 3	s47F has chsp in place where there is no chsp provision. s47F Resi care approvals needed
25/11/25		CA Ax with CHSP outcome needing SaH 3	Client post MVA s47F , no carer support and functional deficits.
12/11/2025		HSA Ax with SaH 3 outcome	very low level needs only wanting s47F

s47F

s47G(1)(a)

s22

From: s47F @health.qld.gov.au>
Sent: Friday, 28 November 2025 1:29 PM
To: My Aged Care Assessment
Subject: s47F - query re ineligible for CHSP and SaH

Follow Up Flag: Follow up
Flag Status: Completed

Hi there
Re: s47F
I have completed a HAS with s47F and once I finalised the IAT, the IAT Outcome & Classifications (in Goals & Recommendations) states that the client is ineligible for CHSP/SaH.
This client requires home maintenance/lawnmowing & would benefit from support with springcleaning/repairs.
I believe she meets the age criteria and that she has difficulty with lawnmowing & any task that requires climbing a ladder & reaching up high, therefore am wondering why the system has stated she is ineligible.
Also, after accepting the outcome, it appears that I can still add a concern & goal and add a service recommendation.
Please advise if I can go ahead and add the service and whether she will then be able to access a home maintenance service (though there is currently no availability in this area).
If I proceed in this manner, it would appear to be in conflict with the "ineligible" outcome from the system.
Regards

s47F
s47F
T s47F
E health.qld.gov.au
W www.health.qld.gov.au/townsville
s47F

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s22

From: s47F @health.qld.gov.au>
Sent: Friday, 12 December 2025 9:51 AM
To: My Aged Care Assessment; s22 ; s22
Cc: s47F ; s47F ; s47F s47F
Subject: ADS25-6111 Case studies: IAT algorithm unexpected and expected outcome examples
Attachments: SaH - Expected and unexpected SaH classification and aged care services.xlsx

Categories: AA Urgent

Hi s22
Please see our attached excel run sheet of unexpected and expected IAT algorithm outcome case studies for your investigation.
The next run sheet will be provided in January 2026.
Kind regards
s47F

s47F
System Policy Branch | System Policy and Planning Division | Queensland Health
Working hours Monday to Friday

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A s47F

Queensland Health acknowledges the Traditional Custodians of the land across Queensland, and pays respect to First Elders past, present and future.

From: s47F
Sent: Tuesday, 18 November 2025 9:59 AM
To: s22
Cc: My Aged Care Assessment ; s47F
Subject: IAT algorithm examples
Hi s22
Following on from yesterday's meetings and in addition to the case studies s47F and I have already provided you, please see attached excel which details expected and unexpected IAT outcomes. We will continue to collect examples over the coming months.
We look forward to continue working with you to ensure the system is working as intended.
Kind regards
s47F

s47F
s47F **Aged Care Policy**
System Policy Branch | Strategy, Policy and Planning Division | Queensland Health
Working hours Monday to Friday

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A s47F

Queensland Health acknowledges the Traditional Custodians of the land across Queensland, and pays respect to First Elders past, present and future.

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SaH - Unexpected SaH classification register

HHS	Date	AC number	Previous HCP approval (if required)
s47F	3/11/2025	s47F	
	4/11/2025		
	4/11/2025		
	4/11/2025		
	4/11/2025		
	4/11/2025		
	4/11/2025		
	4/11/2025		
	6/11/2025		HCP 2
	12/11/2025		
	10/11/2025		
	11/11/2025		
	9/11/2025		
	11/11/2025		
	11/11/2025		

s47F		s47F	
	13/11/2025		
	12/11/2025		HCP 3 - Medium
	10/11/2025		HCP 2 - Medium
	10/11/2025		
	3/11/2025		HCP 3 - Medium
	4/11/2025		
	5/11/2025		
	5/11/2025		
	20/11/2025		HCP 3 - Medium
	20/11/2025		
	20/11/2025		
	19/11/2025		
	13/11/2025		
	18/11/2025		
	11/11/2025		HCP 4 - Medium

s47F	17/11/2025	s47F	
	14/11/2025		HCP 3 - Medium
	18/11/2025		HCP 2 - Medium
	18/11/2025		
	17/11/2025		
	19/11/2025		HCP 3 - Medium
	24/11/2025		
	27/11/2025		
	27/11/2025		
	27/11/2025		
	25/11/2025		HCP 2 - Medium
	27/11/2025		
	21/11/2025		HCP 3 - Medium
	3/12/2025		HCP 1 - Medium
	3/12/2025		HCP 4 - High
	3/12/2025		

s47F	1/12/2025	s47F	
	27/11/2025		HCP 1 - Medium
	1/12/2025		HCP 2 - Medium
	4/12/2025		HCP 4 - Medium
	4/12/2025		HCP 3 - Medium
	28/11/2025		
	25/11/2025		
	27/11/2025		
	27/11/2025		

s47F	27/11/2025	s47F	
	27/11/2025		
	27/11/2025		
	28/11/2025		
	28/11/2025		
	3/12/2025		
	3/06/2026		
	25.11.15		HCP1
	25.11.25		HCP 2
	26.11.25		N/A

s47F	26.11.25	s47F	N/A
	27.11.25		HCP3
	14.11.25		N/A
	01.12.25		N/A
	03.11.25		HCP2
	05.11.25		HCP4
	19.11.25		N/A
	04.12.25		HCP3
	08.12.25		HCP 2
	5/11/2025		
	5/11/2025		
	5/11/205		
	5/11/2025		
	6/11/2025		
	11/06/2025		
	6/11/2025		
	6/11/2025		
	11/06/2025		
	11/07/2025		

s47F	7-Nov-25	s47F	
	7-Nov-25		
	11/10/2025		
	11/10/2025		
	11/11/2025		
	11/12/2025		
	11/06/2025		
	11/12/2025		
	11/12/2025		
	14/11/2025		
	17/11/205		
	18/11/2025		
	19-Nov		
	19/11/2025		
	20/11/2025		
	17/11/2025		
	25/11/2025		
	25/11/2025		
	26/11/2025		

s47F	27/11/2025	s47F	
	27/11/2025		
	27/11/2025		
	12/01/2025		
	12/01/2025		
	3-Dec-25		
	12/04/2025		
	9/12/2025		
	10-Dec-25		
	11/12/2025		
	5/12/2025		

IAT SaH Classification	What SaH Classification should it be
1	DA SSI transport PT meals S at H class 3
CHSP Class	DA SSI meals PT pain Mx and mobility OT and HM S at H class 3
1	SaH 2 to 3
1	S@H at least 2 poss 3
5	SaH 8
1	SaH 2 to 3
CHSP Class	Transitioning HCP 3 - SaH 1-5
1	5
7	unknown
1	6
2	4
1	4
5	3
CHSP Class	5
2	5

3	5
4	6
2	4
CHSP Class	5
2	6
1	2
2	5
2	6
3	5
4	8
3	5
5	2
CHSP Class	4
CHSP Class	6
4	8

CHSP Class	3
3	8
5	7
CHSP Class	3
1	4
5	7
CHSP Class	3
1	7
3	5
3	6
2	7
1	4
1	5
CHSP Class	3
7	8
CHSP Class	7

1	3
4	7
7	7
7	8
4	7
2	5

1	6

SaH 1

SaH 2
SaH1

at least SaH 4

at least SaH 6
SaH 3-4

SaH1	at least SaH 6 -7
SaH3	at least SaH6-7
SaH1	at least SaH3-4
SaH2	at least SaH 3-4
SaH3	at least SaH 5-6
SaH4	SaH 8
SaH3	at least SaH5-6
SaH5	at least SaH 6-7
SaH 4	SaH 5-6
S at H class 1	S at H 2
CHSP Class	SaH 2 to 3
SaH class 5	SaH 7or 8
SaH 7 - has a transitioned HCP 4	SaH 8
SaH 8 - medium priority. AT-HM standard priority	SaH 8 - urgent priority. AT-HM high prio
SaH 1 - trasnsitioned to 2 (prev HCPL2)	SaH 5 at least
SAH 4	SaH 2
CHSP	SaH - Restorative Care
SaH 1	SaH 3
CHSP	SaH3

SaH 4	SaH 6 or 7
SaH 1	SaH 3 to 4
SaH 1	SaH 2
CHSP Class	SaH 1 or 2
SaH 1	SaH 2 to 3
SaH 2	SaH 4 to 5
SaH1	SaH 3 - 4
SaH 6	SaH 8
CHSP Class	Restorative care
SaH 3	SaH 4 to 5
CHSP Class	SaH 2 to 3
CHSP Class	S@H 2
SaH 3	SaH 5 to 6
SaH 8	SaH - High Priorty
recommended CHSP Class / accepted Transitioned HCP Level 1	SaH 2-3
SaH 3	SaH 5 to 6
SaH 6	S@H 8
SaH 2	SaH 5 at least
SaH 4 (retained HCP3)	SaH 6-7

SaH1	SaH 3
SaH 4	SaH 7
SaH 4 (retained HCP3)	SaH 6-7
CHSP Class	SaH 1-2
S@H Level 7	S@H Level 8 with HP
SaH 3	SaH 5 to 6
SaH 2	SaH 3-4
S@H 7 (retains level 4)	S@H 8 urgent
SaH 2	SaH 6 or higher
S@H3 (retains HCP3)	S@H 7 or 8
CHSP Class	S@H Class 1-2

Reason why
s47F

s47F

s47F

s47F

s47F

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s47F

s47F

s22

From: s47F c@nt.gov.au>
Sent: Wednesday, 24 December 2025 1:11 PM
To: My Aged Care Assessment
Cc: NTPlaces; s47F
Subject: ADS25-6261 - NT IAT - Assessment outcomes for review

Categories: AA Urgent

Good afternoon

Please find below IAT outcomes impacting on access, equity, and transparency.

High priority package assigned to s47F client, s47F who is living in a s47F just next door to another lady s47F s47F .
In contrast s47F is very physically debilitated and needs help in many areas of care and s47F is generally coping relatively well and seeking an OT assessment and some help with cleaning.

Outcome – s47F was assigned s4 SAH 2 the day after assessment – and the person who really needs the support is high risk of carer burnout and hospitalisation approved for a SAH 7 is potentially pending up to 12 months.

s47F

- s47F
- IAT recommended client for CHSP, but s47 needs SAH
- As s47 does not want s47F s47 will not be able to access any CHSP as there are no other providers who can service CHSP in s47F
- This is another example of the IAT algorithm putting clients at risk. As assessors we know the limitations on services in regional areas so would usually approve low level SAHP so that they can be linked in with a provider. We cannot do this so will have to reassess in a few months' time if they are able to remain in their community.

s22

I look forward to your feedback and or direction in these matters of equity, access and transparency.

Regards

s47F
NT Health

Level 1A, Casuarina Plaza,Corner Trower Road and Vanderlin Drive,Casuarina
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ph. s47F
m.s47F

NThealth
Safe | Responsive | Kind
Great health for all Territorians

nt.gov.au
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.

s22

s47C

s47C

s22

OFFICIAL

From: Bowen, Shirley s47F health.wa.gov.au>
Date: 24 November 2025 at 10:35:06 am AEDT
Subject: Urgent issue with the algorithmically generated home packages and waiting times
To: COMLEY, Blair <Blair.COMLEY@Health.gov.au>
Cc: s47F @health.wa.gov.au>s47F
s47F ealth.wa.gov.au>

Dear Blair

Congratulations on the delivery of the Aged Care Act and Support at Home reforms. I understand our teams are working collaboratively to understand and resolve transition issues.

However, I am writing to highlight a significant issue with Support at Home prioritisation outcomes that without immediate intervention will potentially create unacceptable risks for older people.

I am advised that as part of the changes on 1 November, there is no longer a mechanism for an experienced clinical assessor to determine that someone urgently needs supports at home (i.e. < 4 weeks). Instead, a points-based algorithm within the assessment tool determines someone's funding classification, as well as the urgency (priority level) of the supports.

While a standardised system might adequately serve the majority of cases, the absence of a pathway for clinical discretion in exceptional circumstances poses significant risks. Without a pathway for discretion, a small but vulnerable group of older people might experience catastrophic outcomes while waiting for algorithmically determined access to services. This also creates risks of further discharge delay, blocking access to acute care for others who need it.

There are two broad categories of cases:

Patients in hospital:

- Before 1 November: if Commonwealth-funded in-home supports were required to enable discharge from hospital, older patients would have received high priority and received an urgent package within four weeks. In these circumstances, hospital teams would arrange discharge with short term State-funded interim services for four weeks, such as Rehab in the Home and/or Interim Hospital Packages, until the Home Care Package commenced.
- After 1 November: These same clients are now classified as 'medium' priority, with an estimated 8-9 month wait time until Support at Home services commence. Our hospital teams are at a loss as to how to manage discharge in such circumstances, with real risks of further bed block.

For patients in the community:

- Before 1 November: If our experienced clinical assessors determined that supports at home were required to avoid imminent hospital admission (e.g. in instances of imminent carer crisis or rapid deterioration), the clients would have received high priority and received a package within four weeks.
- After 1 November: I understand that carer crisis and deterioration are not relevant to the prioritisation criteria, and these same clients are also being classified as 'medium priority' with the same 8-9 month wait time. Our teams have fielded calls from distraught clients and assessors advising of families in crisis, with risk of avoidable hospital admission.

A case study of a very distressing older Western Australian in our community is included at the bottom of this email. My team will continue to share cases and examples with the Local Network Office.

I understand there is no timely escalation protocols, and our staff can only encourage individuals to seek a formal reconsideration of their assessment once their Notice of Decision is received in writing, which can take up to 4 weeks to complete. You can appreciate that this is untenable for our hospitals and for the individuals, carers, and families in crisis.

I understand the need to test the systemwide impact of reform in an orderly and evidence-driven manner. However, I must ask for your urgent advice about how we can manage these risks for this small number of people? At a minimum, I think there should be a pathway for discretion where cases demonstrate:

- risk of imminent hospital admission
- discharge delay
- a prioritisation outcome that is inconsistent with clinical judgment

I understand that our teams are otherwise working collaboratively on the range of predictable challenges associated with this level of reform, including upskilling all assessors in the use of the new assessment tool, and I thank your teams for their hard work in this regard.

Case study

A woman in her s47F in s47F was recently assessed with several high risk factors:

s47F

Support at Home Level 7 was approved, recognising her high needs. However, the points-based algorithm assigned medium priority (8-9 month wait time), not urgent priority. Prior to these changes, experienced assessors would recognise this complex, unstable, high-risk situation and would have assigned an urgent package (
Without clinical judgment or escalation protocols, there will be dire outcomes and high probability of crisis presentations to hospital.

I look forward to your advice on how these situations can be resolved.
Kind Regards,
Shirley.

Dr Shirley Bowen B.Med MM FRACP FACSHM FRACMA (Hon)
Director General
Department of Health

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East Perth WA 6004
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E: s47F health.wa.gov.au
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Delivering a Healthy WA

[SEC=OFFICIAL]

s22

From: ACAVIC (Health) s47B(a) @health.vic.gov.au>
Sent: Wednesday, 14 January 2026 2:26 PM
To: My Aged Care Assessment
Cc: s47F s47F s47F ; acavic
Subject: SAS26-1141 OFFICIAL: IMPORTANT: Complaint

Follow Up Flag: Follow up
Flag Status: Completed

Hello team

I am emailing to advise of a possible complaint in relation to client s47F It appears the client/family have contacted the media and local member due to not being happy with the IAT algorithm outcome. Please see email trail below for details.

Further , to note, it also appears that the MAC Contact Centre is advising that assessors can override the IAT priority outcome level. I was advised of this issue today in our meeting with our assessment agencies. This is creating confusion amongst clients and providers. Our assessment agencies are left trying to manage frustrated clients as they are having to advise the information from MAC CC is not correct as they cannot change the priority level. Is it possible to check with the MAC CC on this issue (s47F is an example). We would appreciate it if you could provide feedback regarding this matter.

Thank you.

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

OFFICIAL

From: s47F
Sent: Wednesday, 14 January 2026 11:37 AM
Hi s47F

On the back of our ACAVic mtg.

This is the active case.

s47F at s47G(1)(a) called MAC and was told by the MAC Contact Centre that we, the AO can review and make a person a high priority and the funding will come through in a month. The s47F then told this to the daughter, s47F
As you can appreciate this information is not correct and my frustration is compounded by my very clear MAC note that sat below their entry.

My request in this case would be that the MAC call centre contact the daughter to advise that they have advised incorrectly.

Is there a contact in MAC that I could request this of, or would DH prefer to follow this up?

Thank you, s47F and team.

s47F

I wished to flag a very likely review/ appeal.
I have spoken with s47F from Dr Monia Ryan MP's office today and the client's daughter, s47F

The daughter has advised s47 has reached out to local member, has contacted the ABC and will be following up with the System Governor and sending a written request to review s4 mother's priority.
Client: s47F

Both, s47F and daughter, s47F are understanding of 'support at home priority category criteria', and end of life pathway as this may be the only way for s4 s47F to receive additional funding above s4 Transitioned HCP level 4.
We have acknowledged and supported s47F and s47F in their escalation as have explained we can not influence the priority outcome apart from completing the assessment as thoroughly and accurately as possible, which we believe we have done.

Timeline:
Approved for HCP4- 1 s47F , commenced HCP 4- s47F .
Community assessment with s47G(1)(a) on s47F and approved on s47F for:
SaH 8, medium priority
AT and HM- high tier.
Also, outcome for consideration for admission to s47G(1)(a) program- s47G(1)(a) program.

Admitted and referral received for TCP on s47F , hospital assessment completed on s47F approved for TCP to provide all options.

Outcome:
s47F wanting to keep s47F at home with as much help as possible.
Have advised of priority system, have advised of s47F pathway and to see if eligible as current inpatient of s47G(1)(a) program, with Geriatrician support.

Daughter will be following up s47 pathway with s47F and treating team and has advised will be escalating s47F disappointment in the current system.
s47F from the local MPs office will be calling s47F back later today.

s47F

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From: s47F
To: [redacted]
Subject: s47F IAT Outcome concerns
Date: Monday, 16 February 2026 4:31:32 PM
Attachments: s47G

Good Afternoon,

Please find below some concerns about the IAT outcome generated for the following clients:

Surname	First Name	AC Number	Outlet	Date of Assessment	Assessor Name	IAT Outcome	Training portal outcome	Notes
s47F				11/12/2025	s47F	SAH 2	SaH 2	s47F
				18/12/2025		CHSP		
				18/12/2025		SAH 2		
				5/01/2026		SaH1		

If we could please receive some advice on whether these outcomes fall within the margin of error of the IAT algorithm, and if we should offer a reassessment? Particularly in circumstances where the outcome won't adequately cover risk?

Thank you for the support,

s47F

s47G(1)(a)

s22

From: s47F
Sent: Wednesday, 18 February 2026 8:00 AM
To: My Aged Care Assessment
Cc: s47F ; s47F ; s47F
Subject: SAS26-1481 - Assessment Feedback

Categories: Algorithm

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,
An assessor has recently completed an assessment for a client (s47F with an IAT outcome of SaH 1. The client presents with significant functional needs, frailty concerns, psychological issues, and an unsustainable carer situation. We are seeking feedback on whether additional information should have been included/ entered differently in the assessment to support a classification that more accurately reflects s47 current support requirements. The level of CHSP services needed will not be achievable under a SaH 1 outcome.
We appreciate your assistance with this.
Kind regards,
s47F
s47G

s22

From: s47F @health.wa.gov.au>
Sent: Wednesday, 25 February 2026 4:22 PM
To: My Aged Care Assessment
Cc: WAACAP Training
Subject: SAS26-1582 - Issues Log #5

Categories: AA Urgent

OFFICIAL

Good afternoon,

Just sending through 2 x additional case examples that particularly highlight issues with the algorithm and lack of flexibility to implement urgent funding.

THEME	AC Number	DETAILS
Premature Entry to Residential Care/ Complexity	s47F	s47F Outcome= **SAH4 at high priority.** This is viewed as an inadequate SAH level as all functional needs in IAT were recorded as "completely unable" & "completely unmet", all complexity indicators added. Initially thought he would cope but ended up requiring urgent respite due to significant distress. Client is now pursuing RACH.
Community Ax then Admission to Hospital	s47F	s47F Outcome= **SAH8 at Medium Priority.** s47F

Kind regards

s47F

s47F Access and Assessment, Older Persons
Intergovernmental Relations and Community Programs | Strategy and Governance Division
WA Department of Health
s47F

E: s47F health.wa.gov.au
P: s47F
s47F

Mon	Tue	Wed	Thu	Fri
Office	Office	Office	Office	WFH

www.health.wa.gov.au | www.healthywa.wa.gov.au

s22

From: s47F @health.qld.gov.au>
Sent: Thursday, 26 February 2026 8:11 AM
To: s22
Cc: My Aged Care Assessment; s22 ; s22
Subject: SAS26-1590 - SaH outcomes - Queensland Health run sheet
Attachments: SaH - Expected and unexpected SaH classification and aged care services.xlsx

Categories: AA Urgent

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
As per monthly process, please see attached Queensland Health's run sheet of expected and unexpected outcomes for SaH classifications.
Thanks

s47F
System Policy Branch, System Policy and Planning Division | Queensland Health

P s47F
E s47F health.qld.gov.au
W www.health.qld.gov.au
A Level 9, 33 Charlotte Street, Brisbane QLD 4000
T s47F

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SaH - Unexpected SaH classification register

HHS	Date	AC number	Previous HCP approval (if required)
s47F	3/11/2025	s47F	
	4/11/2025		
	4/11/2025		
	4/11/2025		
	4/11/2025		
	4/11/2025		
	4/11/2025		
	6/11/2025		HCP 2
	12/11/2025		
	10/11/2025		
	11/11/2025		
	9/11/2025		
	11/11/2025		
	11/11/2025		

s47F	13/11/2025	s47F	
	12/11/2025		HCP 3 - Medium
	10/11/2025		HCP 2 - Medium
	10/11/2025		
	3/11/2025		HCP 3 - Medium
	4/11/2025		
	5/11/2025		
	5/11/2025		
	20/11/2025		HCP 3 - Medium
	20/11/2025		
	20/11/2025		
	19/11/2025		
	13/11/2025		
	18/11/2025		
	11/11/2025		HCP 4 - Medium

s47F	17/11/2025	s47F	
	14/11/2025		HCP 3 - Medium
	18/11/2025		HCP 2 - Medium
	18/11/2025		
	17/11/2025		
	19/11/2025		HCP 3 - Medium
	24/11/2025		
	27/11/2025		
	27/11/2025		
	27/11/2025		
	25/11/2025		HCP 2 - Medium
	27/11/2025		
	21/11/2025		HCP 3 - Medium
	3/12/2025		HCP 1 - Medium
	3/12/2025		HCP 4 - High

s47F	3/12/2025	s47F	
	1/12/2025		
	27/11/2025		HCP 1 - Medium
	1/12/2025		HCP 2 - Medium
	4/12/2025		HCP 4 - Medium
	4/12/2025		HCP 3 - Medium
	28/11/2025		
	25/11/2025		
	27/11/2025		

s47F	27/11/2025	s47F	
	27/11/2025		
	27/11/2025		
	27/11/2025		
	28/11/2025		
	28/11/2025		
	3/12/2025		
	3/06/2026		
	25.11.15		HCP1

s47F	25.11.25	s47F HCP 2
	26.11.25	N/A
	26.11.25	N/A
	27.11.25	HCP3
	14.11.25	N/A
	01.12.25	N/A
	03.11.25	HCP2
	05.11.25	HCP4
	19.11.25	N/A
	04.12.25	HCP3
	08.12.25	HCP 2
	5/11/2025	
	5/11/2025	
	5/11/205	
	5/11/2025	
	6/11/2025	
	11/06/2025	
	6/11/2025	
	6/11/2025	
	11/06/2025	

s47F	11/07/2025	s47F	
	7-Nov-25		
	7-Nov-25		
	11/10/2025		
	11/10/2025		
	11/11/2025		
	11/12/2025		
	11/06/2025		
	11/12/2025		
	11/12/2025		
	14/11/2025		
	17/11/205		
	18/11/2025		
	19-Nov		
	19/11/2025		
	20/11/2025		

s47F	17/11/2025	s47F	
	25/11/2025		
	25/11/2025		
	26/11/2025		
	27/11/2025		
	27/11/2025		
	27/11/2025		
	12/01/2025		
	12/01/2025		
	3-Dec-25		
	4/12/2025		
	9/12/2025		
	10-Dec-25		
	11/12/2025		
	5/12/2025		
	15/12/2025		HCP3

s47F	12/12/2025	s47F HCP2
	10/12/2025	
	10/12/2025	
	9/12/2025	
	17/12/2025	HCP3
	27/11/2025	
	21/11/2025	HCP3-meduim
	27/11/2025	
	12/02/2025	

s47F		s47F	
	12/03/2025		HCP-2 meduim
	12/03/2025		
	12/05/2025		HCP-2 meduim
	12/04/2025		HCP3
	12/11/2025		HCP3
	12/11/2025		HCP3-meduim
			HCP-2 meduim
	24/12/2025		HCP 4 High
	5/01/2026		HCP2
	31/12/2025		SAH2
	1/07/2026		HCP3
	1/07/2026		

s47F	24/12/2025	s47F	CHSP
	12/01/2026		Nil
	13.1.26		THCP 2
	14.1.26		CHSP
	15.1.26		HCP2
	15.1.26		CHSP
	16.01.2026		HCP2
	15-Dec-25		
	15/12/2025		
	15/12/2025		
	12/06/2025		
	11/03/2025		
	16/12/2025		
	17/12/2025		
	17/12/2025		
	17/12/2025		
	17/12/2025		
	17/12/2025		
	18/12/2025		
	18/12/2025		

s47F	19/12/2025	s47F	
	22/12/2025		
	23/12/2025		
	23/12/2025		
	30/12/2025		
	1/02/2025		
	1/02/2025		
	1/05/2026		
	1/05/2026		
	1/05/2026		
	22/12/2025		
	1/06/2026		
	1/08/2026		
	1/08/2026		
	1/08/2026		
	1/09/2026		
	13/01/2026		
	16/01/2026		
	19/01/2026		Nil

s47F		s47F
		HCP4
	20/01/2026	Nil
	12.12.25	HCP 3
	18.12.25	HCP2
	18.12.25	HCP 2
	17.11.25	HCP 2
	4,11,25	HCP 3
	4.11.25	HCP 2
	22.12.25	HCP3
	31.12.25	N/A
	02.01.26	HCP3
	7.1.26	HCP2
	08.01.26	N/A
	8.1.26	HCP3
	06.01.2026	N/A
	14.01.2026	N/A
	12.01.2026	HCP2

s47F		s47F
	20.1.26	HCP 3
	23.01.2026	HCP2
	12/01/2026	NA
	1/02/2026	
	1/05/2026	HCP-2 meduim
	1/05/2026	HCP 3 High
	1/06/2025	HCP-2 meduim
	1/06/2026	HCP-2 meduim
	1/07/2025	HCP-2 meduim
	1/13/2026	
	1/07/2026	HCP-2 meduim

s47F		s47F
	7/11/2025	
	21/11/2025	
	16/01/2026	HCP 4 High
	14/01/2026	
	16/01/2026	HCP 2 High
	21/01/2026	
	21/01/2026	
	14/01/2026	HCP 2 High
	14/01/2026	HCP 2 High
	27/01/2026	HCP 3 High
	27/01/2026	HCP-2 meduim
	14/01/2026	NA
	14/01/2026	Nil

s47F	15.1.26	s47F	HCP 3
	28.1.26		HCP4
	22.1.26		HCP3
	21.1.26		Nil
	14.1.26		Nil
	20.1.26		CHSP
	19.1.26		HCP 2

s47F	02.02.26	s47F	HCP 2	
	20.01.26		CHSP	
		9/02/2026		1
		13/01/2026		1
		5/02/2026		
		2/10/2026		
		3/02/2026	HCP 2	
	09.02.26		HCP 2	
	2.2.26		CHSP	
	10.2.26		HCP 4	
		17/01/2026	NA	

IAT SaH Classification	What SaH Classification should it be
1	DA SSI transport PT meals S at H class 3
CHSP Class	DA SSI meals PT pain Mx and mobility OT and HM S at H class 3
1	SaH 2 to 3
1	S@H at least 2 poss 3
5	SaH 8
1	SaH 2 to 3
CHSP Class	Transitioning HCP 3 - SaH 1-5
1	5
7	unknown
1	6
2	4
1	4
5	3
CHSP Class	5
2	5

3	5
4	6
2	4
CHSP Class	5
2	6
1	2
2	5
2	6
3	5
4	8
3	5
5	2
CHSP Class	4
CHSP Class	6
4	8

CHSP Class	3
3	8
5	7
CHSP Class	3
1	4
5	7
CHSP Class	3
1	7
3	5
3	6
2	7
1	4
1	5
CHSP Class	3
7	8

CHSP Class	7
1	3
4	7
7	7
7	8
4	7
2	5

1	6
SaH 1	at least SaH 4

SaH 2	at least SaH 6
SaH1	SaH 3-4
SaH1	at least SaH 6 -7
SaH3	at least SaH6-7
SaH1	at least SaH3-4
SaH2	at least SaH 3-4
SaH3	at least SaH 5-6
SaH4	SaH 8
SaH3	at least SaH5-6
SaH5	at least SaH 6 -7
SaH 4	SaH 5-6
S at H class 1	S at H 2
CHSP Class	SaH 2 to 3
SaH class 5	SaH 7or 8
SaH 7 - has a transitioned HCP 4	SaH 8
SaH 8 - medium priority. AT-HM standard priority	SaH 8 - urgent priority. AT-HM high prio
SaH 1 - trasnsitioned to 2 (prev HCPL2)	SaH 5 at least
SAH 4	SaH 2
CHSP	SaH - Restorative Care
SaH 1	SaH 3

CHSP	SaH3
SaH 4	SaH 6 or 7
SaH 1	SaH 3 to 4
SaH 1	SaH 2
CHSP Class	SaH 1 or 2
SaH 1	SaH 2 to 3
SaH 2	SaH 4 to 5
SaH1	SaH 3 - 4
SaH 6	SaH 8
CHSP Class	Restorative care
SaH 3	SaH 4 to 5
CHSP Class	SaH 2 to 3
CHSP Class	S@H 2
SaH 3	SaH 5 to 6
SaH 8	SaH - High Priorty
recommended CHSP Class / accepted Transitioned HCP Level 1	SaH 2-3

SaH 3	SaH 5 to 6
SaH 6	S@H 8
SaH 2	SaH 5 at least
SaH 4 (retained HCP3)	SaH 6-7
SaH1	SaH 3
SaH 4	SaH 7
SaH 4 (retained HCP3)	SaH 6-7
CHSP Class	SaH 1-2
S@H Level 7	S@H Level 8 with HP
SaH 3	SaH 5 to 6
SaH 2	SaH 3-4
S@H 7 (retains level 4)	S@H 8 urgent
SaH 2	SaH 6 or higher
S@H3 (retains HCP3)	S@H 7 or 8
CHSP Class	S@H Class 1-2
No change to existing care type	SaH 7

SaH level 3	SaH level 5
SaH1	SaH 5+
SaH5	CHSP
CHSP only	At least SaH 1
SaH5	SaH7
1	4
1	5
3	5
CHSP	3

4	7
CHSP	3
1	5
CHSP	4 or 5
4	7
4	7
2	4
7	8
CHSP - keep Transitioned HCP2	3
SAH 6 medium	8
SaH 4- no change to existing care approvals	7
SaH 1 medium	6

SaH 7 - med	SaH 7 high priority
CHSP	SaH 4
SaH 8	SaH 5/6
CHSP	SaH 3-4 (anything other than CHSP)
Reassessment for SaH 1	SaH3
SaH 2 - medium	SaH 4-5
SaH 2	SaH 5/6
SaH 6	SaH 7 or 8
SaH 1	SaH 4-5
SaH 1	SaH 4 to 5
SaH 6	SaH8 Urgent
CHSP Class	SaH 2 to 3
SaH 2	SaH 6
SaH 3	SaH 4-5
SaH 2	SaH 4-5
CHSP	SaH 2 to 3
CHSP Class	SaH 2
CHSP Class	S@H 3 - 4 + AT/HM
SaH 2, retains HCP 2	SaH 3-4
SaH 3	SaH 4 to 5

SaH 3	SaH 6 or higher
CHSP Class	S@H 2 to 3
SaH 5	SaH 6-7
CHSP retain HCP2	SaH 6-7
SaH7	SaH8
SaH 1	SaH 2-3
CHSP	SaH 1-2
SaH 1 (retained transitioned HCP2)	SaH 3-4
retained t'sit HCP L3	SaH 7-8
CHSP	SaH 2-3
SaH 4 (retained HCP3)	SaH 7 or 8
SaH 5 (retained HCP3)	SaH 7 or 8
SaH 4 (retained HCP3)	SaH 7-8
SaH5 (retained HCP3)	SaH 6-7
SaH4	SaH6
CHSP	SaH1
SaH2 (retained HCP 3)	SaH 5-6
SaH1	SaH 4-5
SAH3	CHSP/SAH1

SAH7 - no change to existing care type	SaH8
CHSP	SaH 4-5
SaH 2	Sah 7
SaH2	SaH 4-5
SaH 2	SaH 5-6
SaH 2	SaH7
SaH 5	SaH 6-7
SaH 1	SaH 6-7 SAH 8
SaH4	
SaH1	At least SaH 3-4
SaH3	SaH6-7
SAH2	Sah 5 or 6
SaH2	At least SaH 5-6
SaH5	SaH7
SaH3 CHSP	At least SaH5-6 SaH1-2
SaH7 (medium priority)	SaH7-8 (High priority)

SaH 4		SaH 6 or 7	
SaH2		SaH 4	
SaH6		SaH6	
	8		7
CHSP			4
	4		8
	8		7
	5		
	8		5
	8		8

	6	2
	1	4
	7	8
	7	8
	2	4
CHSP		4
	2	6
	3	5
CHSP		4
	3	6
	4	7
	2	5
CHSP		2

SAH Classification 7-medium priority.

SAH Level 6

SAH 1	
CHSP	Nil
SAH 1	higher
CHSP	SAH

SAH 5 medium

CHSP	SaH 4-5
SAH3	SAH5+
CHSP	2
SAH 3 (Standard Priority)	Higher Priority
CHSP	2
CHSP	3
SaH 2	Sah - 5-6
SaH 2	at least SaH 4-5
CHSP	at least SaH 3-4
SaH5	SaH8
CHSP	SaH 3 or higher

Reason why
s47F

This lady has a progressive illness s47F) with rapid decline. s47F

high Allied health needs. s47F

s47F is fully utilizing s4 Level 3 HCP – s47F

a concern for s47F s47F and needs regular respite and increased s47F

s47F

– regular hospital appointments (35km) away. Nil Restorative Care available, unable to access CHSP on new system and full pensioner. Requires ongoing regular Allied Health for safety, s47F and regular transport for essential medical appointments.

s47F . Paying privately for care x3 a week which is not sustainable and relying on friends to take s4 to appointments.
Services reduced. s47F had been stopped due to deficit in funding.
s47F . Needs SaH Level 2.
s47F – going into respite awaiting services as none currently. s47F

s47F Already has HCP3, reassessment for higher level. s47F
s47F Immeditate risk of RACH entry
s47F s47F .
s47F .
s47F Has a carer.CHSP can not deliver the level of coordination, intensive support s47F .
Client requires s47F . Lives alone, no carer or other supports. Has multiple medical appointments to attend including fortnightly appts at s47F . s4 current budget is over s47F a quarter.If services are not increased concern s47F .

s47F

s47F

s47F

s47F

s47F

s47F

s47F

s47F

s47F

s47F

s47F

s47F

s47F

s47F

s47F

s47F

NSW Health ACID's Misaligned IAT

Delegation Date	ACID	ACA
5/02/2026	s47F	
19/02/2026		
22/01/2026		
28/01/2026		
12/12/2025		
6/01/2026		
6/01/2026		
8/01/2026		
12/01/2026		
13/01/2026		
14/01/2026		
14/01/2026		
14/01/2026		
15/01/2026		
19/01/2026		
19/01/2026		
19/01/2026		
22/01/2026		
25/01/2026		
27/01/2026		
28/01/2026		
2/02/2026		
20/02/2026		
24/02/2026		
27/02/2026		
4/03/2026		

NSW Health ACID's Misaligned IAT

5/03/2026	s47F
12/01/2026	
2/02/2026	
2/02/2026	
2/02/2026	
4/02/2026	
4/02/2026	
4/02/2026	
5/02/2026	
5/02/2026	
5/02/2026	
11/02/2026	
16/02/2026	
17/02/2026	
17/02/2026	
18/02/2026	

NSW Health ACID's Misaligned IAT

18/02/2026	s47F
18/02/2026	
19/02/2026	
23/02/2026	
23/02/2026	
26/02/2026	
17/02/2026	
17/02/2026	
20/02/2026	
4/03/2026	
5/03/2026	
20/02/2026	
20/02/2026	
5/12/2025	
11/02/2026	
19/02/2026	

IAT Outcome	Clinical reasoning for perceived misalignment
SAH Classification 4	Needs more assistance than IAT classification
SAH Classification 4	Needs more assistance than IAT classification
SAH 5	Deteriorating health condition
SAH 8	Needs less assistance than IAT classification
Nil change to care approval, transitioned HCP4.	Needs more assistance than IAT classification
SAH3	Needs more assistance than IAT classifcation
CHSP	s47F
No AT	
CHSP	
SaH 2	Needs more assistance than IAT classifcation
SaH 1	Needs more assistance than IAT classifcation
SaH 1	Needs more assistance than IAT classifcation
SaH2	Needs more assistance than IAT classifcation
SaH 3	Needs more assistance than IAT classifcation
SAH	Needs more assistance than IAT classifcation
SaH 3	Needs more assistance than IAT classifcation
SAH 1	Needs more assistance than IAT classifcation
Support at Home 8	s47F
SAH 2	s47F
Non change to L3 HCP	Current funding in deficit
SaH 8	s47F
SaH 7	Needs more assistance than IAT classifcation
SaH 2 Standard	Needs more assistance than IAT classification
SaH 8 Standard	Needs less assistance than IAT classification
SAH 3 Standard	Needs more assistance than IAT classification
SAH 2 Standard	Needs more assistance than IAT classification

SAH 5 Standard	Needs more assistance than IAT classification
CHSP	s47F
SaH1	s47F
CHSP	s47F
non change to L4 HCP	s47F
Non change to L2	s47F needs more help than L2 HCP!!!
SaH 1	s47F
No change to L4 HCP	s47F
No change to L3	s47F
SaH 1	s47F
CHSP	s47F lure.
Sah 5	s47F
SAH 1	Care needs exceed SAH 1,s47F
No change	L3 HCP - s47F .
No change	Level 2 HCP - s47F
SaH 3	No existing services. Linked with CHSP but unsure how to access due to ? s47F .

No change	s47F L2 HCP - no change of care approvals!
SaH 1	s47F g.
SaH 2	has L3HCP, on home 02, s47F
SaH 7	s47F
SaH 1	Has HCP2, needs increased support s47F SaH 1 cannot provide even what is currently provided.
SAH 2	s47F
SaH 3 Standard	Needs more assistance than IAT classification
SaH 3 Standard	Needs more assistance than IAT classification
SaH 4 Standard	Needs more assistance than IAT classification
SAH 2 Standard	Needs more assistance than IAT classification
SAH 5 Standard	Needs more assistance than IAT classification
SaH 4 Standard	Needs more assistance than IAT classification
SaH 4 Standard	Needs more assistance than IAT classification
SaH 7 Standard	Needs less assistance than IAT classification
SaH 2 Standard	Needs more assistance than IAT classification
CHSP only	Needs more assistance than IAT classification

s47C, s47E(d)

s47C, s47E(d)

From: s47F
Sent: Thursday, 5 March 2026 1:26 PM
To: s22 @health.gov.au>
Cc: WAACAP Training s47E(d) @health.wa.gov.au>; s47F @health.wa.gov.au>
Subject: Re: Case s47F for escalation client in hospital since December 2025 unable to be discharged as cant access SAH8 at medium priority

Dear s22

Thank you for your review of this older person's situation and our concerns that s47F as priority for her SAH8 cannot be changed from medium to high or urgent.

s47F

We look forward to your advice.

Kind regards,

s47F
Access and Assessment, Older Persons
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
s47F

s22

From: s47F @ths.tas.gov.au>
Sent: Wednesday, 18 March 2026 11:54 AM
To: My Aged Care Assessment
Cc: s47F
Subject: SAS26-1808 - concerns of outcome of algorythm

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.

Client: s47F
Assessed in s47F

s47F
Outcome was SaH 1 respite and residential approvals,
Assessor concerns were that this lady would decline quickly and is under palliative care
This will be insufficient support for her and not timely enough as she is showing signs of deterioration,
s47F

Kind Regards

s47F

Aged Care Assessment Team (ACAT)
Tasmanian Health Service – North West Region
48 Water St (PO Box 266) Ulverstone TAS 7315
Phone: s47F Fax: s47F
Email: s47F hs.tas.gov.au I www.ths.tas.gov.au

s22 [redacted]

From: Australian Government Department of Health, Disability and Ageing <health.noreply@govcms.gov.au>
Sent: Tuesday, 6 January 2026 9:32 PM
To: Minister Butler <Minister.Butler@health.gov.au>
Subject: Webform submission from: Contact a minister > Content blocks

Submitted on Tue, 2026-01-06 21:32
Submitted by: Anonymous

Submitted values are:

s47F [redacted]

s47F
Organisation: {Empty}
Minister name: The Hon Mark Butler
Enquiry subject: The New My Aged Care Act
Details of your enquiry/comments:
Dear s47F

I am writing to you in regards to the impact of the new Aged Care act reforms.

I work in Occupational Therapy, and have for years seen the overly-long wait times for services create an increase in hospital admissions, falls, infections and malnutrition, as well as social isolation and the resulting cognitive decline.

However, my current issue is more personal.
My s47F and I have been assisting an elderly neighbour s47F to access aged care services.

Yesterday, he had a home assessment with s47F present as a registered supporter.
The assessment included points s47F

And yet despite the obvious severity of his unmet needs, the Support at Home classification designated him as a Level 1. This is the lowest care level possible, with yearly funding of less than $11,000 that I can confidently state (with industry experience) will barely cover a year of meal support, let alone anything else.

I am bewildered. Does he need to be at death's door to qualify for assistance? Does he need to be entirely bed ridden for the algorithm to agree he needs help? Upon doing research, I have discovered that he is not alone - this new algorithm is routinely assigning the lowest care levels to clients with obviously high needs, even when the assessor is not in agreement (and they are powerless to override it).
This not only violates the very duty of care that the Act promotes, but it will undeniably contribute to an increase in prolonged hospital admissions, an increased need for non-existent nursing home beds, and ultimately an increasing burden of care on an already overwhelmed health care system.

I am writing to you on behalf of s47F but also all the elderly now at risk of harm due to the new Aged Care Act. I politely request that you do everything within your power as a democratically elected official, elected for the bettering of the people you represent, to look into and address this issue and respond appropriately.

The Federal Minister for Health & Ageing
The Hon. Mark Butler. MP
Parliament House
Parliament House Drive
Canberra ACT 2600

7th January, 2026

Dear Sir,

I have enclosed a copy of my recent letter of appeal requesting a reconsideration of a review of my Home Care Package level.

I enclose this information for your consideration as it would suggest the use of algorithms for such subjective issues as a person's health can be flawed.

Yours faithfully

s47F [redacted]

The System Governor
Department of Health, Disability & Ageing
Attention: Review of Decisions Section.
GPO Box 9848
Adelaide SA 5001

7th January,2026

s47F

Dear Sir or Madam,

I respectfully request a reconsideration of the recent reassessment of my level 2 package. My health and physical capabilities have seriously declined s47F whilst I have been on level 2 and yet my recent assessment made no change to my level of support. I was in a state of disbelief as was my assessor who was both shocked and apologetic with the result. She consulted her supervisor but nothing could be done and suggested I lodge an appeal. The system claims to be needs based, but in my case the system clearly failed to produce an appropriate result and if the computer had eyes, it would realise it had made a mistake. The assessor's interpretations of my responses must be called into question when the result does not reflect an appropriate outcome. Reference to my comprehensive medical reports do support the need for greater support in the home and attest that I have significant health issues s47F

s47F

s47F

s47F

as well as some domestic assistance for cleaning, lunch preparation and meal purchases. Our level 2 packages do not fully cover the cost of these services which are essential for us to stay living in our home, so we have no alternative but to pay for the shortfall of costs. As well, we have had to privately fund other regular services such as transport, gardening and physiotherapy for both of us for pain management. We are paying in excess of $2500 per month from what's left of our savings. We receive no service for weekends as we cannot afford them.

I would be most grateful of a favourable review of my recent assessment.

Yours faithfully.

s47F

s47F

cc Federal Minister for Health & Ageing, Mark Butler MP
cc Federal Minister for s47F
Attached: Letter from Physiotherapist

s47G(1)(a)

7 Jan 2026

s47F

Dear s47F

s47F

AGED CARE REVIEW - APPEAL - PHYSIOTHERAPY

s47F

s47F program under her Home Care Package (HCP), now transitioned to the Support At Home (SAH) program.

Her current Level 2 funding is inadequate to meet her overall support needs, particularly in relation to s47F

s47F Level 2 package was originally approved approximately s47F and, at that time, appropriately reflected her condition and functional capacity. Unfortunately, this funding level has remained unchanged despite a significant deterioration in her physical and functional status over the past s47F As a result, her current package no longer reflects her present needs or the financial requirements necessary to provide the increased level of support she now requires at home.

A recent review seeking an upgrade to her current level, intended to better reflect her physical and functional needs, was unsuccessful. This outcome has failed to adequately recognise her evident deterioration and the associated need for increased funding. The decision represents a significant underestimation of her current level of impairment and support requirements.

Current Condition

s47F

s47F

Mobility and Strength

s47F

Pain Management

s47F

Access to Care

The funding available under s47F current Level 2 SAH package is insufficient to cover the essential home care and physiotherapy services required to address her escalating needs. This is particularly concerning given her s47F

s47F

Recommendation

To ensure that s47F can continue to receive the necessary support and intervention at home — with the goals of maintaining or improving her quality of life, preventing further physical decline, and managing her pain effectively — we strongly recommend that an upgrade to her current SAH funding level be urgently reconsidered and expedited.

Please do not hesitate to contact me should you wish to discuss this matter further or require additional information.

Thanks

s47F

s22

s47E(d) @govcms.gov.au>
Sent: Thursday, 12 February 2026 9:24 PM
To: Minister Butler <Minister.Butler@Health.gov.au>
Subject: Webform submission from: Contact a minister > Content blocks

Submitted on Thu, 2026-02-12 21:24
Submitted by: Anonymous

Submitted values are:

s47F

Organisation: Aged Pensioer
Minister name: The Hon Mark Butler

Enquiry subject: Home Care Packages
Details of your enquiry/comments:
My Home Care Package - I was recently reassessed to upgrade my Level 3 but I was denied. I spoke to my assessor today and was told because of the new algorithm I am not eligible. The Assessor was sure because of my home care needs I would be eligible. I lost my husband in s47 and have since been very depressed, my HC coordinator said that I needed to get out more and enrolled me in s47F but I do not have enough funding, I also go to s47F with my Carer to excerise as it has helped me with my balance and pain but can no longer attend because of funding, please listen to your Assessor's and change or remove the Algorithm . Kind regards s47F
s47F

is not meeting Aged Care needs

s22

From: Australian Government Department of Health, Disability and Ageing
s47E(d) @govcms.gov.au>
Sent: Saturday, 28 February 2026 7:30 PM
To: Minister Rae <Minister.Rae@health.gov.au>
Subject: Webform submission from: Contact a minister > Content blocks

Submitted on Sat, 2026-02-28 19:30
Submitted by: Anonymous

Submitted values are:
s47F

Minister name: The Hon Sam Rae MP
Enquiry subject: Age care packages
Details of your enquiry/comments:
Hi Sam, I'm a s47F who retired in s47F 20 years working in the s47F s47F palliative care andi had many patients with motor neurone disease. I was really shocked to just hear on the news about a man with mnd being knocked back from the highest level of care because it is calculated by an algorithm. I can't tell you how angry this makes me because these decisions should be made holistically and if ever there are people needing community services its these people. I don't know if you have any experience in this disease but if you haven't I suggest you make contact with the organisations. To expect this man's wife to soldier on with 9 hours of support is criminal.
I listened every day to the Robodebt Royal Commission and was appalled and as a lifetime Labor supporter I was so happy when you came to power. Sadly you have learned nothing and are basically repeating the same mistakes although im sure without the malice. An algorithm can never recognise the complexity of care so there must be a way to appeal and have it over ridden. I hope you look at this case and give these people the help they deserve and I'll be disappointed if you don't.
Please do not reply to this email with a generic response or my rage will grow. I know you can't discuss the individual case with me but you can respond about this ridiculous algorithm. Is this the improvement you offered to age care. If so, kill me now and good luck to you and your parents as you all age.
s47F

s22

From: s47F @gmail.com>
Sent: Friday, 27 February 2026 6:35 PM
To: Minister Butler <Minister.Butler@Health.gov.au>
Subject: Aged Care Assessment Complaint - s47F Year Old 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 day Minister,

My name is s47F , and I am writing regarding a recent assessment my s47F Father participated in seeking to review and increase his level of Home Care in line with his needs, and lodge a complaint against the outcome .

Dad lives alone in his own home in s47F and wishes to stay there, and his current Home Care Package Level 2 is inadequate to meet his needs. This is reported by himself, his service provider and my own assessment.

s47F

He has little support other than through Home Care, and relies on it. I have regular contact with his Home Care Service Provider Case Manager.

It is approximately 4-5 years since my Father had an assessment, and as you can imagine at s47F his ailments have increased dramatically in that time. He was on the Level 2 Home Care Package, and his service provider was asked to arrange an assessment several months ago as his condition had changed. I was advised there was a new system being brought in 1st November, and recommended Dad be assessed after that was in place, It was conducted on 4th February 2026.

I was able to "attend" by conference call, Dad's Case Manager also attended in person. The assessor, s47F was lovely, however was not english and Dad was confused by many questions to the point his Case Manager was repeating questions so he understood. Goodness knows how his answers were recorded. I believe that s47F was a social worker, and understand that there is specific training required to assess elderly for aged care support; ie: completed My Aged Care Standard Training Requirements, Assessment Delegation Training, and conduct assessments against the relevant Accreditation Standards. I do hope that s47F had completed these trainings.

It is my understanding that the responses to questions are processed in a computer and analysed. **"The decisions made by or with the assistance of a computer program"** is stated in undated correspondence s47F. Not acceptable.

This decision was Support at Home - Transitioned HCP Level 2 is approved. How can this be? Not accepted.
The Support Plan sent to us is not adequate and somewhat incorrect!. Surely an English person should do these assessments and process the information taken! Between the assessor and computer, Dad had no hope. Not acceptable.

My s47F and I dispute this decision, Dad is devastated, he wishes to remain at home. His Case Manager at s47F is disgusted and will also support our dispute. The assessor s47F contacted me after the outcome to suggest we must dispute the decision, stating s47F did not believe it is acceptable!

s47F

His current level 2 of HCP is insufficient and I am disgusted at how the elderly are being treated with this new system introduced 1st November 25. I am a member of a forum with thousands of families of the elderly post their stories, it is atrocious. My Father s47F they worked their fingers to the bone, with very little. What he is going through now is outrageous.

The Assessment Team was contacted as soon as I had received the assessment results and support plan to query and dispute the decision. Their response was "write to The System Governor and you should have a response within 90 days!" Not good enough.
My Dad could be gone by then!

I have lodged our complaint with My Aged Care Contact Centre, who agree it is understandable, they have put forward a request for an urgent reassessment to take place,
I have been advised it will be 10 - 15 days before the assessment team contact me.

Meanwhile Dad is unable to get the services he really needs, s47F)

I am going to the advocacy s47F, everyone in government who is connected to Aged Care, Federal and State. The new Aged Care System is difficult to navigate and service provider costs have increased a lot. Dad has had his services reduced, hours cut back as his needs increase. What sort of a government allows this to happen.

I wish to have the reassessment prioritised as it has been marked as urgent, and have a qualified assessor complete the assessment.

s47F
He also needs additional home care services to remain at home.

What is the government doing to address the issues the elderly are facing, especially since this new system has been implemented. Please advise how my Father's reassessment can be expedited and his Level of Care be fair and appropriate to meet his needs.

Sincerely,

s47F

s47F [redacted]

s22 [redacted]

From: Rae, Sam (MP Office) <Sam.Rae.MP@aph.gov.au>
Sent: Monday, 2 March 2026 9:30 AM
To: s47F [redacted]
Cc: Minister Rae <Minister.Rae@health.gov.au>
Subject: FW: Failures in SAP

Thank you for your email to the electorate office of The Hon. Sam Rae MP.

As the email relates to the office of the Minister for Aged Care and Seniors we will forward it on your behalf.

For any further correspondence to the Minister please email to the following address directly: Minister.rae@health.gov.au

Again, thank you.

Office of Sam Rae MP

Federal Member for Hawke.

From: s47F
Sent: Sunday, 1 March 2026 4:32 PM
To: Rae, Sam (MP Office) <Sam.Rae.MP@aph.gov.au>
Subject: Failures in SAP

Dear Minister,

I write as someone who is Board Chairs of an organisation that provides residential aged care and home care services. I am extremely concerned by the delays for assessment and the inbred inaccuracies of algorithm-driven assessment process that you are rolling out. It reminds us all of the frightening spectre of Robodebt – its lack of compassion was extraordinary (let alone its legality).

Can I ask – in your Minister ial induction, were you required to complete the mandatory governance training compelled by your own Department – as I was as a service provider.

If so, you would have come across the following message in core module:

Leading the transformation (Core module 4) - Key takeaways 5 and 6

Aged care should be **re-imagined** as **human-centred** with an **emotional operating system** that must be **nurtured**, **cultivated** and **shaped** to deliver the outcomes necessary for older Australians.

Transformation must be led from across the aged care sector. More **compassionate** and **collective leadership** practices and accountabilities need to be fostered by all

Perhaps you can explain how your current, computer-generated assessment meets your own standards and requirements?

s47F

s22

OFFICIAL

From: s47F
Sent: Wednesday, 4 March 2026 2:20 PM
To: Minister McAllister <Minister.McAllister@health.gov.au>
Subject: Integrated Assessment Tool - Aged Care

Good afternoon Minister,

I'm writing to you today in regards to concerns on the IAT – Integrated Assessment Tool introduced

in November 2025 under the Albanese Government's Aged Care Act, and by use of this tool, is showcasing a lack of human decency and care by this Government, for our older Australians.

There are a large number of elderly that are able and willing to stay living in their homes, but are in need of assistance. The results from this AI tool are flawed, and the human element has been removed, putting the lives of older Australians at risk.

This AI algorithm is at times incorrectly determining many applicants which is leaving them in unsafe circumstances, and are being sent to hospitals for care because they aren't "eligible" for in-home care, according to the AI system. This is in turn putting pressure on our hospitals.

Currently, as at the end of February, stats showed there are approximately 3,100 (that we know of), aged care stranded in hospitals awaiting either correct plans or for a place in a suitable aged care home. Then there is the private aged care sectors cherry picking which patients to take, and anyone high risk isn't even given a look in.

This IAT is being discussed that it will move into the NDIS, where the system for reviewing plans is already flawed, if this tool isn't working now, why would it be moved to another area to cause just as much, if not more harm?

We are talking about our most vulnerable, we are allowing a flawed system to dictate what level of care they should receive. There are also reports of a large number of dementia patients requiring high levels of home care that are being rejected by this algorithm, leaving them unsupported and unsafe. These systems do not take into account the persons lived and living reality.

Aging and disability are human experiences and so the assistance they should receive should also be a human experience.

The Albanese Government is neglecting their most vulnerable, and by allowing this system to take over with little to no human element, they are showing this country how they really feel about our elderly and those with cognitive decline.

With dementia being the number 1 cause of death in women, and number 2 in men, it's shameful that this system is degrading them down to a number.

I have made content on social media around the use of this AI algorithm and here are some responses from those living this reality:

"My dear dad who passed away 5 years ago received a letter a week ago telling him he had moved up the queue for a home care package. It's utterly disgraceful"

"No plan, no compassion and politicians who choose to look the other way. It's a national disgrace but we just get silence"

"Hospital wards are the worst place for them (elderly), we need so many more memory support units"

"Not to mention the majority of beds on acute medical/surgical wards are taken up with patients awaiting aged care placement leaving no beds for really sick people, leaving ambos ramping"

"My mum and dad in a situation right now, not sure what we can do. Brick walls every step of the way"

"I experience a few patients who stayed almost a year in my ward to find suitable aged care facility because it was full or no beds"

"We had 2 beautiful souls staying with us on an acute medical ward waiting for a placement, it had been over a year and still no placement"

"While they wait in hospitals, they are deteriorating, developing sepsis and pneumonia"

"Our aged care system is a joke and it's terribly difficult to navigate when you're elderly"

"My 80 year old mum bounced around hospitals for 9 months because she was too high care (alzheimers dementia) due to aggression. She ended up in a psych ward in one hospital until a high needs spot opened up for her, it's so bad"

"I worked in a hospital as a cleaner and I can't count the amount of patients I helped get dressed and changed because their wasn't enough staff to help them all. Some were stuck in hospitals for weeks to months"

"A hospital I worked in, had a few people in hospital for no other reason than awaiting NDIS or aged care placement. Some had been there for 300+ days. It's insane"

"As someone who works in aged care there's just not enough facilities or beds. Simple as that. And it's only getting to get worse over the coming years"

"Our dad is in aged care and is high needs as he is a young onset Alzheimer's with behaviours. The amount of time they threatened to send him to hospital was crazy"

"I manage a Government Aged Care Facility. Our waitlist is huge, private facilities can pick who They want to suit funding models and definitely cherry pick. The Government should have addressed this with the new Act. It's discrimination"

"My local hospital found 160 beds per day were occupied by elderly fit to be discharged but with nowhere safe to go"

"We are going through trying to get my dad into the system at the moment. He's quite capable At the moment but it can take years to get them assessed so you have to start the process now. My brother in law spent 4 hours the other day just trying to get through to Centrelink so he could set him up for aged care, our system is broken"

"Cessnock Hospital is full of elderly patients waiting to go somewhere its so upsetting"

"Way too many, but they either can't afford it or there is no vacancy to meet their needs now"

"I'm in the country, we had a resident come in palliative care from a hospital 150km away as Nothing was available closer. Her husband couldn't get to us so he wasn't there when she passed. We did all we could for her but the situation was so cruel. They didn't deserve that"

"My grandpa was in hospital from mid August to early November. He had advancing dementia and was violent, none wanted to take him on until one did 30-40 minutes away. He had a fall just before he died and was found on the floor. The trigger mat didn't trigger, the staff tried

with what resources they had"

"Aged care RN here – the facilities increase the work load without increasing the work force. If facilities were adequately resourced, most of those people would have a place. The system has actually gotten worse in the 10 years I've worked in Aged Care"

"It is shameful to see the erosion of the rights of older adults by the very systems who are Entrusted with the delivery of their care. The Statement of Right isn't worth the paper it is Written on if the older adult is forced to accept the first available facility, antithesis to Autonomy and choice."

"We are making people wait, plus we are making them pay a financial gap for services they Need but cannot afford, this is not the way to support our elderly"

"Private facilities won't take any wanderers or any dementia with behaviour issues. There is not enough memory support units"

"There are even more elderly stranded home alone"

I could type out another 250+ comments here, we need some change. We need some answers.

I am calling for a review on the processes used to approve funding for aged care because this AIT algorithm is and will continue to prove more harm than good.

Surely having some in-home assistance vs the costs of having elderly in hospital beds that are fit to be discharged and living at home safely, is more beneficial to everyone.

This country requires more memory units and dementia related services to ensure safety for the patient, the carers and the other residents residing in homes. It's terrific the National Dementia Action Plan has been endorsed, let's now see some action.

I look forward to a response that I can pass on to the general public via my social media.

Regards,

s47F

s47F

OFFICIAL

From: Minister McAllister <Minister.McAllister@health.gov.au>
Sent: Friday, 6 March 2026 12:51 PM
To: Minister Rae DLO s47E(d) @health.gov.au>
Cc: Minister McAllister <Minister.McAllister@health.gov.au>
Subject: FW: Webform submission from: Contact a minister > Content blocks [SEC=OFFICIAL]

OFFICIAL

Hi team

Just sharing this aged care corro for visibility / coding in line with your MO preferences.

Kind regards

s47F

Office of Senator the Hon Jenny McAllister
Minister for the National Disability Insurance Scheme
s47F
E:s47E(d) @health.gov.au | s47E(d) .health.gov.au
Suite L1.52 | PO Box 6022, Parliament House, Canberra ACT 2600

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

OFFICIAL

From: Australian Government Department of Health, Disability and Ageing s47E(d) @govcms.gov.au>
Sent: Friday, 6 March 2026 12:26 PM
To: Minister McAllister <Minister.McAllister@health.gov.au>
Subject: Webform submission from: Contact a minister > Content blocks

Submitted on Fri, 2026-03-06 12:26
Submitted by: Anonymous

Submitted values are:
s47F

Organisation: {Empty}
Minister name: Senator the Hon Jenny McAllister

Enquiry subject: Aged care algorithm
Details of your enquiry/comments:

Please use your influence to get rid of the atrocious algorithm method of assessing age care packages. It is scandalous that a Labour government has introduced this inhuman and ineffective and simply wrong method of persecuting old people in need. This is Labour's 'robodebt'. How could you do this after the Royal Commission into Age Care? Now it is much worse than before. You bowed before the industry lobbyists. And betrayed aged citizens.
I personally know very frail, very old friends who have been denied support they sorely need.

s22

OFFICIAL

From: Australian Government Department of Health, Disability and Ageing
s47E(d) @govcms.gov.au>
Sent: Friday, 13 March 2026 3:08 PM
To: Minister Rae <Minister.Rae@health.gov.au>
Subject: Webform submission from: Contact a minister > Content blocks

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.

Submitted on Fri, 2026-03-13 15:08
Submitted by: Anonymous

Submitted values are:
s47F

Organisation: {Empty}
Minister name: The Hon Sam Rae MP
Enquiry subject: Aged care assessment review
Details of your enquiry/comments:
I am writing to ask for your help regarding my elderly parents and the way the current aged care assessment and prioritisation system is operating.

My parents, s47F are both s47F old and were recently assessed as eligible for Level 4 Home Care support. On the day of the assessment, the assessor made it clear that their circumstances were urgent. However, when the approval came through, the system rated them as medium urgency, with advice that the wait for funding implementation could still be 8 to 9 months.

This has been deeply upsetting and very hard to understand.

My concern is that the new algorithm-based assessment system does not seem to properly reflect the assessor's actual viewpoint. It appears to remove the human judgement from the process and, in doing so, misses the real day-to-day living difficulties faced by older people in the community.

My mother s47F

My father, s47F

I am there every day helping with cooking, cleaning, and general support, but their needs have now grown so much that I have been unable to continue my work from home properly, which has affected my income as well. This situation is placing enormous pressure on the family.

What is most troubling is that their circumstances are bad now, not in 8-9 months from now. A long wait for funding may make sense on paper, but it does not reflect the reality of older people who are already frail, injured, in pain, and at risk.

My parents are hard-working people who have always contributed to the community. They deserve a system that sees them properly, listens to the assessor on the ground, and responds with compassion and common sense.

I am asking for your assistance in raising these concerns and in seeking a reassessment or urgent review of their current priority. I also ask that attention be given more broadly to whether the current system is failing vulnerable elderly people by allowing computer-generated outcomes to override real human judgement.

Thank you for taking the time to read this. I would be very grateful for any help or guidance you can provide.

Yours sincerely,

s47F

s22

OFFICIAL

From: Australian Government Department of Health, Disability and Ageing
s47E(d) @govcms.gov.au>
Sent: Sunday, 15 March 2026 4:42 PM
To: Minister Rae <Minister.Rae@health.gov.au>
Subject: Webform submission from: Contact a minister > Content blocks

Submitted on Sun, 2026-03-15 16:41
Submitted by: Anonymous

Submitted values are:
s47F

Organisation: {Empty}
Minister name: The Hon Sam Rae MP
Enquiry subject: URGENT: Aged Care Reassessment - Advanced s47F symptoms and increasing functional limitation
Details of your enquiry/comments:
I am writing to seek assistance regarding an urgent aged care matter involving s47F
My Aged Care ID: s47F who is living with Advanced s47F symptoms and is experiencing changes in her functional limitations that indicate her current support package is no longer sufficient to support her care needs to live at home independently.

Despite holding a Support at Home: Transitioned HCP Level 4 Package, the allocated package does meet or reflect her clinical and functional needs. Administrative issues within My Aged Care, including closure of her file by the allocated assessor without consultation and lack of appropriate grandfathering, have compounded this and resulted in prolonged under-resourcing.

A formal request for urgent reassessment and interim supports has been submitted to My Aged Care on s47F and again on the s47F and a Clinical Addendum are attached for reference.

We respectfully request ministerial assistance to ensure this matter is escalated and progressed through the appropriate My Aged Care and assessment pathways as a Priority/Urgent Reassessment.

Thank you for your consideration.
s47F

MATTERS THAT AS A LABOUR VOTER ARE OF GREAT CONCERN TO ME.

Today we've learned that the experts who designed the Integrated Assessment Tool to determine aged care support levels, had NO IDEA that Labor would be introducing an algorithm to automate decision-making.

It's absolutely outrageous.

Earlier this week I wrote to the Minister for Aged Care, calling on him to immediately reinstate human oversight in aged care assessments.

Before the new Aged Care Rules came into effect on November 1, assessors were able to override the decisions of the Integrated Assessment Tool algorithm if the assessment was not suitable.

They no longer have the ability to do this.

We've heard from hundreds of older people, their families and care providers that the algorithm is systematically under-assessing older peoples' needs, denying them essential – and often life-saving – care and supports.

Hundreds of thousands of older Australians are already waiting for at-home support – and now Labor has added yet another barrier.

Reducing complex human needs to a set of rules and inputs, simply to save a few dollars, is dangerous and outrageous. By removing human decision-making we're leaving the health and wellbeing of older people in the hands of an opaque and flawed system.

And we also know it's a false economy. Denying at-home support doesn't save us anything – it costs Australians their health, and it costs the government more in the long-run.

It's always those with the least who are asked to carry the burden of austerity and budget repair.

Labor's changes to the aged care system are symptomatic of this, pushing up costs for people on fixed and low incomes, and making it even harder to access care.

Human assessors must have the ability to override under-assessments, so that older people can get the support they need to live safe and fulfilling lives in their own homes.

Greens Senator Penny Allman-Payne. 6/3/26

Australian Neurodivergent Parents Association - ANPA is with **Senator Anne Ruston** and **3 others**

Please email your Federal MPs!

I am currently on hold with the NDIA seeking clarification from Clair Wheeler regarding a statement reportedly made in a co-design briefing earlier today about the iCAN assessment.

Participants have advised that they were told communication during the iCAN assessment must be verbal, and that communication cannot be written or signed.

If that statement reflects the position being taken in the assessment process, it raises serious concerns under the National Disability Insurance Scheme Act 2013, as amended in 2024.

The Act requires the Scheme to operate in a way that respects the dignity, independence, autonomy and choice and control of people with disability.

Many NDIS participants communicate using:

• augmentative and alternative communication (AAC)
• written communication
• Auslan

Requiring communication to be verbal, or requiring participants to speak through a support person rather than using their own communication method, would raise serious questions about whether the assessment process is consistent with those statutory principles.

Accessible communication is not optional. It is fundamental to participation in the Scheme.

I am seeking clarification from the NDIA now and will update once the Agency has confirmed its position regarding communication during the iCAN assessment.

Steve Georganas MP
FEDERAL MEMBER FOR ADELAIDE

The Hon Sam Rae MP
Minister for Aged Care and Seniors
Parliament House
CANBERRA ACT 2600

Via email: ***minister.rae@health.gov.au***

Dear Minister,

I write to you regarding the concerns of a constituent, s47F who has raised concerns about how aged care support levels are determined.

In correspondence sent to myself, s47F has detailed concerns relating to automation. I have **attached** their correspondence for your reference, where s47F has articulated her views in more detail.

Could you please advise on the constituent's correspondence, and provide information relevant to the subject to assist them?

Also, for your information, I have also sent correspondence on behalf of s47F Senator the Hon Jenny McAllister, Minister for the National Disability Insurance Scheme, as part of her correspondence relates to their portfolio.

Thank you for your attention to this important matter. It is greatly appreciated.

Yours sincerely,

s47F

Steve Georganas MP
Federal Member for Adelaide

18 March 2026

161 Main North Road, Nailsworth SA 5083
P (08) 8269 2433 E steve.georganas.mp@aph.gov.au
@stevegeorganas steve.georganas @ steve_georganas

s22

s22

OFFICIAL

From: Australian Government Department of Health, Disability and Ageing
s47E(d) @govcms.gov.au>
Sent: Thursday, 12 March 2026 6:34 PM
To: Minister Butler <Minister.Butler@Health.gov.au>
Subject: Webform submission from: Contact a minister > Content blocks

Submitted on Thu, 2026-03-12 18:27
Submitted by: Anonymous

Submitted values are:
s47F

Organisation: {Empty}
Minister name: The Hon Mark Butler
Enquiry subject: Assessment for Government Funded Aged Care Service
Details of your enquiry/comments:
I am writing on behalf of my Dad about the Support at Home Plan through My Aged Care.

s47F

The SA Health System was unable to find him a bed in a Rehabilitation Facility so he was sent home with inadequate support.

He is currently on Level 2 (Grandfather Client) Support at Home Plan.
As his needs have changed he was reassessed by s47F phone interview, on the s47F

His has been approved for Support at Home - SaH Classification 3
Service group Home support,
Classification type: Ongoing
Classification Level : SaH Classification 3
Priority category : Medium

This is grossly inadequate for his current needs and it has a wait time for funding of 8 to 9 months. He had a reassessment because his needs have changed now, not in 8 to 9 months. when funding is allocated. There is no other way to gain reassessment other than Appeal to the System Governor and this will only delay a reassessment if they deem to appropriate.

His current Support Plan with his Care Provider is inadequate and he has been overspending by s47F a month on very basic services. He has had to cut back services in order to stay with in his current budget.

This has left Dad feeling very unprotected for very basic care of services. It is barely covering Personal Care, s47F), Domestic Assistance, Transport for Appointments and Shopping, Social Support, Podiatry, Nursing care, Meals, Gardening and Home Maintenance and s47F

Dad as an older Australian is wishing to stay in his own home, but because of his changing circumstance, the lack of funding and support is jeopardising his ability to maintain his dignity and safety while living in his own home.

The failure of support leaves him vulnerable to neglect of personal hygiene, social isolation, further injury and hospitalisation or worse.

I am requesting that you as the Federal Government Member of Parliament, responsible for Health, Disability and Aging Immediately review the computer generated Algorithm responsible for Assessing our most valued and vulnerable older Australians.

s47F

s22

OFFICIAL:Sensitive//Personal-Privacy

From: s47F

Sent: Monday, 12 January 2026 8:07 PM

To: s47E(d) pmc.gov.au

Cc: Minister Butler ; Mark.Butler.MP@aph.gov.au; senator.ruston@aph.gov.au; mary-

anne.thomas@parliament.vic.gov.au; jacinta.allan@parliament.vic.gov.au; jess.wilson.mp@parliament.vic.gov.au; darrenchester.mp@aph.gov.au; martin.cameron@parliament.vic.gov.au; My Aged Care Support ; My Aged Care Support ; Support at Home Implementation
Subject: URGENT - New SAH Package
Importance: High

To Whom it may concern,

I was told that I would **NOT** be any worse off on the new transitioning from my Home Care package to the new SAH package. However, I **AM** worse off due to my services being severely scaled back.

I was on a Home Care package Level 4 transitioned to SAH level 7 s47F I accumulated some unspent funds which have now been fully expended.

My Care Consultant s47F applied for a reassessment for a higher-level package (7 to 8) under Support at Home (SAH). In order to provide much needed services for my support to safely stay at home. However, instead some computer has severely reduced them,

I was assessed by an s47F assessor on 29th December 2025 and I was advised that the assessment for SAH 8 would be entered into the computer as soon as the assessor returned to the office. When I enquired with the assessor how a determination was made on my assessment, I was told that it would be entered into the computer and an algorithm would make the final decision. Not expecting a decision without good reasoning!!! s47F (my care consultant) contacted the s47F assessor at s47F and was advised they are unable to give the reason for the rejection as the new assessment tool uses an Algorithm.

On the 6th January, s47F (My Care Consultant) visited me at my home to inform me that my assessment for SAH 8 had been rejected by the Algorithm and that we would have to severely reduce my support services. I requested from s47F why they were unable to provide me with a reason why my assessment had been rejected and it was suggested that I could contact the s47F assessment team to see if they could provide me with further information.

I did contact them (in the presence of s47F and after I explained the reason for my call, I was forwarded to a Lead who proceeded to tell me that they were unable to provide any reasons for the rejection of my assessment as it decided by the computer algorithm.
(it seems to me that this new SAH system is turning highly qualified professional assessors into data entry operators – what a waste!).

Not only did the computer Algorithm make the final decision, it did not provide any reasons as to how it came to its final decision “assessment was rejected”. I cannot get my head around how this is in any way **FAIR**.

My current and professionally assessed services on the Home Care Package 4 were as follows;
Personal Care/Showering – 6 hrs – 3days per week at 2hrs per service – s47F .
I still have this need as nothing has changed with my chronic & acute health needs. However, the new SAH want to scale back this essential service for me from 2hrs Mon, Wed, Fri to 90 minutes per service. (which is not adequate for my needs).

Home Care/Cleaning 2hrs per week is being reduced to 2hrs per fortnight. s47F this new cleaning frequency is inadequate for my needs to safely stay in my home. Major medical conditions do not allow me too safely clean.

Respite 6hrs per week – this is used for Dr’s Appointments, Specialists Apps, Allied Health Apps, medical imaging, blood tests, shopping and social interaction. This is now slashed to 3hrs per week, again inadequate for my needs to stay in my home safely and in keeping basic overall wellbeing. I am truly scared that I will end up s47F . It took me 4 years to finally get a package and it has enabled me to have some important needs met, a reasonably clean home and environment to live in and someone to motivate me and keep me on track. s47F

I was also seeing allied health professionals and was on Lite & Easy, however, with the new funding that’s out the window too.

My garden services are every 2wks Spring & Summer & every 4 weeks Autumn & Winter. This service has been severed to once a month, which will isolate me from my garden due to inability to use walking frame on the grass. It has to be short for safety purposes; s47F .

I would have my windows & gutters cleaned every 12 months; this service is no longer available due to the new funding.

Therefore, 14hrs of service per week – has reduced to 8hrs of service per week for it to fit into the allocated funding and current budget.
This does not include the other aforementioned support services that can no longer be viable due to the reduction in my services budget**.**

I cannot see how the above facts can say I’m not worse off! It is clear that I truly am.

s47F

s47F has given my partner s47F details and is on the wait list to be assessed.

I have been informed that there is no CHSP funding available in s47F

With the reduction of services – I face the real possibility of returning to hospital or even going into care. Both are terrible options, but why bring a new system out that puts all vulnerable aged persons at the whim of a computer algorithm with no transparency over the decisions that it is allowed to make. Could we not have tweaked the old system! Look how many dollars could have been given in real practical and needed services to vulnerable aged clients.

This real situation is extremely stressful for, not only myself, but s47F .

I cannot believe the huge amount of dollars used to produce this new SAH and the negative life changing and/or life taking outcomes it may bring for a very vulnerable ageing community. **Do we call this proud to be Australian?**

I am able to self-advocate, as stressful as it is, and my fear is not just for myself, but for the extensive number of vulnerable aged persons who cannot self-advocate nor their families. Many of us have very small to negligible support networks outside of our workers. The way the SAH is looking we will not be able to access the socialisation and many other life experiences to nurture our overall wellbeing.

Because the service providers have been legally bound to only take 10% of the funding, to stay successful in providing much needed professional support services to their clients, they have had to increase their costs for services. For example, on my service statements a 3 hrs respite service 30/9/25 was $258.00, it is now on 25/11/25 $357.00 and all my services have increased considerably, which is why my services have been slashed to fit into the new funding budget.

I respectfully request that my recent assessment, to be re-assessed by a trained professional human assessor from our s47F s47F team, who is professionally trained to look at the whole picture, not just tick criteria boxes.

When the human assessor meets you, they have a full picture of your environment, Acute/Chronic health issues, your physical capabilities, etc. I have never met a computer or algorithm who can do this task...

My originally assessed HCP was done by a professionally trained assessor and I was able to receive services to align with my **NEEDS**, not wants…

If you require any further information, please do not hesitate to email me.

I look forward to a speedy response to this urgent matter.

Kind regards

s22

s22

s22

---------- Original Message ----------
From: s47F
Received: Mon Jan 05 2026 14:22:24 GMT+1100 (Australian Eastern Daylight Time)
To: Enquiries <enquiries@health.gov.au>; Enquiries-Queue <enquiries@health.gov.au>;
Subject: Aged Care ID: s47F

To whom it may concern

Re: s47F

Age: s
4

Lives on his own

Government funded aged care service: Current Level 4

Daughter: s47F

My s47F s47F was recently assessed by s47F on s47F 2025, unfortunately the request for a higher package was declined.

I would like the matter to be reviewed as we are unhappy with the decision that was made by the new system put in place recently. A few ticks in the box does not reflect the support that my father needs, not receiving this extra support at his age will make his condition worse. My father has s47F
s47F were surprised to hear he had been declined as was his social worker.

s47F currently receives 12 hours in services per week of which this will need to drop to 9 hours as I cannot afford to keep paying 3 hours per week plus his gardening, it is putting a lot of pressure on my family, but at the same time I need my father to live as comfortable as possible in his home. Once I stop paying the 3 hours he will then lose his services on s47F and currently does not have anyone on s47F Spreading the 9 hours over the week does not work as his s47F
s47F always take a few hours and then there is no time to help my dad around the house or prepare a meal.

s47F

I don't understand how someone so fragile has been declined extra funding to assist with allowing him to have extra hours in services to maintain his independence and reduce social isolation. His social worker advised on Friday that my dad knows he's slowing down, however he is distracted from his elements when careers go over, he once had hobbies which made his day go fast but he has s47F
s47F

Couples who each receive funding allows their funds to go further as compared to someone who lives on their own.

The assessment I believe needs to be improved, it needs to allow feedback from doctors at the hospital or palliative care nurses or social workers rather than just a tick in the box, this does not reflect the true picture of the needs that a person requires especially at the age s47F living on his own.

I would really appreciate a call back to discuss this matter further please.

Kind regards
s47F

s22

s22

s22 [redacted]

OFFICIAL

From: s47F [redacted]
Sent: Friday, 16 January 2026 9:45 PM
To: AN-ACC Operations s47E(d) [redacted] @Health.gov.au>
Subject: ACAT ASSESSMENT RECONSIDERATION

To System governor

I'm writing on behalf of my dad s47F [redacted], address: s47F [redacted] s47F [redacted] who recently under went an ACAT assessment at the s47F [redacted] January 2026

I am writing to ask you to review the decisions made regarding his Support at Home Classification 4 , as this is not adequate care for him to be able to discharge from hospital

I am writing this letter deeply stressed and concerned by the decisions made for his level of care , s47F [redacted]

As you can read in the assessment summary provided my Dad requires assistance daily s47F [redacted]

Before s47F [redacted] my dad was very independent and did not require any support at home, this support at home assistance is now necessary for my dad to be able to return home , It is extremely important that my dad receives the adequate support required to avoid a prolonged discharge from the hospital

we kindly ask that you reconsider the level of assistance granted and provide the necessary level of care that is needed for my dad to discharge home

Thank you
s47F

s22

s22

OFFICIAL

From: s47F
Sent: Thursday, 15 January 2026 8:30 AM
To: sam.rae.mp@aph.gov.au; My Aged Care Support
Subject:

This is what people are resorting to now to get a fair assessment

You new system is no commonly call robo assessment

How is this an improvement ??????

Robo Assessment

Hi friends,
If you're preparing for an aged care assessment, this is something you really need to know.

Here's the shock for most people:

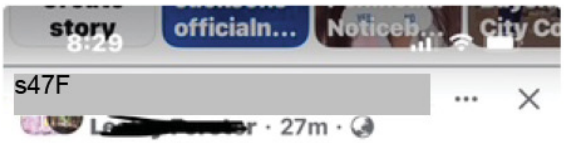
An aged care assessment today isn't primarily judged by an experienced assessor using professional judgement, intuition, or reading between the lines.

It's graded by an algorithm.

Your answers are fed into a computer system. That system applies rules, weightings, and scores. What you say — and just as importantly, what you don't say — is converted into numbers.

Those numbers determine the level of support you're approved for.
In many ways, this is the government's version of a Robo Assessment.

Once you understand that, a lot of the confusion around assessments suddenly makes sense.
It also explains why people can do everything "right" and still end up under-supported.
Many older Australians I speak with are practical and capable. They're used to pushing through.
So they say things like:
"I manage."
"I'm okay."
"I just get on with it."
Inside the system, those answers don't sound brave or modest.
They're recorded as lower need.
And once lower need is locked into the algorithm, the support approved can fall well short of what's actually required to stay safe and independent at home.
That's why preparation matters more than ever.



s47F

[redacted] · 27m ·

Robo Assessment

Hi friends,
If you're preparing for an aged care assessment, this is something you really need to know.

Here's the shock for most people:

An aged care assessment today isn't primarily judged by an experienced assessor using professional judgement, intuition, or reading between the lines.

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Those numbers determine the level of support you're approved for.
In many ways, this is the government's version of a Robo Assessment.

Once you understand that, a lot of the confusion around assessments suddenly makes sense.
It also explains why people can do everything "right" and still end up

s47F

s22

s22

OFFICIAL

From: s47F
Sent: Friday, 16 January 2026 2:14 PM
To: Aged Care Enquiries <AgedCareEnquiries@health.gov.au>
Subject: Software generated outcome re CHSP

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.

To whom it may concern,

My name is s47F and I am writing on behalf of my s47F, s47F, who recently had a face to face re-assessment arranged by My Aged Care s47F

The assessor explained that a new software was put in place which would generate the classification level. She mentioned that she needed to put in as much information as possible as the software tended to generate low levels which didn't always reflect the real situation. Hence, which is the exact situation we are now facing.

s47F care level had changed s47F and the assessor could clearly see how slow and unstable she was at the appointment and her report stated the same. She was given a "high priority" and yet the new software as generated the lowest level possible, being level 1.

I have spoken with the assessment team, My Aged Care and s47G and was redirected to your department for further action. I am told that numerous complaints have been received as the assessor has confirmed that the system does not allow them to override it, even if they don't agree with the allocated level.
As you can appreciate, this is extremely frustrating and worrying for s47F and in our opinion, dangerous for the elderly person who is unable to receive the level of care she so desperately needs.

This new software is generating very low approvals for people who are high priority. s47F is a pensioner who has been waiting months only to receive such a poor outcome.

Would you kindly look into this matter as an urgent priority and advise what can be done. In particular, can the software be improved to reflect a more accurate result. There is a serious problem at hand and we are at our wits end in what steps to take next.

I look forward to hearing from you as soon as possible.

Kind regards

Get Outlook for iOS

s22

s22

s22

---------- Original Message ----------
From: s47F
Received: Thu Jan 29 2026 08:23:01 GMT+1100 (Australian Eastern Daylight Time)
To: Enquiries <enquiries@health.gov.au>; info@agedcarequality.gov.au <info@agedcarequality.gov.au>; Enquiries-Queue <enquiries@health.gov.au>;
Cc: Mark Butler <mark.butler.mp@aph.gov.au>; s47F s47F nick.staikos@parliament.vic.gov.au; minister.butler.mp@aph.gov.au;
Subject: Re: [SEC=OFFICIAL] Automatic reply: Immediate Appeal - Reassessment Request - s47F

Subject: URGENT – Immediate Appeal of Level 2 Assessment for s47F

To whom it may concern,

I am writing to lodge an immediate and formal appeal against the assessment and Level 2 categorisation applied to s47F We do not accept this categorisation, and we reject any suggestion that we must wait 90 days for a review.

The current assessment is plainly inadequate and fails to reflect the seriousness and urgency of s47F circumstances. The decision appears to have been made without a full, accurate, and timely understanding of her clinical, functional, and psychosocial needs. The consequences of maintaining this Level 2 categorization are unacceptable and place s47F at clear and foreseeable risk.

I therefore demand:

1. An immediate escalation of this matter to a senior decision-maker with authority to review and overturn the current categorisation without delay.

2. A full, urgent reassessment of s47F case, including consideration of all recent medical, allied health, and support provider information.

3. Written confirmation of the formal appeal process being applied, including clear timeframes shorter than the arbitrary 90-day period and the name and position of the person responsible for managing this appeal.

For the avoidance of doubt, we do not consent to this matter being left dormant for up to 90 days. Such a delay is incompatible with s47F current condition and needs, and we consider it an unreasonable and unsafe administrative stance. I expect active management, prompt communication, and a clearly articulated escalation pathway commencing immediately.

If this categorisation is not reviewed and corrected as a matter of urgency, I will have no option but to pursue all available avenues of complaint and oversight, including but not limited to: formal complaints within the Department, relevant Ombudsman and oversight bodies, and legal advice regarding the Department's duties of care and administrative obligations.

Please treat this email as an urgent appeal and provide a written response confirming:

• That the appeal has been accepted and logged.

• The timeframe for urgent reassessment.

• The name and contact details of the responsible officer.

I expect acknowledgement of this appeal and details of next steps within 3 business days.

Yours sincerely,

s47F

Thank you for contacting the Department of Health, Disability and Ageing. We have received your email and will get back to you as soon as we can. In some cases, you may receive a response from another area of the Department or it may take a little longer for us to get back to you.

In the meantime, if your or someone else's life is in immediate danger, please call emergency services on **000**. Alternatively, the following services are available to you:

- **Lifeline – 13 11 14 –** 24/7 crisis support and suicide prevention phone counselling, text, and online chat.

- **Suicide Call Back Service – 1300 659 467 –** 24/7 phone, online and video counselling to people who are affected by suicide, or with thoughts of suicide.

- **Beyond Blue Support Service – 1300 224 636 –** 24/7 phone support or online chat for support with anxiety, depression, and mental health crises.

- **SANE helpline – 1800 187 263 –** Talk to a mental health professional on the phone or online chat, weekdays 10am-10pm (AEST/AEDT).

- **13YARN – 13 92 76 –** 24/7 crisis support line for Aboriginal and Torres Strait Islander people.

- **1800RESPECT – 1800 737 732 –** 24/7 phone, online, SMS, and video counselling for people impacted by domestic, family, or sexual violence.

- *Mental Health Crisis Assessment and Treatment Team* in your state or territory.

Other general and non-urgent health supports:

- For free, trusted health information and advice, including a symptom checker and service finder, go to the ***healthdirect*** website via www.healthdirect.gov.au or call their helpline on 1800 022 222 (24 hours a day, 7 days a week).

- **Medicare Mental Health – 1800 595 212 –** to speak with a trained professional for advice on the mental health support that is right for you, available weekdays 8:30am-5pm. Alternatively, visit www.medicarementalhealth.gov.au for online information, services and resources available 24/7.

- **Qlife – 1800 184 527 –** free and anonymous LGBTIQ+SB phone and online chat support and referral service for individuals, their loved ones, and support people across Australia, everyday 3 pm – 12 am.

- **1800 ELDERHelp – 1800 353 374 –** National Elder Abuse phone line that automatically redirects callers seeking information or advice on elder abuse to their state or territory phone line service. Operating hours and services vary across states and territories.

Kind regards,

Enquiries

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

AUTO-REPLY: Please do not reply to this message. It has been generated automatically.

OFFICIAL

s22

s22

---------- Original Message ----------
From: s47F
Received: Tue Jan 27 2026 20:00:23 GMT+1100 (Australian Eastern Daylight Time)
To: s47F
Cc: Enquiries <enquiries@health.gov.au>; info@agedcarequality.gov.au <info@agedcarequality.gov.au>; Enquiries-Queue <enquiries@health.gov.au>;
Subject: Reassessment Request - s47F

s47F

As discussed today we are re-sending (as mailed on the 13th January 2026) the formal request for reconsideration under section 65 and related provisions of the Aged Care Act 2024 of the decision dated 24 December 2025, which maintained the Support at Home classification at “Transitioned HCP Level 2 – Ongoing”. In light of the substantive deterioration in s47F mobility (s47F

s47F functional capacity and pain levels, and the clear evidence that her current package is no longer adequate to meet her assessed needs, we are requesting that her funding category be **urgently** re-assessed and increased to at least Support at Home funding equivalent to HCP Level 4 (or higher, if clinically indicated).

We request to be copied with the submission to Department of Health Disability and Aging.

My Aged Care ID: s47F so I am registered to act on behalf of s47F

Regards

s47F

s22

s22

s22 [redacted]

OFFICIAL

From: s47F [redacted]
Sent: Tuesday, 24 February 2026 1:41 PM
To: STEWART, Sonja <Sonja.STEWART@Health.gov.au>
Cc: anika.wells.mp@aph.gov.au; sam.rae.mp@aph.gov.au; MALDON, Joshua <Joshua.MALDON@health.gov.au>; PUGH, Greg <Greg.PUGH@Health.gov.au>; COMLEY, Blair <Blair.COMLEY@Health.gov.au>; Contact IGAC <contact@igac.gov.au>; info@cota.org.au; media@accpa.asn.au
Subject: This is your responsibility

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.

Dear Ms Stewart,

I am writing to express my deep concern regarding the current implementation of the **Integrated Assessment Tool (IAT)**. While the goal of a Single Assessment System to ensure older Australians only have to "tell their story once" is commendable, the reality on the frontline is a shift toward what many are now calling **"Robo-Aged-Care."**

Current reports from clinicians and advocacy groups indicate that the IAT's rigid, rules-based algorithm is frequently overriding professional clinical judgement, leading to critical issues:

- **Inflexible Classifications:** Misclassifying complex needs as "low priority."
- **Removal of Overrides:** Restricting an assessor's ability to override the algorithm's final decision.
- **Lack of Transparency:** The "black-box" nature of the algorithm prevents assessors from understanding how risks are being weighted.

I urge the Department to restore a truly **human approach** by reinstating the clinical override function and publishing the algorithm's weighting criteria to ensure accountability.

Technology should enhance, not eclipse, the compassionate and skilled assessment of our elders.

It is time that bureacrats and the Ministers in charge took full responsibility for the awful things they do in the name of "administration" "efficiency" and cost - savings.

Each one of you listed above is responsible for dehumanising our aged care system.
What are you going to do to change it?

I look forward to your response.
Sincerely,
s47F

[SEC=OFFICIAL]

s22

OFFICIAL

From: Australian Government DeGartment of dealth, Disability anp Ageing <health.noreGly@govcms.gov.au>
Sent: Monpay, 16 March 2026 11:22 AM
To: Minister Rae <Minister.Rae@health.gov.au>
Subject: Webform submission from: Contact a minister > Content blocks

Submitted on Mon, 2026-03-16 11:22
Submitted by: Anonymous

Submitted values are:

s47F

Organisation: {Empty}
Minister name: The Hon Sam Rae MP
Enquiry subject: Aged Care Assessment upgrade for s47F old father.
Details of your enquiry/comments:
Hello,
Thank you for your time to read this. Here are the facts for my father's situation:
My father s47F
s47F

He currently has 2 days a week help as part of his s47F package. On one of the those days he goes to Woolies with his care person.
An aged care assessor came to assess Dad last week - i flew down from the s47F to be there with Dad in s47F. She was very thorough with her questions.
I have just spoken to his s47F case manager and she told me that Dad doesn't qualify for an upgrade in his package - we were hoping for that so Dad can have someone visit him at least 4 times a week so he can have the option to go to the shops more than just once a week and have his bins taken up as well as have that social aspect for him - he is incredibly lonely and unfortunately i live on the s47F and my s47F lives over the other side of the bay in s47F
The fact that he does not qualify for a package upgrade just baffles me. s47 years old. s47F s47F .....please consider my father's situation - we just can't have our ageing population be forgotten about and be unable to have access to the care and services that they genuinely deserve and qualify for. Being a long time Labor Party member and voter, this situation is deeply upsetting - isn't the Party all about being "of the people for the people"? On this occasion i'm not sure that philosophy rings true. Thank you again for your time.

Kind regards
s47F

From: My Aged Care Support
To: My Aged Care Assessment
Subject: s47F My Aged Care Escalation - 2-164739999760 [SEC=OFFICIAL]
Date: Monday, 9 February 2026 4:23:46 PM
Attachments: image001.png
image002.png

OFFICIAL

Good afternoon

The My Aged Care Contact Centre Customer Support Section has received the below Siebel activity from the My Aged Care Contact Centre.

The activity has been triaged by our team and we understand the activity falls within the remit of your team for review and action.

s22

Activity Details	
Activity Number	2-164739999760
Type	**Business Rules - My Aged Care**
Date/Time Created in Siebel	29/01/2026 13:04
Contact Centre Priority Level	Level 2 - High
Media/Minister Threat	Yes
Investigation and Outcomes	
Description	Business Rules - My Aged Care (CRC05); Unsubstantiated • Name of caller s47F • Phone number: s47F • Email address or postal address: s47F • Complaint details: s47 feels the support from MAC has not been forthcoming. s47 is also not happy with the automation of the assessment process. s47 would like to communicate her concerns via email, due to work & family she finds getting to her phone difficult • Caller's expectations: To have her concerns addressed, by communicating via email & full allocation of funding for Transitioned HCP
Working Notes	s47F
Impact (e.g. has a client been disadvantaged, if left unresolved will the issue result in a complaint etc)	s47E(d)
Total number of people impacted	**1**

s47F
Contact Centre Customer Support
Navigation and Access Branch
Availability s47F

Access and Home Support Division | Ageing And Aged Care Group
Australian Government Department of Health, Disability and Ageing
E: s47F @health.gov.au
Location: Level 10, 260 Elizabeth Street
Surry Hills, NSW 2010, Australia
The Department of Health, Disability and Ageing acknowledges First Nations peoples as the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to all Elders both past and present.

OFFICIAL

From: My Aged Care Support
To: My Aged Care Assessment
Subject: s47F My Aged Care Escalation - 2-164636892592 [SEC=OFFICIAL]
Date: Friday, 13 February 2026 10:33:28 AM
Attachments: image001.png
image002.png

OFFICIAL

Good morning

The My Aged Care Contact Centre Customer Support Section has received the below Siebel activity from the My Aged Care Contact Centre.

s22

Activity Details	
Activity Number	2-164636892592
Type	**Business Rules - My Aged Care**
Date/Time Created in Siebel	23/01/2026 9:32
Contact Centre Priority Level	Level 2 - High
Media/Minister Threat	Yes
Investigation and Outcomes	
Description	s47F
Working Notes	s47F s22
Impact (e.g. has a client been disadvantaged, if left unresolved will the issue result in a complaint etc)	s47E(d)
Total number of people impacted	1

s47F
Contact Centre Customer Support
Navigation and Access Branch
Availability s47F

Access and Home Support Division | Ageing And Aged Care Group
Australian Government Department of Health, Disability and Ageing
E: s47F @health.gov.au
Location: Level 10, 260 Elizabeth Street
Surry Hills, NSW 2010, Australia
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OFFICIAL

From: My Aged Care Support
To: My Aged Care Assessment
Subject: s47F - My Aged Care Escalation - 2-164998955253 [SEC=OFFICIAL]
Date: Friday, 6 March 2026 12:11:38 PM
Attachments: image001.png
image002.png

OFFICIAL

Good afternoon

The My Aged Care Contact Centre Customer Support Section has received the below Siebel activity from the My Aged Care Contact Centre.

The activity has been triaged by our team and we understand the activity falls within the remit of your team for review and action.

s22

Activity Details	
Activity Number	2-164998955253
Escalation Category	Business Rules - Assessor
Date/Time Created in Siebel	10/02/2026 14:29
Contact Centre Priority Level	Level 2 - High
Media/Minister Threat	Yes
Investigation and Outcomes	
Description	Business Rules - Assessor (CRC02); Substantiated Name of caller: s47F Phone number: s47F Email address s47F Complaint details: s47F
Working Notes	s22
Additional Notes	s47E(d)

s22
Contact Centre Customer Support
Navigation and Access Branch
Availability s22

Access and Home Support Division | Ageing And Aged Care Group
Australian Government Department of Health, Disability and Ageing
s22 @health.gov.au
Location: Level 10, 260 Elizabeth Street

Surry Hills, NSW 2010, Australia

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

From: My Aged Care Support
To: My Aged Care Assessment
Subject: s47F - My Aged Care Escalation - 2-165071875218 [SEC=OFFICIAL]
Date: Thursday, 12 March 2026 3:06:57 PM
Attachments: image001.png
image002.png

OFFICIAL

Good afternoon

The My Aged Care Contact Centre Customer Support Section has received the below Siebel activity from the My Aged Care Contact Centre.

The activity has been triaged by our team and we understand the activity falls within the remit of your team for review and action.

s22

Activity Details	
Activity Number	2-165071875218
Escalation Category	Business Rules - Assessor
Date/Time Created in Siebel	12/02/2026 14:44
Contact Centre Priority Level	Level 2 - High
Media/Minister Threat	Yes
Investigation and Outcomes	
Description	Business Rules - Assessor (CRC02); Could Not Determine s47F
Working Notes	s22
Additional Notes	s47E(d)

s22
Contact Centre Customer Support
Navigation and Access Branch
Availability s22

Access and Home Support Division | Ageing And Aged Care Group
Australian Government Department of Health, Disability and Ageing
E: s22 @health.gov.au
Location: Level 10, 260 Elizabeth Street
Surry Hills, NSW 2010, Australia

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

Dr Gordon Reid MP
FEDERAL MEMBER FOR ROBERTSON

REF:20260302LE

The Hon Sam Rae MP
Minister for Aged Care and Seniors
Email: minister.rae@health.gov.au

Dear Minister Rae,

I am writing on behalf of s47F s47F concerning the use of algorithm-based decision-making overriding assessor recommendations in determining aged care package levels.

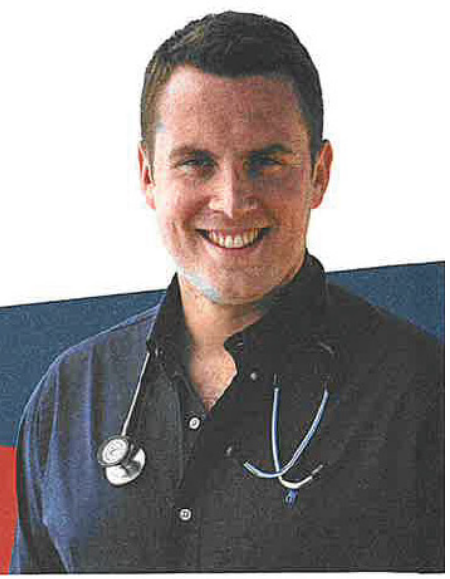
Please find enclosed correspondence I have received from s47F n respect to this issue.

I appreciate any assistance you are able to provide in this matter and I await your reply.

Yours sincerely,

s47F

Dr Gordon Reid MP
Federal Member for Robertson



Riverside Building Level 3/69 Central Coast Highway West Gosford NSW 2250
(02) 4322 2400 Gordon.Reid.MP@aph.gov.au DoctorGordonReid

Authorised by Dr Gordon Reid MP, Australian Labor Party, Level 3, 69 Central Coast Highway, West Gosford NSW 2250

s47F

From: s47F
Sent: Monday, 2 March 2026 2:24 PM
To: Reid, Gordon (MP Office)
Subject: ALGORITHM FOR DETERMINING HOME CARE PACKAGES

Hi Gordon,

I'm writing to express my disappointment with a new system, i.e since 1st November 2025, currently applying to determine elderly patients' needs in relation to Package Levels.

I saw last week on TV a gentleman with total immobility and some terrible disease who is getting help, but whose wife/carer needs more help to assist her keep her husband at home. When an Assessor visited and recommended the highest level of help, he/she made that recommendation, and who wouldn't having seen the gentleman's condition. The experienced Assessor's recommendation however was overridden by an Algorithm and so the wife's cry for additional help was rejected.

The media are saying this is turning into another RoboDebt scandal, and how can a Labor Government live with this ??

Can you please take this matter up with a view to not permitting an Algorithm to override Assessors' recommendations because this practice is apparently widespread.

Kind regards,

s47F

s22

From: s47F health.wa.gov.au>
Sent: Friday, 12 December 2025 4:12 PM
To: My Aged Care Assessment
Cc: WAACAP Training; s47F ; s47F ; s47F ; s47F ; s47F
Subject: ADS25-6119 - Algorithm Classification and Priority Issues

Categories: AA Urgent

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 concerns and complaints regarding inappropriate IAT algorithm outcomes and priority levels. Below is a sample of some of the issues raised. Specifically, the three case examples below highlight some of the inadequacies and discrepancies between the clinical outcomes for clients – with significant impacts on their ability to live independently, placing them at increased risk of hospital presentation and essentially lowering the threshold to residential aged care.

s47F
IAT Outcome: SaH7 at Medium Priority

Background
Client was referred to s47F for needs reassessment in **November 2024- referral eventually transferred to WA Health November 2025**.

Concerns

- s47F
- Assessed 1 December 2025, s47F
- Needs assistance with getting to places away from home, transport, shopping, meal preparation and set up, showering, dressing, medication management, domestic assistance, communication and social support. Minimal services (transport, domestic assistance referral pending) in place and at risk of further falls due to s47F .

s47F
IAT outcome: SaH 7
Current HCP: Level 4

Concerns

- Complex medical history arising from s47F . Functional decline due to late effects of s47F
- s47F
- Significant vulnerable person.
- s47F
- s47F

- s47F .
- Self-managed package to enable more funds to be utilised for necessary services.
- s47F

s47F

IAT outcome: SaH 8 at Medium Priority
Current HCP: Level 3

- Reassessment occurred for the approvals of Residential Care and Respite to be explore in January.
- Has current HCP level 3, committed January 2025 and is currently not fully utilising all funding. Client is accessing cleaning, shopping, and physio and is often refusing services.
- During the finalisation of the IAT she was approved a level 8 and is **NOT** able to override this decision. Is also not able to override from a system functionality point of view,
- Upon discussion with the assessor, if able to use clinical judgement a higher-level HCP would have not been approved due to the current level 3 not being fully utilised, client is refusing services, the likelihood of surplus funding and the plan for s47F

THEME	ISSUE	DATE
IAT Algorithm/Priority	s47F **Outcome: SAH 3 at STANDARD Priority**- s47F	10/11/25
	s47F **Outcome: SAH 7 at MEDIUM Priority**- s47F	10/11/25
	s47F **Outcome: SAH3 at MEDIUM Priority**. Assessor contacted MAC to challenge outcome of IAT as felt too low - 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
	s47F . IAT recommended CHSP but no CHSP Providers in the area that provide social support, transport or home maintenance. **Assessor overrode algorithm to a SAH2.** Will be an ongoing issue in s47F areas.	13/11/25
	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
	s47F **Outcome: SAH Classification 4 at HIGH Priority.** s47F	13/11/25

	s47F [redacted] *Client's friend is planning to raise a complaint to the System Governor***	
	s47F [redacted] **Outcome: SAH1: Client is on a transitioned HCP Level 3.** 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 [redacted]	13/11/25
	s47F [redacted] **Outcome: SAH5 at URGENT Priority.** Exceeding current HCP3 budget- all services in place are necessary. s47F [redacted] s47F [redacted] Name down for RACH at multiple places but s47 [redacted] told there are long waitlists. significant safety risks & carer stress.	18/11/25
	s47F [redacted] **Outcome CHSP.** Requires medication management as not managing s47F [redacted] & other medications, domestics, gardening, shopping etc.	22/11/25
	s47F [redacted] **Outcome SAH2 at STANDARD Priority.** Client currently receives 5 days Nursing, 3 days p/care, domestic, meals, transport, shopping & needs increased assistance.	26/11/25
	s47F [redacted] **Outcome SAH3 at MEDIUM Priority.** Many functional issues, s47F [redacted]	27/11/25
Reassessment for Higher Level	s47F [redacted] s47F [redacted] . Had recent approvals for HCP level 3 which is pending. 2/12 - All categories came through as **SAH8 at Medium Priority**	27/11/25
	s47F [redacted]	28/11/25

	s47F s47F **Outcome SAH 4 at STANDARD Priority-** The client and his current level 2 HCP is beyond capacity. Client and NOK wish him to remain at home but in the absence of a significant increase in formal support, premature RACF placement may be required. The with a 10-11 month wait, which effectively unchanged from his currently approved level 2 HCP and not commensurate with his actual care needs.	1/12/25
Carer Stress	s47F self-funded retiree making income tested contribution towards current package. Medium priority, despite high care needs and living situation s47F	2/12/25
	s47F **Outcome: SAH 8 MEDIUM Priority.** s47F	2/12/25
Younger Client	s47F **Outcome SAH 8 at MEDIUM Priority.** s47F	3/12/25
	s47F Client had an existing HCP3 which could have been HCP4 with needs, s47F . s47F HCP3 is mainly centred with assisting with this and not covering enough according to Nurse who was present at assessment and was advocating s47F to go up a level. The IAT has recommended a lower SaH or stay on s4 transitioned HCP3, despite trying to tick as many boxes as possible alerting increased care. Likely to to be readmitted s47F was alerted to appeal if not happy with decision. Generated CHSP Nursing for 3 months.	3/12/25
Carer Stress	s47F **Outcome: SAH7** Transitioned HCP 4 currently in place - funds utilised with no surplus. s47F	4/12/25
At risk of homelessness	s47F **Outcome: SAH1 at HIGH Priority.** s47F	4/12/25
At risk of homelessness	s47F s47F	5/12/25

	s47F **Outcome SAH3 HIGH Priority,** s47F and need for urgent services (good). SAD3 Concerning given behaviours, s47F	5/12/25
	Client reassessed requesting a higher classification level of SaH. He is on a **transitioned HCP4** and the **algorithm determined SaH5.**	5/12/25
	s47F Client is a transitioned HCP level 4. **IAT algorithm outcome CHSP**	5/12/25
	s47F **Outcome: SAH3 at MEDIUM priority**. Client has s47F . s47F	5/12/25
	s47F **Outcome: SAH7** . Current transitioned HCP level 4 s47F	9/12/25
	s47F **Outcome: SAH8 at MEDIUM Priority**, assessor expected high priority. s47F , **currently receives HCP L4** almost twice daily (self-managed). s47F	9/12/25
At risk of homelessness	s47F s47F	9/12/25
Reconsideration - Formal SAH Assessment Appeal	s47F **Outcome: SAH7 .** Team have followed due process- completing the initial assessment based on a change in care needs, the approval for High AT-HM with the time limited CHSP Personal Care and ensuring that the **existing HCP 4** is appropriately allocated and exhausted.	10/12/25

Thank you in advance for your review and consideration of these issues. We hope that the Commonwealth can address some of these anomalies in the algorithm and create an escalation pathway for cases deemed to clinically require a more rapid response than the fixed priority criteria currently permit.

Kind regards,

s47F

Aged Care Programs and Planning Team

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

s47F

SAH Classification Algorithm Staff Members

The SAH Classification algorithm was designed and developed by the internal departmental staff.

The team primarily covered:

- **Program Leadership group:**
  - Nick Hartland (First Assistant Secretary: Systems, Engagement and Contributions Division | Ageing and Aged Care Group)
  - Thea Connolly (First Assistant Secretary: Home and Residential Division | Ageing and Aged Care Group)
  - Nick Morgan (Assistant Secretary: SAH Reform Branch | Home and Residential Division)
  - Jasmine Snow (Assistant Secretary: SAH Policy and Operations Branch | Home and Residential Division)

- **SAH Analytics Section (Implementation team):**
  - s22 (Director, SAH Reform Branch)
  - s22 (Principal Cost Modeller, EL1 equivalent)
  - s22 Lead Data Scientist, EL1 equivalent)
  - s22 (Senior Data Scientist)
  - s22 (Data Scientist)
  - s22 (Data Scientist)
  - s22 (Data Scientist)