Approval interactions

Further information on which approvals can be given at the same time and also accessed simultaneously will be provided by 1 July 2025.

Changes to Aged Care Programs

Support at Home - Ongoing Classifications 1-8

There are 8 ongoing classifications for Support at Home with increasing levels of funding to provide varying levels of care.

For participants assessed from 1 July 2025, a new classification framework will specify different funding levels based on the information captured during their assessment.

The framework improves on the current 4 Home Care Package levels and consists of 8 ongoing classifications (1 – 8) with increasing levels of funding based on varying need in terms of the frequency and intensity of those services.

Funding amounts for each Support at Home classification are outlined in the Schedule of Subsidies and Supplements. Funding amounts are indicative and are subject to indexation revisions.

In addition, there are 3 short-term pathways which are part of the Support at Home program:

1. Restorative Care Program pathway
2. End-of-Life Pathway
3. Assistive Technology and Home Modifications (AT-HM) scheme (however these are defined as stand-alone service groups under the Act)

Budgets for Support at Home Classifications

Classification	Quarterly Budget	Annual Amount
1	$2,674.18	$10,696.72
2	$3,995.42	$15,981.68
3	$5,479.94	$21,919.77
4	$7,386.33	$29,919.77
5	$9,883.76	$39,535.04
6	$11,989.95	$47,957.41
7	$14,530.53	$58,122.13
8	$19,427.25	$77,709.00
Restorative Care pathway	$6000 (up to 16 weeks) May be increased to $12,000 when eligible	
End-of-Life Pathway	$25,000 (up to 16 weeks)	
Assistive technology	Low ($500), medium ($2,000) and high ($15,000) funding tiers based on assessed need	

Classification	Quarterly Budget	Annual Amount
Home modifications	Low ($500), medium ($2,000) and high ($15,000) funding tiers based on assessed need	

A person's annual Support at Home budget is divided into quarterly (3-monthly) budgets. Older people receiving Support at Home (known as participants) can carry over unspent funds of up to $1,000 or 10% of the quarterly budget (whichever is greater).

These budgets are segmented into quarterly allocations to provide tailored support based on the participant's classification.

Ten percent (10%) of each participant's quarterly budget will be set aside for care management delivered by their service provider. Care management involves:

- planning and coordinating services
- checking in with participants to ensure they are being well supported
- clinical advice and practical support to address any changes in need or issues that arise
- providing support and education where needed.

For more detail regarding Support at Home, please see the Support at Home Program Manual.

An Assessor's Role in Budget Planning

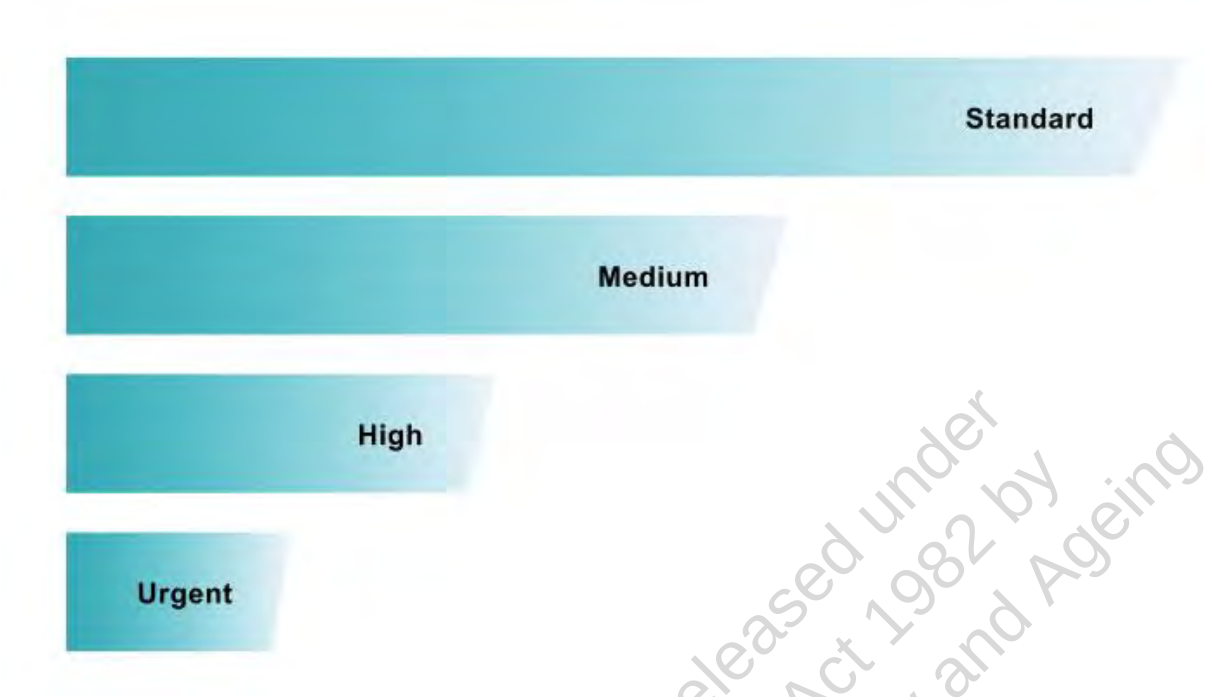
Assessors are not expected to explain the budget process to Support at Home clients. The assessor may wish to give a high-level overview based on the information in this guidance document and direct their client to the Support at Home fee estimator tool, which will be available from 1 July 2025. This tool will allow people to plan budgets and/or estimate fees.

The assessor should emphasise that there will be an opportunity to discuss the budget further with their service provider's care manager. A budget must be developed between the client and their provider alongside the development of the care plan. The budget must outline how funding for participant's ongoing and/or short-term services will be spent in relation to the types and frequency of services outlined in their care plan.

Priority system under Support at Home

Access to the ongoing Support at Home classifications (SAH classification 1 to 8) will be prioritised using information collected during the assessment process and on the client's record, through the Support at Home Priority System.

An older person's priority category will be automatically determined by the system during their **aged care needs assessment** based on six different criteria and assigned one of four levels:



The priority category will be displayed under 'Approvals for a Client' in the Assessor Portal.

If an assessor makes changes to the following fields in an older person's client profile after the priority category has been calculated and the person has been placed in the queue, the system will automatically recalculate the priority category and queue position:

- Accommodation type
- No fixed address
- Lives With
- Aboriginal and/or Torres Strait Islander Status

Assessors should take note if the older person they are assessing is not actively seeking care at the time of their assessment. If the individual does not require a Support at Home service, assessors should advise the older person to contact My Aged Care and request that the "Seeking Services" field is set to **"No"**.

An older person can request to be set as 'seeking services' or 'not seeking services' at any point. This can be done by contacting My Aged Care, or by using the My Aged Care Online Account.

Support at Home - Restorative Care Pathway

The Restorative Care Pathway, under Support at Home, is designed to provide early intervention support to older people by:

- preventing or delaying the need for ongoing in-home care services or the need to access higher levels of ongoing care
- supporting participants to regain their ability to carry out daily activities

- helping participants to manage new or changing age-related conditions
- providing reablement education and skills to participants on how they can retain better function as they age for longer independent living.

Restorative Care can be provided in a home or community setting, or a combination of both. An older person can receive up to a maximum of two episodes of Restorative Care in any 12-month period. Restorative Care cannot be undertaken consecutively and must allow a minimum 90-day period between episodes.

Restorative Care can be delivered for up to a duration of 16 weeks. Some participants may have a shorter restorative care episode, for example, where they reach their goals earlier.

Important: Restorative Care places are capped to 5,000 places per quarter across Australia. From 1 July 2025, system-based visibility of Restorative Care caps will not be available. As a result, there will be no in-system prompts or controls to prevent the allocation of Restorative Care places beyond the quarterly caps. Twice-weekly reports of allocations will be generated, allowing the Department to monitor Restorative Care approvals and communicate with assessment organisations when approvals approach or exceed the assigned caps. Assessment Delegates will need to remain acutely aware of any communication from the Department's Assessment Delivery Section regarding Restorative Care caps to ensure they are making informed approval decisions.

Further guidance for Assessment Delegates is provided in Chapter 6.

Assessing for the Restorative Care Pathway

Restorative Care provides a tailored, multidisciplinary package of allied health and/or nursing services. An individual must require a range of different allied health and/or nursing interventions to be eligible for the Restorative Care Pathway. For example, an individual only requiring physiotherapy, domestic assistance and gardening is not eligible.

Supporting people to regain independence and function is a critical objective of restorative care. The intent of the Restorative Care Pathway is not for an older person to receive passive 'care' services but to be an active participant to safely regain lost independence based on their individual circumstances.

A person is eligible to receive Restorative Care only if they meet all the following criteria:

- The person is assessed as experiencing functional decline that is likely to be reversed through frequent, multidisciplinary allied health and/or nursing interventions over a short period of time
- The person has goals which align with restorative care outcomes (improve function, want to be independent, rely less on others' help, regain previous levels of function, etc)

- The person demonstrates motivation through willingness and capacity to engage and actively participate in short-term clinical interventions to increase independence (for example, willing to attend frequent allied health appointments, engage in exercise and/or nutrition classes, learn how to apply techniques to regain independence, increase health literacy and education, etc)
- The person is not receiving or, eligible for, the Transition Care Program (not residing in hospital at time of assessment)
- The person is not in permanent residential care
- The person is not eligible for, or has recently received, the End-of-Life Pathway, and
- In receiving the proposed episode, the person will not have received more than two episodes of restorative care in any 12-month period and/or will not have received a Restorative Care episode within 90 days of the previous episode.

As an assessor, you must only recommend the Restorative Care Pathway if they meet all the above eligibility criteria.

Expectation setting is an important part of ensuring restorative care is successful and helps ensure people receive the care they need. Assessors should ensure the roles, responsibilities and objectives of restorative care are fully explained during the assessment (including in comparison to ongoing care). This should happen before the Restorative Care Pathway is recommended to ensure the older person fully understands the support that will be available to them and their role. Older people who do not have the capacity or the willingness to engage with the Restorative Care Pathway should not be recommended and approved for it.

For older people new to the aged care system and who are not receiving aged care services:

- an ongoing care Support at Home classification cannot be recommended at the same time as the Restorative Care Pathway.

For older people who are receiving aged care services through an ongoing Support at Home classification:

- The Restorative Care Pathway can be recommended and approved where eligibility criteria **are** met.
  - Assessors must consider the potential for functional improvement that would delay the need for a higher level classification when approving.
  - The Restorative Care Pathway is not a mechanism to provide additional funding to supplement ongoing services.
- If the IAT outcome is a higher ongoing classification, assessors will only be able to select the higher ongoing classification OR the Restorative Care Pathway.

- If the Restorative Care Pathway is selected, the person will remain on their current ongoing classification (rather than the higher classification recommended).

- Assessors should consider if the older person's current provider delivers the Restorative Care Pathway.
  - Under Support at Home, services must be delivered by single provider. If the provider does not deliver the Restorative Care Pathway, the participant will need to change providers to access both restorative care and ongoing services. This should be considered before approving Restorative Care Pathway for people already accessing ongoing services through Support at Home.

Before any older person is approved for the Restorative Care Pathway, assessors should consider the person's longer-term care needs as selecting the Restorative Care Pathway will impact their position in the Support at Home Priority System. Consider how Restorative Care will meet any ongoing needs the person has and consider if a higher classification or ongoing care may be more suitable.

Recommending Restorative Care Pathway in the assessor portal

Upon finalisation of the IAT, if the IAT outcome recommends an ongoing Support at Home classification, this can be overridden to change the IAT outcome to Restorative Care Pathway by clicking the override button. By overriding to the Restorative Care Pathway, you will be navigated to the 'Add Home Support Services' page to add services.

Older people approved for the Restorative Care Pathway can only access services they have been approved for.

Assessors should consider what services have been approved or are being accessed under the person's ongoing Support at Home classification and ensure they are not duplicative (and be based on need connected to their restorative care approval), noting delivery of intensive allied health/nursing services is a key element of the Restorative Care Pathway.

Interactions with other programs

Assistive Technology and Home Modifications (AT-HM) scheme

Older people approved for the Restorative Care Pathway may also require Assistive Technology or Home Modifications to support good restorative care outcomes. Assessors must always ensure these needs are considered when approving Restorative Care.

Older people who are approved for the Restorative Care Pathway are eligible to receive an Assistive Technology low, medium and high funding tier and/or low and medium tier **home modifications**. Participants with an ongoing Support at Home classification who are already have high tier home modifications funding can keep this approval, noting this approval is connected to their ongoing classification approval.

CHSP

An assessor cannot recommend or approve the Restorative Care Pathway:

- For an older person new to the aged care system and not receiving aged care services, and are recommended CHSP through the IAT.
- For an older person already accessing CHSP and are recommended CHSP through the IAT.

If an older person accessing CHSP is recommended an ongoing Support at Home classification through a new assessment the IAT, this can be overridden to recommend the Restorative Care Pathway.

Note: Older people can access allied health and therapy services through CHSP and can be recommended on their support plan.

Other programs/pathways

People cannot receive the Restorative Care Pathway and the following at the same time:

- End-of-Life Pathway (or if they have recently accessed this pathway)
- Transition Care Program
- Permanent Residential Care

Lapse in Restorative Care Pathway Access

Access to the Restorative Care Pathway will lapse if:

- the older person's episode of Restorative Care ends (maximum 16 weeks); or
- a person does not enter into an agreement with a provider to deliver the Restorative Care Pathway before the access code expires (within 56 days of approval with a further 28 days if MAC is contacted for an extension).

An older person will need to be reassessed if they wish to access the Restorative Care Pathway after their access period ends lapses.

Restorative Care Funding

The Restorative Care Pathway provides around $6,000 of funding, for up to 16 weeks. The total amount of funding a participant uses and length of time to complete an episode can differ. Restorative care partners will consider this when developing the goal plan.

At times, participants with higher needs may require additional funding over and above the $6,000 allocated per episode. If the participant requires additional funding within a single 16-week episode, the provider can submit a request for a Support Plan Review.

If approved, a participant can access an additional unit of funding (up to $6,000), to provide a combined total of up to $12,000, for a single episode of restorative care. If additional funding is approved, a participant will not be eligible for a further episode of restorative care within a 12-month period as they have accessed the maximum 2 units of funding within the first episode.

The Restorative Care Pathway may also be accessed in addition to a participant's ongoing budget. A participant with an ongoing Support at Home budget who is approved for the Restorative Care Pathway, can continue to access their ongoing services while undergoing the Restorative Care Pathway. Restorative care partners will need to ensure that their services are not duplicative.

Restorative Care Pathway and the Support at Home Priority System

The Restorative Care Pathway is not subject to the Support at Home Priority System. People can access Restorative Care once a Notice of Decision letter has been received after delegate approval. However, selecting the Restorative Care Pathway will mean that any decisions regarding new ongoing Support at Home services will not be part of the Support at Home Priority System at that assessment (as ongoing or higher ongoing Support at Home classification cannot be selected when Restorative Care is approved). As such, assessors should consider long term need when approving **for the** Restorative Care Pathway.

Hospitalisation and leave

People may need to enter hospital while accessing the Restorative Care Pathway. There are no leave provisions under Support at Home. If a person's Restorative Care episode finishes while they are in hospital, they will need to consider reassessment to determine what will meet their needs.

Support at Home - End-of-Life Pathway

The End-of-Life Pathway will support participants who have been diagnosed with 3 months or less to live and wish to remain at home, by providing more funding to access in-home aged care services.

A participant can access one episode of the End-of-Life Pathway through the Support at Home program. A total of $25,000 is available per eligible participant over a 12-week period. This is the highest funding classification category (per day) available in the Support at Home program.

An older person is eligible to access this pathway if they meet the following criteria:

- A doctor or nurse practitioner advises an estimated life expectancy of 3 months or less to live
- Australian-modified Karnofsky Performance Status (AKPS) score (mobility/frailty indicator) of 40 or less.

Funding can be used to access the participant's approved services from the Home Support service list, including care management.

If approved for assistive technology, dedicated AT-HM scheme funding can also be used to access equipment from the AT-HM list. If eligible, primary supplements will also apply to participants.

Funding for the End-of-Life Pathway is discrete from other Support at Home classifications. If an existing Support at Home participant moves to the End-of-Life Pathway, this will replace their ongoing Support at Home classification. Unlike an ongoing classification, participants cannot accrue funds under the End-of-Life

Pathway. This means that any unspent budget from an End-of-Life Pathway classification will not follow a participant if they live beyond 12 weeks and move to an ongoing classification.

Older people who are not currently accessing Support at Home can access the End-of-Life pathway through a high priority aged care assessment. An assessor will confirm their eligibility for the pathway and approve a list of services they may access.

Allocation of ongoing Support at Home to the client after End-of-Life Pathway

If the participant requires ongoing Support at Home services following the completion of the End-of-Life Pathway, the following will apply:

Participants who were accessing ongoing Support at Home services prior to accessing the End-of-Life Pathway can be transferred to their previous Support at Home classification via a high-priority Support Plan Review.

Participants who were new to Support at Home when they commenced the End-of-Life Pathway can be transferred to the inactive classification that was assigned at their aged care assessment, via an urgent Support Plan Review.

Assessing for End-of-Life

For End-of-Life pathway assessments, only mandatory questions that are required to run the IAT algorithm and generate an ongoing Support at Home classification are required to be completed. This is to ensure the older person has a valid classification to return to if they need services beyond the End-of-Life Pathway funding period. Other questions are optional based on the individual's needs and context.

Recommending the End-of-Life pathway in the assessor portal

You can select the 'End-of-Life' pathway for older people under the '*Goals & recommendations'* tab within the Support plan and services section of the Assessor Portal. It is best practice for End-of-Life to be flagged and verified prior to the commencement of the assessment, however there are allowances to be able to complete these two tasks after an assessment has started. Upon finalising the IAT, the system will recommend either a single CHSP classification or an ongoing Support at Home classification (in nearly all instances, it will be a Support at Home classification for this cohort). To select an End-of-Life outcome, you will need to override the recommendation and choose 'End-of-Life'. You will be navigated to the 'Add Home Support Services' page where services are pre-selected. Assessors should only unselect service sub types if they think the client may not have a need for this service.

This will then enable you to allocate this pathway for delegate approval.

Participants under the End-of-Life Pathway may be approved to receive funding for low and medium tier assistive technology only. Existing approvals for Home Modifications may be retained in order to complete these works.

Support at Home - Assistive Technology and Home Modifications (AT-HM) Scheme

The Assistive Technology and Home Modification (AT-HM) scheme supports older people to live at home and within their community with increased independence, safety, accessibility and wellbeing. The AT-HM scheme provides separate supports under Support at Home, with separate funding tiers (called *classification levels* under the Act) and program settings. Participants can access both assistive technology and home modifications funding tiers at the same time if needed. This will provide upfront funding to access products, equipment and home modifications.

The AT-HM scheme funding may be used for prescription by health professionals, wrap-around services, assistive technology products and equipment and home modifications.

What is assistive technology?

Assistive technology (AT) is any item, piece of equipment or product that is used to help an older person do things more easily or complete activities they can no longer do independently.

Examples of assistive technology include:

- mobility equipment such as walking sticks, walking frames and wheelchairs
- toileting supports including bedpans and commodes
- bathing devices including shower chairs and bath boards
- alternative and augmentative communication (AAC) products
- products for food preparation and eating including adaptive cutting boards and knives, as well as modified cutlery
- costs associated with assistance dog maintenance.

The AT-HM scheme does not include items such as:

- everyday household appliances e.g., a dishwasher
- assessment or therapy tools used by a therapist
- products or technologies funded through an alternative national or state-based program (e.g., the Medical Aids Subsidy Scheme).

What are home modifications?

Home modifications (HM) provide changes to an older person's home to create a home environment that is safer and more accessible, so they can remain living safely at home.

Examples of home modifications include:

- lever tap sets or lever door handles
- grab rails in the shower or bathroom
- internal and external handrails
- modified door locks
- non-slip materials and surfaces for floors and stairs.

In some circumstances, participants may be approved for more significant home modifications including:

- bathroom modification (e.g., level access shower and modifications to improve accessibility)
- ramps and stairlifts.

The AT-HM scheme does not include:

- general renovations to a home or dwelling
- restorations or repairs which are considered normal maintenance of home or dwelling
- changes to a home layout that do not relate to a participant's support needs.

AT-HM List

The AT-HM List sets out the assistive technology and home modifications that can be accessed and funded through the AT-HM scheme.

The AT-HM List is sorted into the following categories:

- managing body functions – including pressure cushions, anti-oedema stockings and memory support products
- self-care products – including adaptive clothing or shoes and assistive products for toileting, bathing and showering
- mobility products – including walking frames, wheelchairs and lifting devices
- domestic life products – including assistive products for food preparation, eating, drinking and house cleaning
- communication and information management products – products and equipment that assist with reading and writing, as well as alternative and augmentative communication (AAC) devices
- home modifications - including accessible showers, grabrails, fixed ramps and safety barriers.

The AT-HM List also outlines the prescription category for each item. The prescription category is the suggested level of skill or qualification required to effectively provide recommendations for the safe and effective use of assistive products or equipment or installation of home modifications.

Assessing for AT-HM scheme

Existing questions in the function section of the IAT will help to identify and determine an older person's need for assistive technology or home modifications. The purpose of the function section is to understand a client's functional ability, their ability to complete activities of daily living, and if the client requires further assistance with these.

For further information about the Function section of the IAT, see the IAT User Guide

During the assessment, consider whether the older person:

- has needs and goals that could be met through using assistive technology or home modifications
- can have those needs met through the services on the AT-HM List

AT-HM funding tier guidance

If assessors identify the older person requires AT-HM they are required to recommend a funding tier. AT-HM funding tier guidance has been developed to assist assessors to make a funding tier recommendation for AT and HM based on the older person's assessed need in the IAT. This includes considering their current functional ability and home environment.

The guidance has been designed to consolidate the main elements of the IAT relevant to AT-HM item use to support assessors in choosing a funding tier. The guide will suggest an assessment tier which should sit where the majority of tier indicators have been selected. Assessors should ensure their recommendations align with the participant's goals, safety, independence, and overall ability to remain living at home. They may choose to select an alternate tier if funding does not align with assessed need. Assessors can upload the document as an attachment to allow the assessment delegate to review as supporting evidence for any funding tier recommendations made.

The AT-HM scheme guidelines will be provided before 1 July 2025.

AT-HM funding tiers

The table below outlines the 3 funding tiers for assistive technology and home modifications.

Funding tier	Funding allocation cap	Funding period
Assistive technology		
Low	$500	12 months
Medium	$2,000	12 months
High	$15,000[1] (nominal)	12 months
[1] Products and equipment with costs greater than $15,000 are available to participants with a prescribed need.		
Home modifications		
Low	$500	12 months
Medium	$2,000	12 months
High	$15,000	12 months[2]
[2] Funding may be extended for an additional 12 months to complete complex home modifications (24 months in total) if evidence is provided to Services Australia		
Other funding		

Assistance dog maintenance	$2,000 per year	Ongoing[3]
[3] Funding for assistance dog maintenance will be automatically allocated every 12 months; however, the funding cannot accrue or rollover.		

Participants will be allocated a funding tier for 12 months (in most cases) to spend their assistive technology and home modification funding.

The cost of wrap-around services—such as delivery, setup, training, and follow-up—are also drawn from the AT-HM funding tier. Providers can add a 10% charge on administration costs for AT claims and a 15% charge for coordination costs for HM claims. Assessors must consider these costs when allocating a funding tier.

Participants may be required to contribute towards their assistive technology or home modifications.

AT-HM funds will not accrue over time and funding will be available for 12 months once a participant is assessed (or reassessed) and approved. If major home modifications take longer than 12 months, funding may be available for a further 12 months if the participant can provide evidence the work has commenced. This will ensure enough time to complete the work to the required standards.

Older people identified at assessment with specific progressive conditions may be eligible to access assistive technology funding for 24 months to meet their rapidly changing needs. In some cases, this funding can be extended for another 24 months, providing a total of 48 months of support.

If available, Home Care Package unspent funds must be used to access assistive technology and home modifications before AT-HM scheme funding is used.

Recommending AT-HM tiers in the assessor portal

The option to recommend an AT and/or HM funding tier will be available for those who have recommended ongoing Support at Home classification. The Restorative Care pathway and End-of-Life Pathway will display the AT and/or HM funding tier options that apply to that pathway. The buttons will display under 'other recommendations' in the *Goals & recommendations* tab.

Assistive technology

By clicking the 'Recommend an Assistive Technology' button you will be navigated to the 'Add Assistive Technology recommendation' page. On this page you must select the Classification type and AT tier:

- **Short-term classification** should be selected if AT is recommended for all AT needs other than assistance dogs.
- **Ongoing classification** should be selected if AT is recommended for assistance dogs.

If short-term is selected, the page displays the AT Tier and relevant service type and services. The older person's concerns and goals should be linked. Service type and services will be pre-selected and read-only.

If ongoing is selected, the page displays Specified Needs and relevant information.

Assistance dogs

If a participant is not eligible or is unable to access the Physical Assistance Dogs Program, costs associated with essential assistance dog maintenance may be included under the AT-HM Scheme where the services directly relate to the upkeep of the dog.

A dog must meet the definition of an assistance dog used by Health Direct and be required to enable participation in activities of domestic life.

Funding for assistance dogs is capped at $2,000 per annum for ongoing maintenance of the assistance dogs e.g., paying veterinary bills, animal vaccinations, deworming and flea treatments, essential grooming and dog food.

Participants requiring assistance dogs will be identified and approved for funding through their aged care assessment. Funding for assistance dogs is a specific need, with separate funding for this purpose. If the participant no longer requires this specific funding, the provider must notify Services Australia through the Services Australia Aged Care Provider Portal.

If an older person has a need for an assistance dog, the assessor will need to identify this in the free text box under 'Sensory concerns' in the Physical, Personal Health and Frailty domain of the IAT.

Home modifications

By clicking the 'Recommend a Home Modification' button you will navigate to the Add Home Modification recommendation' page. On this page you must select an HM tier.

If the recommended classification is Support at Home Restorative Care Pathway, then only Medium and Low Tier will be available.

If there are concerns and goals on the older person's support plan, the option to link goals will be available.

Service type and services will be pre-selected and read-only.

Interactions with other programs

Support at Home

The AT-HM scheme is only available to Support at Home participants, including ongoing Support at Home (classifications 1-8), the Restorative Care Pathway, and the End-of-Life Pathway.

Participants who are not eligible for SaH that require low level on-going services as well as assistive technology and/or home modifications will receive a CHSP classification. These services will be delivered under a CHSP AT and/or HM classification.

TCP clients who have an on-going SaH classification will be eligible for the AT-HM scheme under SaH. TCP clients who are not currently on a SaH package will be eligible for assistive technology and/or home modifications under CHSP.

Restorative Care

Older people accessing the Restorative Care Pathway can access:

- Assistive technology: low, medium and high tiers
- Home modifications: low and medium tiers
- End-of-Life Pathway

Older people accessing the End-of-Life Pathway can access:

Assistive technology: low and medium tiers

Commonwealth Home Support Program (CHSP)

From 1 July 2025 the CHSP comes under the *Aged Care Act 2024* and there will be changes to the way that CHSP services are described, regulated and delivered. This means the types of services delivered must be for older people with an assessed care need under the *Aged Care Act 2024* and a defined service list.

The CHSP service catalogue 2025-2027 details the services an older person can receive under CHSP.

From no earlier than 1 July 2027, the Commonwealth Home Support Programme (CHSP) will transition into Support at Home. Until that time, CHSP will continue to operate as a separate program for existing clients and new clients with low-level needs.

More information is available at: Commonwealth Home Support Programme (CHSP) service catalogue 2025–27 | Australian Government Department of Health and Aged Care

Realignment of CHSP Specialised Support Services (SSS) as of 1 July 2025

Changes are being made to reduce duplication of services across the aged care system and ensure that the grants align with the *Aged Care Act 2024*. Specialised Support Service (SSS) providers will be asked to realign their services, where possible, to other service types under the new service list. For example, allied health and therapy services, social support and community engagement, nursing or personal care. Unit pricing will correspond to the newly mapped service.

Services may not easily realign, such as vision and dementia advisory services. In these circumstances, SSS providers will continue to be funded through a separate schedule in their CHSP agreement for SSS.

More detailed information on the details of the CHSP changes is available at the following fact sheet: Proposed changes to Commonwealth Home Support Programme service list to align with Support at Home.

Interactions between CHSP and other programs

In general, CHSP services must not be provided to people who are receiving other government-subsidised services that are similar to the CHSP. For example, if a client has access to domestic assistance from the Veterans' Home Care Program, they cannot access CHSP Domestic assistance at the same time.

Further information about the interactions between CHSP and other programs will be provided.

Assessing for CHSP

From 1 July 2025 anyone seeking CHSP services will require an aged care needs assessment under the *Aged Care Act 2024*.

Once the assessment has been finalised, based on the information entered into the IAT, the Assessor Portal or Aged Care Assessor App will indicate whether the client requires CHSP or Support at Home (SAH) services.

If CHSP is recommended by the IAT algorithm AND the assessor accepts the recommended outcome, the assessor will proceed to recommend a set of services within the CHSP category.

As time-limited-service recommendations and comments entered in the My Aged Care assessor portal do not appear on the Support Plan, assessors are encouraged to record additional information on time-limited services in the assessment summary so it is visible to the client (e.g., 'client needs time-limited transport services until 28 February 2025 to purchase groceries/attend medical appointments, as they are unable to drive while recovering from acute episode/surgery').

If the CHSP episode is ongoing, the recommendation should explain why ongoing services are needed for the client (e.g., 'due to an ongoing health condition'). Ensure the explanation is justified, well-evidenced and consistent with the 2025 – 2027 CHSP Manual.

In some circumstances, existing CHSP clients may need to contact My Aged Care and be referred for an assessment or reassessment to continue receiving services. This includes:

- When a client's needs change, such as a need for a new service type or a significant increase to support needs. As part of their re-assessment, the client may be assessed as eligible for continuing care through CHSP or may be assessed as eligible for Support at Home.

- Clients who do not yet have a My Aged Care record. When these clients contact My Aged Care, a record will be created for the client.
- Existing clients who have not accessed a CHSP service in the past twelve months must be referred to My Aged Care for a reassessment before any services can be provided.

The 2025-2027 CHSP Manual will be released by 1 July 2025.

National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP)

The NATSIFACP funds service providers to provide flexible, culturally safe aged care to older Aboriginal and Torres Strait Islander people close to their home and/or community.

Service providers deliver a mix of residential and home care services in accordance with the needs of the community which are located mainly in rural and remote areas.

The NATSIFACP Program is administered under the *Aged Care Act 2024* as a type of specialist aged care program.

The services provided through NATSIFACP must reflect the service list prescribed by the *Aged Care Rules 2025*.

Assessing for NATSIFACP

From 1 July 2025 anyone seeking NATSIFACP aged care services will require an aged care needs assessment under the *Aged Care Act 2024*.

NATSIFACP providers will be able to provide services to Aboriginal and Torres Strait Islander older people before an aged care needs assessment has occurred where alternative entry arrangements apply (that is, where an aged care needs assessment would be delayed or a culturally safe assessment).

If the alternative entry process is used, the older person needs to be formally registered for an aged care needs assessment and has up to 30 days to make this application.

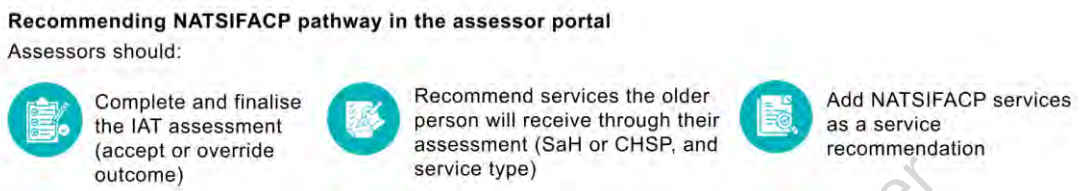
NATSIFACP providers can also make this application on the older person's behalf, either by phone or online. This may include supporting the older person by self-referring the assessment to known assessment organisations in the area, including First Nations assessment organisations in future.

Older people already receiving NATSIFACP services in the 12-months before the start of the new Act on 1 July 2025 will be deemed across to the new Act and will not have to undertake an aged care means assessment if they wish to continue receiving NATSIFACP services after the new Act starts.

In all cases, assessor and assessment organisation should work with NATSIFACP organisations already providing care to inform their aged care assessments. By

working together, assessors and providers can avoid older Aboriginal and Torres Strait Islander people having to tell their story multiple times and ensure culturally safe assessments are conducted. This includes using information the NATSIFACP provider has gathered to help inform the assessment.

Recommending NATSIFACP pathway in the assessor portal



The option to add NATSIFACP services as a service recommendation in an older person's Support Plan are available via the 'Add a service recommendation button' on the 'Support plan and services page' (under 'Goals and recommendations > Other recommendations').

If the individual does not require a Support at Home service, assessors should advise them to contact My Aged Care and request that the "Seeking Services" field is set to **"No"**. This step will prevent the individual from being added to the Support at Home Priority System's queue and being offered a place that they will not need to use while accessing services under NATISFACP.

It is best practice for a NATISFACP service recommendation to be fully recorded in the assessment notes to ensure that information in the support plan is accurate and complete.

In the Notes section, assessors should include the following information:

- If the older person would benefit from accessing services through a NATISFACP provider in their local area
- If the person would like to access services through a NATISFACP provider in their local area

Interactions with other programs

All service groups and types can be delivered under NATSIFACP.

An older person can choose to access aged care services through either a NATSIFACP or mainstream service provider. They may require a new assessment to change providers, this will depend on whether they only have a NATSIFACP default classification level, the service types they require and the range of programs available at their new location.

Further guidelines on NATSIFACP will be provided by 1 July.

Multi-Purpose Service Program (MPSP)

The MPSP provides integrated health and aged care services for older people living in small rural towns and remote areas that cannot support stand-alone aged care and health services.

The MPSP is managed under the *Aged Care Act 2024* as a type of specialist aged care program.

The following aged care services can be delivered under the MPSP:

- Permanent residential care services
- Residential respite
- Home or community services

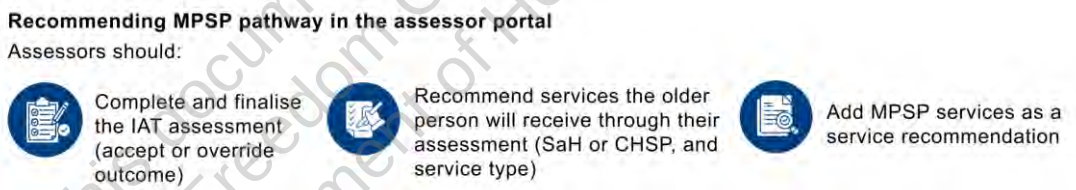
Assessing for MPSP

Any person seeking to access services under the MPSP must make an application for funded aged care services. This must be in the approved form.

An older person can also commence accessing services at a MPSP immediately in some circumstances without going through the above application and assessment processes, through the alternative entry arrangements.

For alternative entry arrangements, the older person must ensure they still make an application for funded aged care services within 30 days of commencing services at or through the MPSP, and the delegate will need to agree to backdate the approval notice.

Recommending MPSP pathway in the assessor portal



The option to add MPSP services as a service recommendation in an older person's Support Plan are available via the 'Add a service recommendation button' on the 'Support plan and services page' (under 'Goals and recommendations > Other recommendations').

If the individual does not require a Support at Home service, assessors should advise them to contact the My Aged Care and request that the "Seeking Services" field is set to **"No"**. This step will prevent the individual from being added to the Support at Home Priority System's queue and being offered a place that they will not need to use while accessing services under MPSP.

It is best practice for all MPSP service recommendations to be fully recorded in the assessment notes to ensure that information in the support plan is accurate and complete.

In the Notes section, assessors should include the following information:

- If the older person would benefit from accessing services through a MPSP provider in their local area
- If the person would like to access services through a MPSP provider in their local area

Interactions with other programs

An older person cannot usually access services in the home and community and in a residential care home at the same time.

A person approved for home support, assistive technology and home modification service groups may access some services through an MPSP, and other services through a mainstream registered provider (e.g. a provider who delivers services under the Support at Home program). An older person cannot access the same service on the same day from a specialist aged care program provider and another service provider.

The access approval and support plan provided to an older person may contain a number of referral codes. This can include referral codes for the person to access particular groups of services from a mainstream provider (e.g. under the Support at Home program).

Where the needs assessor discussed the person seeking access to services through their local MPS, the decision and plan should also include a specific referral code that a provider delivering services under the MPSP can use.

Transition Care Program (TCP)

Transition care offers short-term support and active management for older people after a hospital stay, aiming to improve their independence and confidence before returning home. This includes:

- social work
- nursing support
- personal care
  allied health care.

Care can last up to 12 weeks and take place in a person's home, a community setting or a residential aged care setting. Older people accessing Support at Home can also access TCP services if they are assessed by an assessor.

Further information and/or guidance relating to Transition Care Program (TCP) will be provided by 1 July.

Residential care

Residential aged care will continue to be a care type that can be recommended to an older person. There are two types of residential care: ongoing (permanent) and short-term (Respite).

An ongoing residential care approval does not compel an older person to enter residential care, it simply enables a person to commence residential care services if and when they choose to do so, without the need for further assessment.

Matters relating to residential care must be decided with the consent of the older person, and if they do not have capacity, their appointed decision maker (whether or not that person is a registered supporter).

Where possible, older people should be supported to live in their community for as long as possible. An assessment may, however, identify residential care as a suitable option for an older person who is no longer able to be adequately cared for by carers or family, and is incapable of living in their community without support.

Short-term (respite) care is provided as an alternative care arrangement with the primary purpose of giving a carer or an individual in need of care a short-term break from their usual care arrangement. Residential respite is not intended as an alternative to restorative care.

Older people will continue to be able to access emergency respite care through the alternative entry pathway, even if they have not been assessed and approved for shorter-term residential care.

Recommending residential care

If an older person's concerns and goals identifies the need for residential care, ongoing and short-term residential care can be added to a person's support plan through the 'add care type' button on the *Goals & recommendations* tab.

An assessor will need to consider the person's:

- physical needs – how much support does the person need for daily living activities (i.e. preparing meals, eating, showering, dressing etc.) their level of mobility and whether they need assistance to walk, sit and stand
- health needs - does the person have chronic health issues that require nursing intervention or regular clinical/medical procedures
- cognitive needs – does the person have issues with memory, orientation, or thinking abilities, is there a diagnosis of dementia or Alzheimer's disease
- psychological and wellbeing needs – do they have any symptoms of depression, anxiety or other mental health challenges, or isolation. Is there a strong social support network for the person
- current living arrangements – what is their living situation and is their living environment safe, do they have family and friends for informal support
- carer impacts – does the carer need a break and would respite support the person's wishes to stay in their own home longer

There may be a combination of any of the above needs or factors, or a single need that results in the assessor determining that an individual is incapable of living in a home or community setting without support (*Aged Care Rules 2025* Section 65-20 eligibility requirement – service group residential care) and has a continuing need for funded aged care services, including nursing services (*Aged Care Act 2024*, Division 3, Section 68).

Priority for residential care

To meet the requirements of the *Aged Care Act 2024*, a person will be assigned a priority category (1, 2 or 3). Although important, this will not impact a person's access to care.

The priority category is determined by a person's urgency for care (see below) and several other demographic factors which are calculated by the system based on information on the client's record and support plan. These system-based factors include whether a person is living in a remote location (see below), identifies as a First Nations person, is homeless or is at risk of homelessness.

In the registration process and support plan, minor system changes have been made to support the calculation of a client's 'priority category'.

As an assessor, you will not need to assign a priority category.

Once an assessment has been completed, an individual's priority category will display on their record in the My Aged Care system.

Urgency for residential care

When an assessment identifies ongoing residential care as a suitable option for an older person, their level of urgency for entering residential care must be considered.

A person's urgency is different to their need for residential care. While it is expected that all people with a recommendation for residential care have been assessed as having high-level care needs, their level of urgency indicates the extent to which a person may be at immediate risk, including to personal health and safety, if they are not admitted to residential care within a timely manner.

This rating will not undermine the older person's ability to choose to remain in their home but will provide a guide for aged care homes and others (such as Care Finders) to prioritise people who may be most at risk.

Urgency short term residential care (respite)

When you add short term residential care (respite) as the care type in an individual's support plan, the urgency rating will be set as high and will be read only.

Urgency for ongoing care (permanent)

When residential permanent is selected, there has been an update of the question 'What is the urgency of this care type' in the support plan. This question is a mandatory question with a rating to be selected from:

- High
- Medium
- Low

Provide a rating (low, medium or high) which balances objective consideration of needs with the subjective perspective of the older person/supporter. Include a brief note in the *reason or comments* section explaining key reasons for the rating, which may include:

- Key individual, care related or contextual needs and how these relate to any safety/wellbeing risks.
- Whether the older person/ has expressed an urgent need to enter care
- Perspective on estimated timeframe the older person needs to enter care

Relevant factors to consider in determining urgency may include:

- Current care settings (including if the person is transitioning into residential aged care from hospital or residential respite care)
- Significant and visible decline in the level of function, cognition and/or ability to perform activities of daily living in the home with available support
- Health conditions and ability to manage these in the home with available support
- Severe incontinence that cannot be managed within the current care settings
- High risk to personal safety (e.g. hazardous home environment, high risk of falls, wandering, or elder abuse)
- Complex factors, including but not limited to: homelessness or risk of homelessness; drug and alcohol abuse; mental health issues; or severe social isolation
- Lack of available and sustainable formal, informal or support (including any impacts on carers)

Where the older person has a registered supporter, who is not an appointed decision maker, that supporter can be involved in any discussions at the direction of the older person. Registered supporters help older people to make and communicate their own decisions about aged care. This includes supporting the older person to make aged care decisions and communicating information for the older person.

The following can be used as a guide to what urgency may look like within each category. Examples are provided for demonstrative purposes only and each case will need to be judged independently based on diverse individual factors.

Level of Urgency	Description
High urgency	The older person has an immediate need to enter into residential care which if not met may place their safety, health or wellbeing at risk. Example: John has an ongoing Support at Home classification 8. He recently had a fall and is currently in hospital. John feels like he is unable to return home, and the hospital requests an urgent aged care assessment. The outcomes of John's assessment reveal several risk factors. His health and function are declining, and he has experienced several incidences of falls in recent months leading to hospital admissions. He lives alone, feels socially isolated and needs substantially more hours of care than is possible through the formal support he can receive through Support at Home. The

Level of Urgency	Description
	Assessment Delegate approves John for residential aged care services, with a high urgency rating.
Medium urgency	The older person's health and safety are not at immediate risk; however their individual circumstances suggest that residential care will be needed within the next 6 months. Example: Mei has been receiving CHSP services for a few years and recently requested a support plan review to have her needs and services reviewed. As her needs have increased, and she has some complex factors, including declining cognition and moderate incontinence, a new assessment was arranged by the assessor. Mei's daughter, Tao, is her primary carer and is becoming overwhelmed. She's concerned about how much longer Mei will be able to remain living at home by herself, should her cognition and incontinence deteriorate. Mei speaks to her GP and requests a reassessment. The assessor has a conversation with Mei and Tao about the option of ongoing residential care, and they agree that Mei will likely move into an aged care home within the next three to six months. Mei is approved for ongoing Support at Home as well as residential aged care services, with a medium urgency rating.
Low urgency	The older person's health and wellbeing is not at immediate risk and although the older person wants to retain the ability to enter residential care at some point, it is not required urgently or within the next 6 months. Example Maria has been receiving CHSP services in her home. She can still complete many basic and daily living tasks without help but has had a few minor falls recently and is becoming less mobile around the house. Through a new assessment an ongoing Support at Home classification is approved to meet her current needs. She's feeling very lonely as many of her friends in the community have already moved into aged care homes, and her children live interstate. She is worried that she might have another fall and need to move into an aged care home. Maria's son agrees to move in with her to provide informal care for 6 months, but she knows that she'll probably need to move into residential aged care once he leaves. Maria is approved for permanent residential aged care, with a low urgency rating.

Clients residing in rural and remote areas

IT System enhancements have been built to map a client's residential address to their relevant Modified Monash Model (MM) 2023 region which is needed to

determine their priority. This will be completed automatically for every client approved for residential aged care.

If the client is being assessed in a temporary location, the address where the client is generally located should be used. If the older person is being assessed in a city whilst staying with family, this will greatly skew the urgency rating.

When an older person registers with My Aged Care, they will be prompted to enter in relevant contact details including their home address. If a home address has not been inputted or is incorrect, an assessor may input or update a clients address at the time of assessment. This is a mandatory field as part of My Aged Care registration/assessment. If you update the individual's address, you will need to click on the 'validate this address' button to populate the MM classification.

A yellow text box may appear when residential care is added or edited as a care type in the *'goals and recommendations'* section of the support plan and the MM classification has not been mapped to the individual's record. The yellow box will seek to update the clients address in their record or manually select the appropriate Modified Monash (MM) area.

More information is available at: Modified Monash Model | Australian Government Department of Health and Aged Care

Place Allocation

To support the Places to People reform, changes have been made within the existing My Aged Care system to implement a new place allocation system.

Upon commencement of the *Aged Care Act 2024*, if a person has been approved for residential care, (permanent or respite), they will be allocated a place immediately. They will be advised on this in the Notice of Decision letter.

There will be no delays to allocate the place. Once the person has their place it stays on their My Aged Care account and will not be withdrawn. There are no time limits for when people need to enter into care.

Revocation of eligibility during an assessment

Under the *Aged Care Act 2024* there are clear age eligibility requirements to receive a needs assessment. Individuals are eligible if:

- They are aged 65 years or older; or
- 50 years or older for Aboriginal and Torres Strait Islander people; or
- 50 years or older and homeless or at risk of homelessness

An individual's eligibility to undergo an assessment is determined by a triage delegate based on the information available to them when triage is conducted. In rare circumstances, an assessor who is conducting an assessment or wallet check will become aware of information which indicates an individual may not be eligible for assessment. If an assessment organisation has concerns an individual, their registered supporter and/or appointed decision maker has provided:

- information or a document relevant to their eligibility which is false or misleading; or
- has made an omission without which the information provided is misleading

The assessment organisation should contact the Department to raise their concerns. An internal Departmental delegate will exercise the power of the System Governor to determine whether an individual's eligibility for assessment should be revoked.

Further information and a contact address will be provided when available, before 1 July.

Chapter 6: Assessment Outcome

What you'll find in this chapter

This chapter includes important information about:

- changes to assessment delegations under the *Aged Care Act 2024*, for both Clinical and Non-clinical Assessment Delegates.
- Criteria used to determine 'priority categories' for different service groups under the Act
- the updated Notice of Decision and the steps Assessment Delegates need to take to generate this letter.

Assessment outcome and approvals

Under the *Aged Care Act 2024* (Cth), assessors are required to provide the System Governor with a report of the assessment as soon as practicable after the assessment has been completed. This report is the support plan. System Governor functions at this stage of the assessment process are performed by (delegated to) Assessment Delegates. The assessor portal will support assessors to recommend the following to the assessment delegate for approval: **service groups**, the **classification type** (short-term, ongoing or hospital transition) for each recommended service group; the **classification level**, any **service types** or **services**, and the **priority category** if required.

The assessor must also include in the support plan any information to support the Assessment Delegate to decide that the individual meets the relevant criteria (in the Act and its related rules) for the recommended approvals.

Assessors must ensure all information generated during the assessment is uploaded to the older person's My Aged Care Record following the completion of an assessment.

Delegate role in assessment outcomes

From 1 July 2025, Assessment Delegates will continue to play an important role in the outcome and finalisation of an older person's assessment.

Once an aged care needs assessment is finalised, the Assessment Delegate (as a delegate of the System Governor) must ensure that all eligibility requirements are met before approving any service group, service type, or specific funded aged care service. This means that the older person's situation must comply with the conditions outlined in sections 65-68 of the *Aged Care Act 2024*, and any additional eligibility criteria set by the relevant rules must be satisfied. If these requirements are not met, the Assessment Delegate cannot approve the provision of aged care services.

Before approving an older person for funded aged care, delegates must review the following:

- Full comprehensive assessment information/documentation including the IAT, support plan and other documentation available such as the GP health summary.

Non-clinical Assessment Delegates

From 1 July 2025, all needs assessors will have delegation under the Act to approve entry-level services. Assessment Organisations can determine whether to permit all needs assessors to undertake this role, noting that there is no system functionality in the short-term for the 'Non-clinical Assessment Delegate' position from 1 July 2025. When approving an assessment they have undertaken, needs assessors acting in their capacity as a Non-clinical Assessment Delegate should exercise due care to ensure the assessment is complete, free from errors, contradictions or omissions.

Non-clinical Assessment Delegates are restricted to approving entry level home support, AT or HM services under CHSP (i.e. with classification levels of CHSP class, AT CHSP and HM CHSP).

Clinical Assessment Delegate approval is required for Support at Home ongoing and short-term classifications, Assistive Technology (low, medium, high), Home Modifications (low, medium, high) and residential care. If approvals for any of these are required, the assessor **must** convert to a comprehensive assessment. Once an assessment is converted to a comprehensive assessment, the approval will flow to a Clinical Assessment Delegate.

Note:

- The above is the case regardless of whether the services will be delivered by a mainstream or a specialist aged care program provider (e.g. under the MPSP or NATISFACP provider).

- From 1 July 2025, on-system recording of Non-clinical Assessment Delegate decisions will **not** be available. Until the functionality becomes available, Non-clinical Assessment Delegates should ensure their approval decisions are manually documented. A template letter will be provided for Non-clinical Assessment Delegates to document their decision and notify the older person of the decision. The older person's registered supporter (including if that person is an appointed decision maker) may also be notified in certain circumstances.

Further information about the non-clinical assessment delegate role will be provided before 1 July 2025.

Clinical Assessment Delegates

From 1 July 2025, Clinical Assessment Delegates will be able to approve an older person for all service groups, classification types and classification levels.

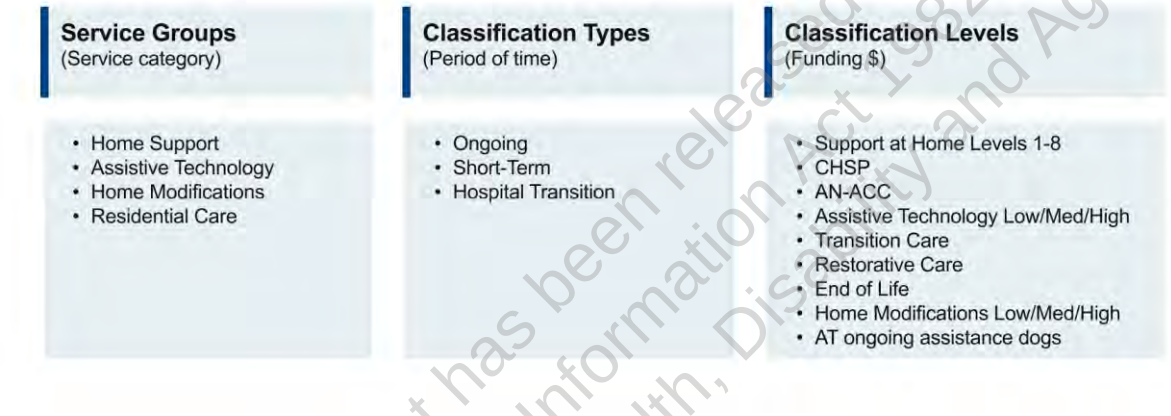
When reviewing the recommended services in an older person's support plan, Clinical Assessment Delegates must first accept or override the recommended

classification. Once the delegate accepts a recommended classification, they will be able to action the other recommendations in an older person's support plan.

If a Clinical Assessment Delegate edits or alters an assessor's recommendation, they will need to provide a reason for that decision in the system. In this situation, the delegate should contact and communicate with the assessor to discuss overriding the decision.

Delegate decisions

There are three main elements an assessment delegate needs to make a decision on. These are service groups, classification types and classification levels. These relate to sections 65 and 78 of the *Aged Care Act 2024*. In some circumstances, assessment Delegates will also need to assign a priority category per section 86 of the Act (see below for more information).



Access approval decision

Upon reviewing the support plan (known as the assessment report in the *Aged Care Act 2024*) assessment delegates are required to make a decision as to whether or not an older person requires access to funded aged care services under section 65 of the *Aged Care Act 2024*. Further, the Assessment Delegate will need to decide whether to approve one or more service groups and the corresponding classification types (see section 65). For older people who are not Aboriginal and Torres Strait Islander people, the Assessment Delegate will also need to approve:

- aged care service types from the service list for the home support, assistive technology and home modifications service groups (the older person is approved at the level of service type – so they are approved for all services in a service type)
- specific service(s) in the *Allied Health and Therapy* and *Therapeutic Services for Independent Living* service types, if either of these service types is recommended.

An Assessment Delegate can only make the decision that an older person requires access to funded aged care services if sections 66, 67 or 68 apply to them, and they meet the eligibility requirements for the service group defined in the Aged Care Rules 2025.

Important: Under Section 65 of the *Aged Care Act 2024* an older Aboriginal and Torres Strait Islander person only needs an approval at the level of service group to receive aged care services. This means that if the older person is approved for a service group, they are automatically approved for *all service types and services* in that group.

Restorative Care Place Caps

Restorative Care places are capped to 5,000 places per quarter across Australia. From 1 July 2025, system-based visibility of Restorative Care caps will not be available. As a result, there will be no in-system prompts or controls to prevent the allocation of Restorative Care places beyond the quarterly caps. Twice-weekly reports of allocations will be generated, allowing the Department to monitor Restorative Care approvals and communicate with assessment organisations when approvals approach or exceed the assigned caps.

Assessment Delegates will need to remain acutely aware of any communication from the Department's Assessment Delivery Section regarding Restorative Care caps to ensure they are making informed approval decisions. These communications will be the primary tool for identifying when Restorative Care caps are nearing exhaustion. Being responsive to these insights is essential for maintaining compliance with program limits and avoiding over-allocation.

When reviewing and approving Restorative Care recommendations, Assessment Delegates should be mindful of the limited availability of program places and consider whether other service types—such as other Support at Home services or reablement options under CHSP—could provide an equivalent level of support. This ensures that approvals are both appropriate to an individual's needs and aligned with the sustainable allocation of Restorative Care places.

The Department will provide further communications and guidance closer to 1 July 2025 about the allocation of Restorative Care places.

Classification decision

Once an Assessment Delegate has made an access approval decision under section 65 of the Act, individuals must also be approved a classification level for the service group and classification type under section 78 of the Act. There are different classification levels (sometimes simply called 'classifications') for the service group and classification type combinations. For example, a person receiving ongoing aged care services with a Support at Home (SAH) classification will be approved for:

- **Service group:** home support
- **Classification type:** ongoing
- **Classification level:** SAH class (1 to 8)

They will also be recommended service types (and in some cases specific services) in line with their assessed aged care needs.

Priority category

Under Section 86 of the Act, the Assessment Delegate is required to assign a priority category for an individual for the following service groups and classification types:

- Home support – ongoing (SaH or CHSP)
- Assistive technology – ongoing and short-term
- Home modifications – ongoing and short-term
- Residential care – ongoing and short-term

Note: priority categories are automatically generated by the system, therefore an assessor will *not* need to manually assign a priority category. However, they will need to ensure that the information entered in the IAT and on the client's record is accurate.

In practice the process for determining a priority category is as follows:

1. The aged care needs assessment is carried out.
2. A priority category is calculated and assigned by the system at the end of an assessment
3. The priority category is pre-populated into the Notice of Decision (in some cases this may need to be done manually).

Home support – ongoing

The priority category for ongoing Support at Home is calculated based on six different criteria captured in the IAT or on the client's record. These are whether the person:

1. lives alone
2. identifies as Aboriginal or Torres Strait Islander
3. has an assessed cognitive impairment
4. is experiencing homelessness or is at risk of homelessness
5. requires urgent service provision
6. has waited more than six months from the initial assessment referral and lives in a regional or remote area.

The priority category for all ongoing CHSP services will be 'Not applicable'.

Residential Aged Care

The priority category for Residential Aged Care is calculated based on 5 different criteria captured in the IAT or on the client's record. The criteria is the older person/'s:

1. identifies as Aboriginal or Torres Strait Islander
2. is experiencing homelessness
3. resides in a rural or remote area (MM 5 to 7)
4. has entered residential care through emergency circumstances
5. Urgency rating for residential aged care

Assistive Technology and Home Modifications (AT-HM)

Between 1 July and 14 October 2025, all recommendations under the service groups assistive technology (ongoing and short-term) and home modifications (short-term) will be classed under the priority category of ‘immediate’.

Further information about how priority is calculated for assistive technology and home modifications post October 2025 will be made available soon.

Notice of decision

Everyone assessed will be informed of the outcome of their application for funded aged care services, including which ongoing and/or short-term funded aged care services they have been approved to access. The outcome is communicated to the individual through the Notice of Decision letter, which is titled ‘Outcome of your application for funded aged care services’. The Notice of Decision includes the older person’s support plan as an attachment.

Once the Assessment Delegate finalises their decisions, the assessment organisation sends the Notice of Decision to the older person (and their registered supporter/s, if applicable).

The Notice of Decision will outline the funded aged care services that the person has been approved to access and other related required decisions under the Act. It will look different from the current Notice of Decision and will include:

- the approved service groups (approved service types and services, where required, will be listed in the attached support plan)
- the approved classification type for each service group
- the approved classification level (for residential care – ongoing, this will not yet be known)
- the approved priority category (where applicable)
- the reasons and evidence supporting the delegate’s decision
- guidance for the older person about what they can do if they wish to query or dispute the decision.

The Notice of Decision will be partially pre-populated (initially, for comprehensive assessments only) based on the information the assessor inputs into the older person’s support plan. It will also include prompts for the Assessment Delegate to further tailor the notice to the individual’s circumstances and produce a legally compliant letter.

Providers can view the Notice of Decision and support plan via the My Aged Care Service and Support Portal. Older people and/or their registered supporters (where relevant) can also view their Notice of Decision and support plan via their My Aged Care Online Account.

In rare instances where the delegate determines that no funded aged care services are required, the delegate will also need to send a Notice of Decision to the client to formally advise them of this outcome.

Non-clinical Assessment Delegates and Notices of Decision

With CHSP and NATSIFACP/MPSP services becoming Act-based services from 1 July 2025, Non-clinical Assessment Delegates will be required to produce a Notice of Decision before issuing a referral code(s) for these services. This is an important change that assessment organisations must adhere to, to ensure compliance with the *Aged Care Act 2024*.

Some assessment organisations will be used to issuing letters to this cohort of clients following an assessment, but usually *after* they've provided a referral code(s). Under the new Act, referral codes should only be shared with the client once the Non-clinical Assessment Delegate has signed the Notice of Decision and shared it with the client. If referral codes are issued ahead of providing a Notice of Decision, but the Notice of Decision is ultimately not issued, this risks invalidating the assessment outcome. The Notice of Decision is the key legal mechanism that reflects a decision by the System Governor for the client to receive a funded aged care service.

The Notice of Decision the Non-clinical Delegate sends will include the referral code(s) for the recommended service(s).

As part of the phased digital delivery process, Non-clinical Delegates will be required to produce the Notice of Decision 'off-system'. The system automation that Clinical Delegates will be familiar with when producing a Notice of Decision will not be introduced for several months for Non-clinical Delegates.

Instead, Non-clinical Delegates will use a template to complete this process. The Notice of Decision template will be available under the 'Resources' section of the Assessor Portal and will also be provided to assessment organisations by email. To support this change, the department will issue a standalone fact sheet and video guidance on populating the letter itself prior to 1 July.

The information Non-clinical Delegates will need to put in the letter will be clearly marked in the letter and all information will be available in the Assessor Portal. While the information for entry-level services like CHSP is less complex than that of Support at Home, it is still important that Non-clinical Delegates review and transcribe the information carefully.

A high-level overview of this process is as follows:

#	Overview	Action required
1	**On-system:** Recommend services, complete support plan and	• Complete and finalise the IAT. • If CHSP is recommended by the IAT algorithm AND the assessor accepts the

	issue referral codes (as required).	recommended outcome, the assessor will proceed to recommend a set of services. • If the assessor wants to recommend MPSP and NATSIFACP, they will need to use the "Add a Service Recommendation" function in the Support Plan. • Confirm completion and review assessment summary for accuracy/consistency. • Select 'Complete Support Plan' and continue to match and refer. • Go to 'manage services and referrals' tab and issue referral codes. • Generate referral codes letter and access the Notice of Decision offline template.
2	**Off-system:** Produce Notice of Decision letter using offline template.	• Manually prepare notice of decision letter based on Notice of Decision offline template and guidance provided by the department. • At a minimum one template will be provided for approval of services and one template for non-approval of services. • Copy and paste relevant attributes into the template (e.g. client details, including their address and aged care ID) and edit template to outline reasons for decisions. • Send the Notice of Decision letter and Support Plan with client and their registered supporter. This can be sent electronically or via post depending on the person's preferences.
3	**On-system:** Attach Notice of Decision letter to client file	• Attach the Notice of Decision letter to the client's file.

Application for Care Form

Most individuals seeking access to funded aged care services will not be required to complete an Application for Care form. The act of applying for an assessment will occur through one of the existing registration pathways (e.g. the Contact Centre).

However, individuals seeking access to emergency respite care will continue to be required to complete an Application for Care Form. This form must be completed and uploaded to an individual's My Aged Care Record, to confirm when an individual begun receiving services.

Triage Delegates should review the form for completeness. The responsibility to review and approve the application and alternate entry dates rests with the Assessment Delegate.

Further guidance and information about this form will be available in the My Aged Care Assessment Manual prior to 1 July 2025.

Australian Government
Department of Health and Aged Care

Assessment Organisation Forum

6 November 2025

Agenda

s22

- IAT override

s22

s22

IAT override

Assessors and assessment delegates may override the IAT algorithm recommendation for:

- specific short-term pathways, such as the Restorative Care Program, Transition Care Programme and End of Life pathways; and
- residential aged care, including permanent residential care and respite care.

The override function **should not** be used to alter an individual's Support at Home classification.

MyAgedCare.Assessment@health.gov.au

s22

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s22

Feedback and questions

Australian Government
Department of Health and Aged Care

Assessment Organisation Forum

12 December 2025

Agenda

- Feedback and observations
- IAT Classification Algorithm

s22

Acknowledgement and thanks

- First anniversary of the Single Assessment System Workforce. **What a major milestone!**
- Thanks, and appreciation to all Assessment Organisations in supporting and collaborating with the Department. **Huge effort!!**
- 6 weeks since the commencement of the New Age Care Act and Support at Home
- Assessment Organisations have a key role in the success of the new Act

Feedback and observations

- The Department has heard your concerns
- We will continue to address concerns and issues while keeping you informed of outcomes
- The Department appreciates the ongoing commitment and insight of how assessments are working in practice and how the assessment workforce are going
- Additional guidance and details will be provided later in this session

IAT Classification Algorithm update

- Fact sheet provides further information on the IAT Classification Algorithm. It covers:
  - What it does
  - Why it has been introduced
  - How it works
  - How it was developed
  - The roles assessors and assessment delegates play

- The fact sheet includes FAQs that have been themed intro three categories for ease of reference, they include recommending:
  - ongoing home support services
  - short-term pathways and residential care without ongoing home support services
  - short-term pathways and residential care alongside ongoing home support services.

- Guidance videos are being produced to cover common scenarios under each category.

IAT Classification Algorithm fact sheet highlights

Aged Care Service Approvals under the Act

- Three primary components of approvals that, when combined, are comparable to 'being approved for a program'. Components are:
  - Service groups (setting and nature of care)
  - Classification types (frequency of care)
  - Classification levels (funding)

The IAT Classification Algorithm determines the classification level for ongoing home support services

- For example, ongoing aged care services will be approved for:
  Service group: Home support
  Classification type: Ongoing
  Classification level: CHSP class or SAH class (1 to 8)

IAT Classification Algorithm fact sheet highlights

- Introduced to:
  - Achieve consistency
  - Ensure equity
  - Build confidence.

- Guided by a set of rules and considers needs at 3 levels:
  - Identification of functional abilities
  - How well functional needs are being met
  - Compounding factors.

Important! The quality of information entered into the IAT is critical to achieving a classification outcome reflective of the person's needs.

IAT Classification Algorithm fact sheet highlights

Recommending ongoing home support services

- If the assessor intends to recommend ongoing home support services, they must accept the IAT Classification Algorithm outcome to comply with section 81-10 of the *Aged Care Rules 2025*
- For older people new to the aged care system, if the IAT Outcome results in 'ineligible for CHSP/SaH', the person is not eligible to receive CHSP or SaH.
- When reassessing transitioned HCP clients, assessors can maintain the transitional classification where it is more beneficial for the older person
- CHSP services can be recommended alongside SaH if the IAT Outcome generates a SaH classification level. Once a person receives SaH funding there are limited circumstances where a person can receive CHSP services alongside SaH

IAT Classification Algorithm fact sheet highlights

Recommending short-term and residential care pathways without ongoing home support services

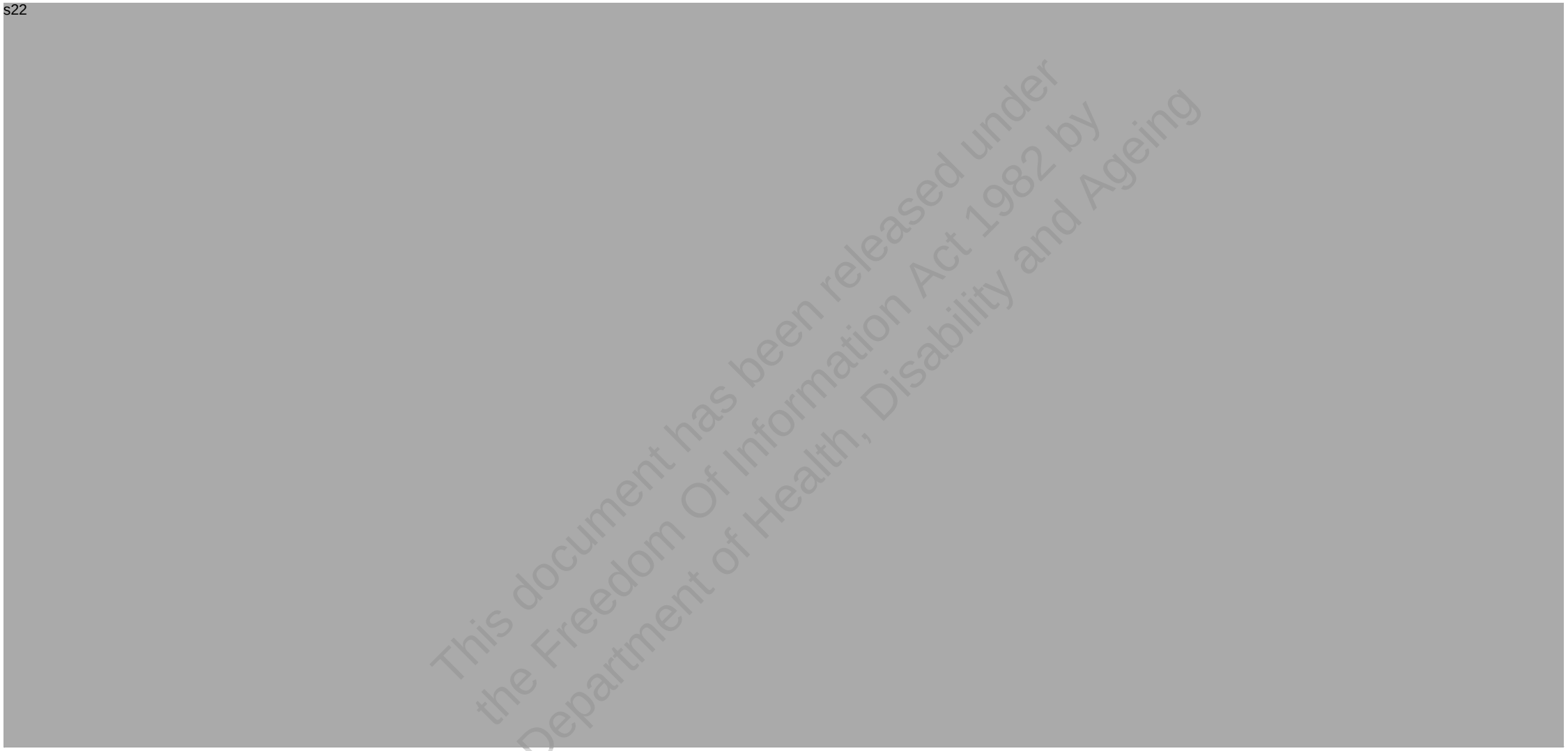
- Assessors can recommend short-term home support pathways and residential care services without recommending ongoing home support by overriding the IAT Outcome and selecting these pathways from the drop-down box
- Restorative Care Pathway cannot be recommended if the IAT Classification Algorithm outcome is CHSP in line with 81-15 of the Aged Care Rules 2025

IAT Classification Algorithm fact sheet highlights

Recommending short-term pathways and residential care with ongoing home support services

- To recommend CHSP services alongside TCP as long as services are not duplicative, the IAT Outcome should be overridden to 'ineligible for CHSP/SaH'. CHSP services can be added using the 'add a service recommendation' button.
- In very limited circumstances, an assessor may recommend the older person for both ongoing Support at Home (SaH class 1-8) and TCP concurrently, provided the IAT classification algorithm generates a Support at Home classification. If an assessment and approval for SaH classification (1–8) occurs in hospital, the IAT classification algorithm outcome must be accepted.
- A Support at Home participant can continue to access Support at Home services while receiving TCP services, as long as there is no duplication of services between the programs.
- Residential care can continue to be added as a care type in the support plan once the ongoing home support classification is accepted, provided they meet the eligibility requirements for this care type set out in the Aged Care Act.

s22



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s22

Questions and answers

Australian Government
Department of Health and Aged Care

Assessment Organisation Forum

12 March 2026

Agenda

- General update

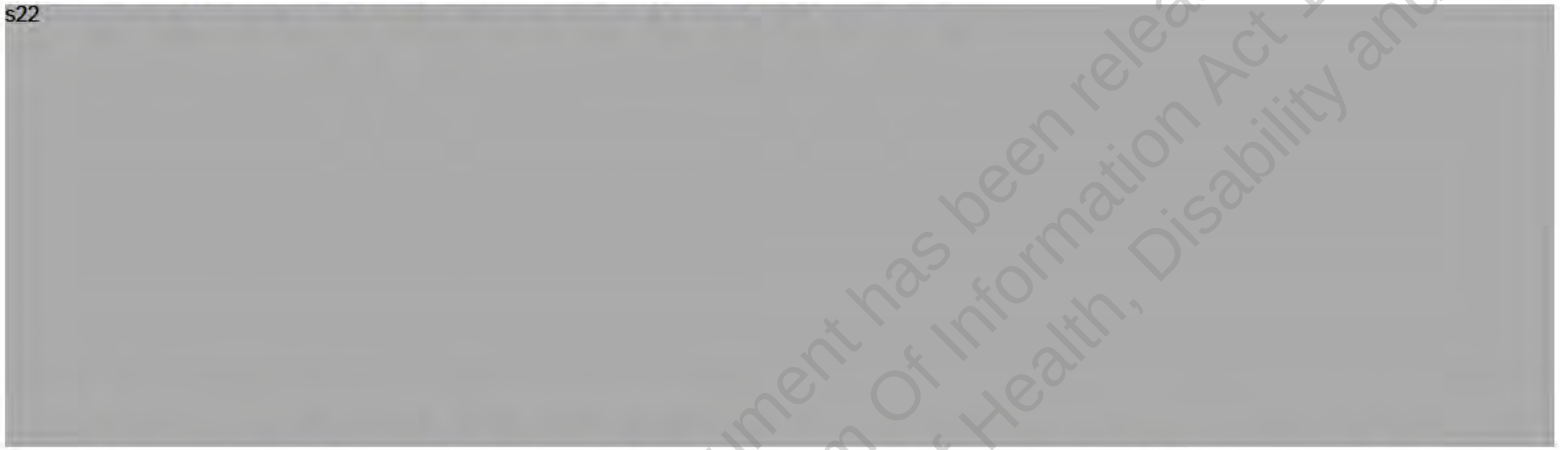
s22 [redacted]

- Q&A

General update

Release 35 (Monday 23 Feb 2026) key updates:

s22



- A new IAT Classification Algorithm outcome override warning message.

s22

Known Issues

s22 [redacted]

How to recommend the

Transition Care Program (TCP)

Actions

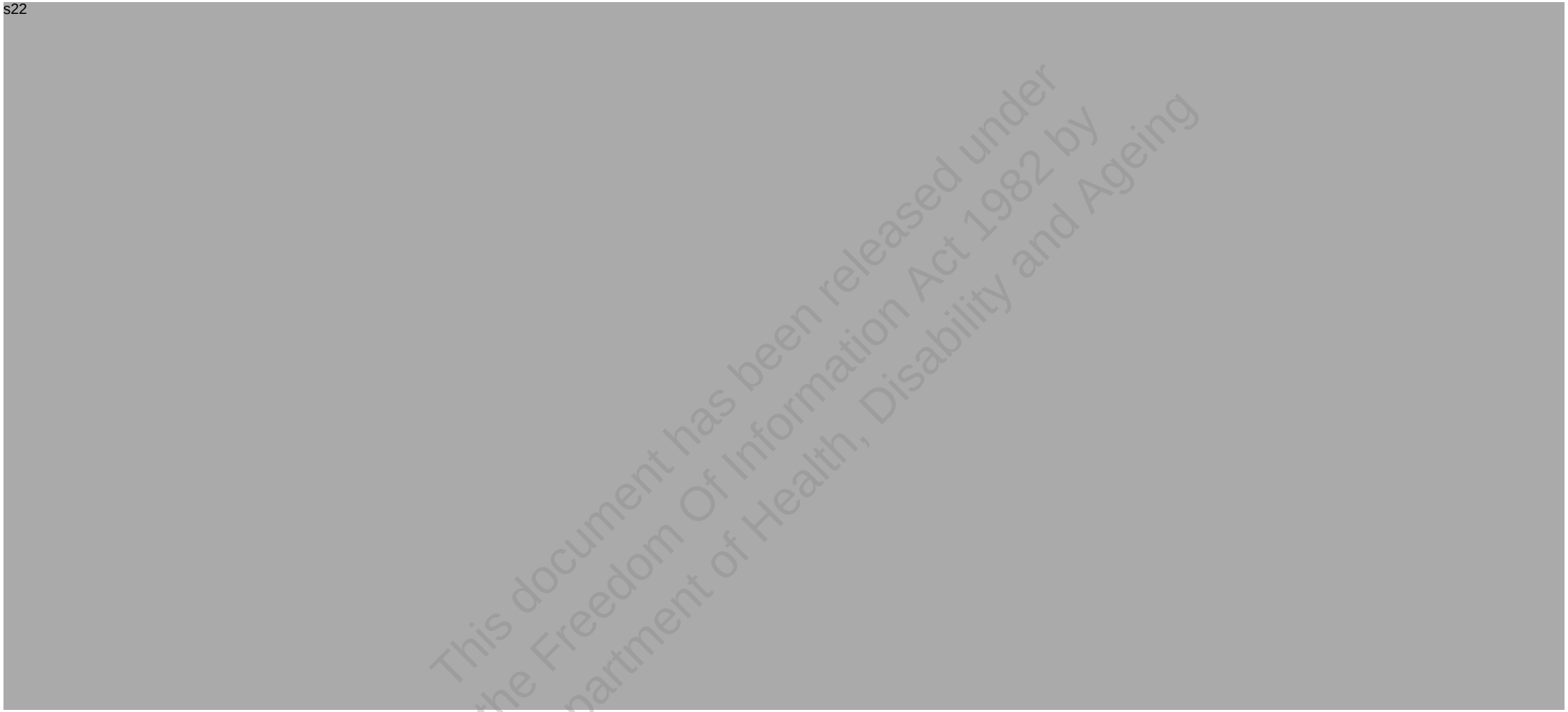
Client	IAT outcome	Assessment Manual instruction p140
New	CHSP or SAH	Override IAT outcome to 'ineligible for ongoing SaH/CHSP'
New	Ineligible for ongoing CHSP/SAH	Accept ineligibility IAT outcome and recommend TCP
Existing with SAH/CHSP	CHSP or SAH	Accept SAH classification outcome add TCP as care type in Support Plan

s22 [redacted]

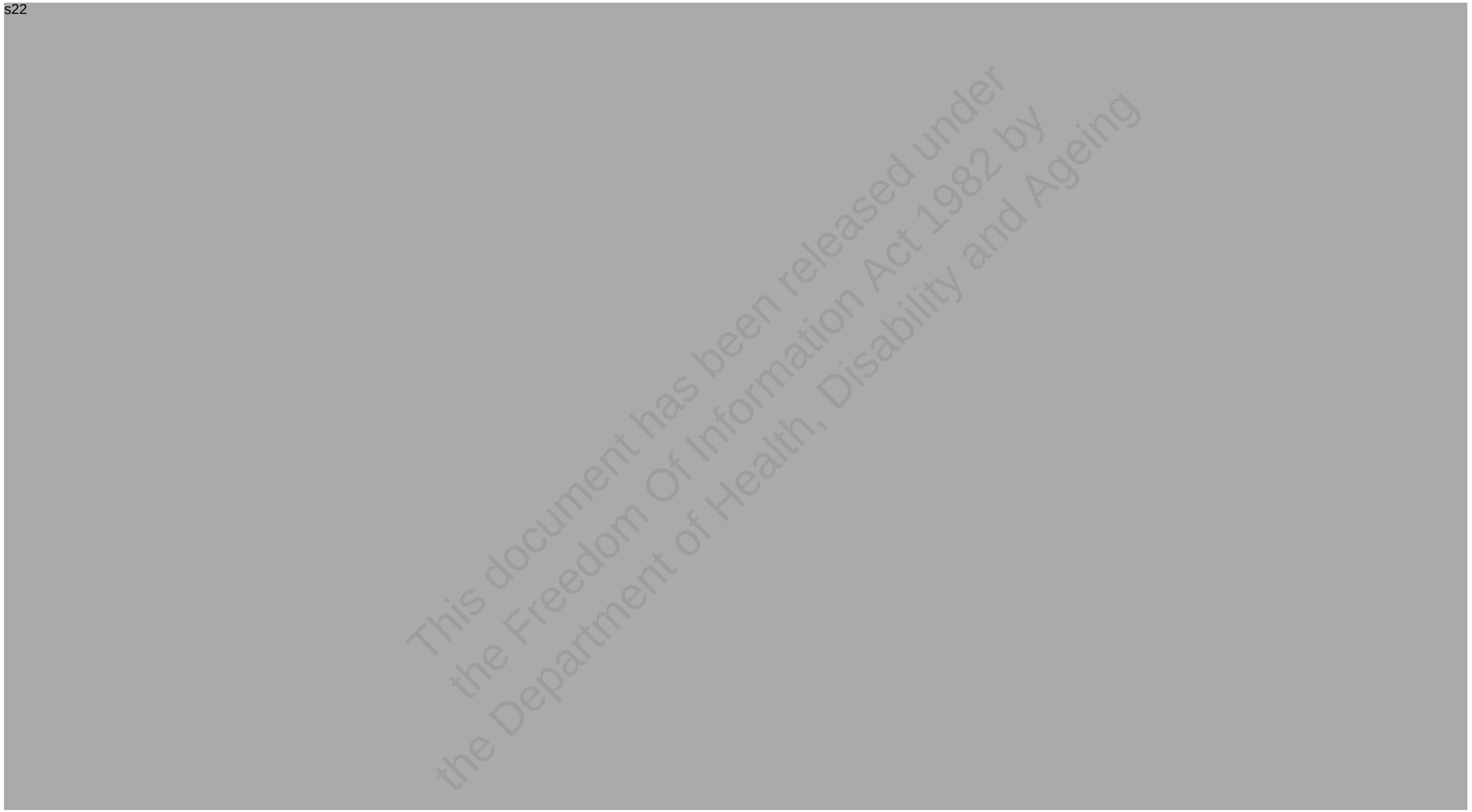
s22


This document has been released under
the Freedom Of Information Act 1982 by
the Department of Health, Disability and Ageing

s22



s22



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Questions and answers

s22

OFFICIAL

From: s47E(c), s47F @health.gov.au>
Sent: Thursday, 20 November 2025 12:17 PM
To: s47E(c), s47F @Health.gov.au>; BLACKWOOD, Rachel <Rachel.BLACKWOOD@Health.gov.au>
Cc: s47E(c), s47F @Health.gov.au>; s47E(c), s47F @Health.gov.au>
Subject: Summary of IAT concerns [SEC=OFFICIAL]

OFFICIAL

Hi Rachel

As discussed, here is a summary of the IAT concerns raised. If you want I could even include those scenarios s47E(c), s47F has developed?

s47E(c), s47F did you want to add in some of your findings on the overrides?

Briefing paper - IAT concerns and next steps

Many thanks,

s47E(c), s47F
Director - Assessment Delivery Section
Single Assessment System Branch

Access and Home Support Division | Ageing and Aged Care Group
Australian Government Department of Health, Disability and Ageing
T: (02) 5132 s47E(c), s47F @health.gov.au

This email comes to you from Ngunnawal Country
Location: Level 7, Sirius Building
GPO Box 9848, Canberra ACT 2601, Australia

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

OFFICIAL

s22

UNOFFICIAL

From: BLACKWOOD, Rachel <Rachel.BLACKWOOD@Health.gov.au>
Sent: Friday, 19 December 2025 1:23 PM
To: s47E(c), s47F @Health.gov.au>; SNOW, Jasmine <Jasmine.Snow@Health.gov.au>; s47E(c), s47F @Health.gov.au>
Cc: s47E(c), s47F @health.gov.au>; s47E(c), s47F @Health.gov.au>
Subject: FW: IAT examples [SEC=UNOFFICIAL]

UNOFFICIAL

Hi all

As discussed yesterday, this is the spreadsheet where s47E(c), s47F was collating case studies sent through about algorithm outcomes. s47E(c), s47F the team thinks you already had access to this (as did s47E(c), s47F from s47E(c), s47F team who was looking at case study guidance)

IAT Themes.xlsx

Let's discuss when we catch up this arvo. Thanks to s47E(c), s47F for digging this out in s47E(c), s47F absence.

Rachel

UNOFFICIAL

Scenario	Example	
IAT outcomes lower than current HCP End of Life pathway: already HCP 4- IAT recommended SaH3	s47F [redacted]	
Assessors not agreeing with IAT outcome (too high or too low) or CHSP only and not able to adjust despite medical conditions Client terminal (rec SaH lvl 3) SaH 3 care needs equate to SaH 8 or more		
Unable to alter priority, appears nothing higher than medium is being determined when the client requires high. Ig significant care needs		
Client with current CHSP does not wish to accept SAH, the CHSP services no longer valid		
Grandfathered clients receiving IAT outcome of ineligible		
ACAs are concerned that the IAT algorithm is determining their non-clinical assessments as SaH which impact assessment orgs financially as they are paid at triage outcome. They want to understand the IAT algorithm more to align their triage process with the IAT outcomes.		

I disagree with the SaH level that this man has been assigned by the IAT algorithm.
I have completed a HAS with s47F [redacted] 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.

s47F [redacted]

The first client s47F [redacted] is only wanting CHSP and does not want to go into S@H - cannot downgrade the outcome to CHSP
The second client s47F [redacted] as above.
The 3rd client s47F [redacted] 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.

HSA IAT outcome - ineligible for CHSP/SAH	Client's husband was managing gardening, passed away 12/12 ago - st struggling to manage, has spondylosis and sciatic pain exacerbated with manual tasks.	s47F [redacted]	
CA outcome - SAH 1 - requires higher level, and higher priority.	Unstable accommodation (lease ends 10 dec, concern re homeless after that), significant impact of mental health conditions and complexity - recent hospitalisation s47F [redacted] ward, significant impact of pain on function, 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+ complexities of significant nature.		
CAAs with CHSP outcome needing SaH 3	Increased needs - multiple comorbidities, minimal care support already has CHSP services in place that are unable to be met due to rural locality.		
CAAs with CHSP outcome needing SaH 4 - requires Residential respite and care approvals	Client has pulmonary fibrosis and is reliant on unwell wife for his care needs. Carer stress		
CAAs with CHSP outcome needing SaH 4	diagnosed cognitive impairment, lives alone, is a reliant on family support already receiving multiple CHSP services. Requiring Residential care soon		
CAAs with CHSP outcome needing SaH 3	multi complex comorbs - has maximum CHSP support in limited CHSP rural location. currently no shop provision in clients location		
CAAs with CHSP outcome needing SaH3	Mobility and falls concerns, no shop support in the rural location. family carer burden. Chronic pain and health conditions.		
CAAs with CHSP outcome needing SaH 3	80 yo has chsp in place where there is no chsp provision. Multi comorbidities including severe exacerbated copd. Mobility restrictions. Resi care approvals needed		
CAAs with CHSP outcome needing SaH 3	Client post MVA with significant residual chronic morbidities including mobility deficits, no carer support and functional deficits.		
HSA As with SaH 2 outcome	very low level needs only wanting Pers Alarm		

ACAS	Assessor expectations	Algorithm outcome	Comments / Concerns
s47F [redacted]	SaH level 6	SaH level 1	First Nations, limited informal support, renal dialysis patient, recent falls, cognitive impairment, frailty. Previously on CHSP. Needs more support that SaH level 1
	SaH level 7-8	CHSP	Lives alone, recent falls and hospital admissions, weight loss, frailty, currently accessing residential respite and wants to access permanent care
	SaH level 6-7	SaH level 3	On a transitioned level 3 HCP. Referred by provider for higher level as no funding left. IAT recommended SaH level 3, which is less than what client is on as she retained transitioned level 3 HCP. Client has good physical function but significant cognitive impairment. Carer stress reported.
	SaH Level 1-2	CHSP	Mental health issues, lives alone, First Nations, frailty
	SaH level 1-3	CHSP	Client lives alone in regional area, frequent falls, previous fractures as a result of falls
	SaH level 8	SaH level 7	Client is bed bound and required 2-3x person assist for all ADL's. Cognitive impairment, MH issues, behavioural issues, under guardianship
	SaH level 8	SaH level 7	On a transitioned level 4 HCP. Referred for SaH level 8 as the funds are in deficit. On reassessment a SaH level 7 was provided, which is less than what client is on as he retained the transitioned level 4 HCP. Client lives alone and has significant mental health issues. He needs high level of support and case management.
	SaH level 3-6	SaH level 2	Currently in hospital, prolonged hospital admission due to significant health issues, has had functional decline, is homeless and has limited informal supports
	Urgent priority SaH level 8	Medium priority SaH level 8	Recent hospital admissions. Severe frailty, high falls risk, high carer stress. Assessor and Delegate both believe that this SaH funding should be provided immediately, but medium priority was assigned by IAT.
	SaH level 7	SaH level 3	English is second language for client and husband, disabled son also lives in home. Client has cognitive impairment and requires daily nursing visits to administer insulin.
	SaH level 8	SaH level 7	On a transitioned level 4 HCP. Referred for SaH level 8 as the funds are in deficit. On reassessment a SaH level 7 was provided, which is less than what client is on as she retained the transitioned level 4 HCP. Client is wheelchair bound, requires 2 person assist for transfers, has suprapubic catheter in situ, has an existing pressure wound, has psychosocial issues and at risk of elder abuse, is First Nations. Requires a high level of support and case management. No cognitive impairment
	SaH level 4-5	SaH Level 1	Lives alone, cognitive impairment, low mood, socially isolated, chronic pain, reduced mobility, no formal or informal services in place prior to assessment
	SaH level 4-5	CHSP	Transitioned level 2 HCP funding recently assigned. Client identifies as Aboriginal. Lives alone, social isolation. Diabetic, weight loss, frailty. Life limiting condition and medication mismanagement documented – needing daily medication oversight and no family can assist
	SaH level 8 urgent priority	SaH Level 7, medium priority	Incontinence (not being managed), poor food security, swallowing issues, at risk of elder abuse, psychosocial issues in the home. Limited informal support identifies as Aboriginal, cognitive impairment, needs medication prompting
	CHSP and NATSIFACP	Comprehensive SAH 1	Referred as HSA - The client resides in a remote area where SAH is not available. Outcome can not be overridden and does not meet the client's needs where they live.
	CHSP, HM, AT Medium and SAH 4	Comprehensive SAH 3	Referred for non clinical - A Comprehensive Assessment required - given the complexity of the client's background, the carer's capacity, and the client's ongoing medical issues. Assessor has been advised by Department of Health, Disability and Ageing to not override IAT SAH classification level.
	CHSP, RCP and SAH ongoing 2 - 3	HSA	The client experiences intermittent right ulnar neuropathy affecting his fine motor skill making daily tasks more effortful. Ongoing access to home physiotherapy is recommended under SAH Restorative Care Pathway. Client is also aware of the limited local resources available s47E(d) [redacted] and wish to be placed on the SAH Aged Care Scheme national waitlist at this time. Assessor has been advised by Department of Health, Disability and Ageing to not override IAT recommendation from CHSP to SAH.

Lives alone with reducing carer support
Has dementia, blindness in his right eye and impaired hearing
Experienced weight loss and is unable to manage personal care, medications, or meals
Previously caused a fire at home and faces other safety risks at home and while driving
Despite these significant issues, the outcome of the assessment was an approval for a Level 1 Home Care Package.
He was approved for Residential Respite and Residential Permanent Care as he requires constant supervision from his wife.
This 82 year old gentleman is visually impaired and his wife is in a caring role.

Theme	Scenarios covered	Messaging
Recommending ongoing home support services.	Accepting the IAT Outcome for ongoing home support services. A SaH classification is generated in a home support assessment and the assessment type needs to be converted to comprehensive. What to do if: a client is assessed for ongoing home support services in a hospital setting. a client is assessed as ineligible for ongoing home support services an older person wants to receive only CHSP after the IAT generates a SaH outcome.	What is the IAT Outcome and how does it work? Why it is important to accept the IAT Outcome. It is best practice for an assessment to take place in a person's usual accommodation setting to allow for a more accurate picture of their ongoing care needs. It is important the assessor considers whether an assessment for a person's ongoing home support needs would be better assessed in their home once they are discharged from hospital to ensure they receive the most appropriate Where Transition Care is being recommended, it is best practice for the person's care needs to be reviewed and reassessed (if appropriate) for ongoing home care toward the end of their transition care period to allow for a baseline to be established after their period of reablement and rehabilitation. If assessing for TCP, it is recommended that the IAT Outcome is overridden to 'ineligible for SAH/CHSP' and TCP is added as a care type in the support plan.

	an older person is on a transitioned HCP level and the IAT Outcome generates a classification level that is lower than the HCP level. a delegate approves a different classification level to that generated by the IAT Outcome. The assessor/assessment delegate is concerned that the SaH classification generated by the IAT Outcome is insufficient to meet the older person's care needs.	
Recommending short-term pathways or only permanent residential care	Recommending RCP or the EoL pathway. Recommending Transition Care Program What to do if an assessor wants to: recommend RCP or the EoL pathway and the IAT Outcome generates a CHSP class recommend CHSP services alongside TCP recommend SaH at the same time as recommending TCP recommend RCP and the caps has been reached	

What to do if you are concerned	The assessor/assessment delegate is concerned that the SaH classification generated by the IAT Outcome is insufficient to meet the older person's care needs. The assessor/assessment delegate is concerned that the priority category is not appropriate for the older person.	

s47E(c), s47F

From: s47E(c), s47F
Sent: Friday, 6 March 2026 2:56 PM
To: BLACKWOOD, Rachel; SNOW, Jasmine; s47E(c), s47F
Cc: s47E(c), s47F
Subject: FW: Consolidated information - Algorithm [SEC=OFFICIAL]

HI All

As noted in Rachel's email below , my team is providing an update each Friday on volumes and key themes regarding Classification and Priority Algorithms that come through PDMS or direct to our myagedcare.assessment@health.gov.au inbox.

We have updated the consolidated spreadsheet with and added copies of Inbox and PDMS correspondence in the folder. Found here: Single Assessment System Branch - Documents - SaH Algorithm - All Documents

Below is a summary of the volumes and themes for this week.

Summary

Week Commencing 2 March 2026

Volumes	Algorithm – Prioirity	Algorithm – Classification
Through PDMS – Min Corro	**2**	**10**
Through Myagecare.assessment@health.gov.au – inbox	**2**	**3**

Themes

Received through	**Issue/themes**
PDMS	• Complaint about the delay in recon process

Note; where appropriate PDMS items have been referred to relevant teams. If Corro is mainly about Recons or Algorithms. If the main theme of the corro is assessment related this will remain with my team and request input from areas where needed.	• Request for Reconsiderations -Following the assessment she has been allocated a Classification 7 through the IAT Algorithm. Considering her level of dependence and need for support, a Classification of Level 8 was expected (by us, her current care provider and the assessor) as her needs are clearly not able to be met by her current package. Example of how the current algorithm is not working as it should. • An algorithm can never recognise the complexity of care so there must be a way to appeal and have it over ridden. • 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" • concerned by the delays for assessment and the inbred inaccuracies of algorithm-driven assessment process that you are rolling out. It reminds us of all of the frightening spectre of Robodebt – its lack of compassion was extraordinary (let alone its legality) • 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.
Mailbox	• dissatisfied with the decision made from the assessment regarding her mother's Support At Home's Priority, which was unsatisfactorily addressed by the assessment organization • pursue a higher priority for those we have identified as "at risk". We have attempted a number of pathways to have the priority reviewed for our very vulnerable clients but we have been told by assessors, assessment agencies, delegates of care, My Aged Care and the even the Department of Health, Disability and Ageing that the priority for when a participant is assigned their Support At Home funding is determined entirely by the "algorithm" and is not able to be altered. • issue with Support at Home prioritisation outcomes that without immediate intervention will potentially create unacceptable risks for older people.

- 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. The older persons care level had changed since her recent fall 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.

- Client was assessed recently to review the priority level for a Transitioned HCP level 3 approval and the assessment team did not change the priority. s47F advised that the client is terminal and need the funding sooner and doesn't want to have another assessment as she mentioned that she is not sure if her father can wait for another assessment. s47F mentioned that she will contact the Local Member

- Assessed for the level 4 package and the outcome said she was not eligible for the funding for that level. She has a lot of serious problems. Assessor said that she understands she will refer for level 4 ..The report came back and said she doesn't need that money .

Thanks s47E(c), s47F

s47E(c), s47F
Director – Communications and Stakeholder Engagement

Single Assessment System Branch

Access and Home Support Division | Ageing & Aged Care Group
Department of Health, Disability and Ageing
Australian Government, Department of Health and Aged Care
Phone: 02 6289 s47E(c), s47F @health.gov.au
Location: Level 7, Sirius Building
GPO Box 9848, Canberra ACT 2601, Australia

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

OFFICIAL

From: BLACKWOOD, Rachel <Rachel.BLACKWOOD@Health.gov.au>
Sent: Sunday, 1 March 2026 6:45 PM
To: SNOW, Jasmine <Jasmine.Snow@Health.gov.au>; s47E(c), s47F @Health.gov.au>
Cc: s47E(c), s47F @Health.gov.au>; s47E(c), s47F @Health.gov.au>; s47E(c), s47F s47E(c), s47F @Health.gov.au>; s47E(c), s47F @health.gov.au>; s47E(c), s47F @Health.gov.au>
Subject: Consolidated information - Algorithm [SEC=OFFICIAL]

OFFICIAL

Hi Jas and s47E(c), s47F

I know various members of my team have been passing on feedback received from assessment organisations and other stakeholders about the classification and priority algorithms, including as outlined in the link I sent through late last year (attached).

Given this has been coming in to various team members, I have asked s47E(c), s47F team to work with others in the branch to consolidate all of the feedback coming in.

To assist going forward, we have set up a SharePoint folder on the Single Assessment System Branch Site and have provided access to yourselves and some key staff.

See link here: Single Assessment System Branch - Documents - SaH Algorithm - All Documents

Within the SharePoint Folder is a consolidated spreadsheet, as well as a separate rolling spreadsheet that is updated monthly and sent through by s47E(d).

Also, within this folder there is a correspondence folder where we will start saving copies of emails that appear on the consolidated spreadsheet, in case you wish to dive into particular cases to see further detail.

s47E(c), s47F eam has committed to provide an update each Friday with a summary of volumes and themes (thanks s47E(c), s47F

I hope this will assist you in considering the various feedback and case studies that are continuing to come through. If you have a preferred way for receiving or consolidating this feedback to assist you in considering it alongside the feedback you are receiving from others, I'm happy to receive feedback or arrange a meeting to discuss.

Cheers
Rachel

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

Access and Home Support Division | Ageing and Aged Care Group
Australian Government Department of Health, Disability and Ageing
T: 02 5132 0813 | M: s47E(c), s47F | E: Rachel.Blackwood@health.gov.au

Executive Assistant: s47E(c), s47F
T: 02 5132 s47E(c), s47F @health.gov.au

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

OFFICIAL

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From: s47E(c), s47F
To: BLACKWOOD, Rachel; SNOW, Jasmine; s47E(c), s47F
Cc: s47E(c), s47F
Subject: FW: Consolidated Information - Algorithms
Date: Monday, 23 March 2026 9:47:00 AM
Attachments: image001.png
image002.png

Hi all

Week Commencing 16 March summary.

Apologies for the delay in getting this to you, please see the this week's update on volumes and key themes regarding Classification and Priority Algorithms that come through PDMS or direct to our myagedcare.assessment@health.gov.au inbox.

We have updated the consolidated spreadsheet with and added copies of Inbox and PDMS correspondence in the folder. Found here: Single Assessment System Branch - Documents - SaH Algorithm - All Documents

Below is a summary of the volumes and themes for this week.

Volumes	Algorithm – Priority	Algorithm – Classification
PDMS – Ministerial Correspondence	-	8
Myagecare.assessment@health.gov.au – inbox	2	4

Summary.

Received through	Received From	Reference Number	Issue/theme
PDMS Classification Algorithm	s47F – letter to Rebecca White MP	s22	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'
PDMS Classification Algorithm	s47F - letter to Minister Bulter	s22	Despite the obvious severity of his unmet needs, the Support at Home classification designated him as a Level 1. Does he need to be entirely bedridden for the algorithm to agree he needs help? Upon doing research, 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
PDMS Classification Algorithm	s47F - letter to Minister Bulter	s22	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
PDMS Classification Algorithm	s47F – letter to Minister Rae	s22	My parents, s47F and s47F are both 85 years 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. 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.
PDMS Classification Algorithm	Greens Senator Penny Allman-Payne	s22	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.
PDMS Classification Algorithm	s47F	s22	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 Statewide Aged Care Assessment Service via phone interview, on the 10th February 2026. His has been approved for Support at Home - SaH Classification 3. 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.
PDMS Classification Algorithm	s47F – letter to Minister Rae	s22	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.
PDMS Classification Algorithm	s47F – letter to Minister Rae	s22	An aged care assessor came to assess Dad last week - i flew down from the Gold Coast to be there with Dad in Mt Eliza. She was very thorough with her questions. Dad doesn't qualify for an upgrade in his package, The fact that he does not qualify for a package upgrade just baffles me. 95 years old, incredibly frail, recently broke his ankle, unable to drive, lives alone
PDMS Classification Algorithm	Federal Member for Robertson – Dr Gordon Reid MP. On behalf of a Constituent	s22	disappointment with a new system, i.e. since 1't November 2025, currently applying to determine elderly patients' needs in relation to Package Leve. When an Assessorvisited and recommended the highest [eve[of he[p, 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

Received through	Received From	Reference Number	Issue/theme
Myagedcare.assessment@health.gov.au Inbox- Classification Algorithm	General Public Escalation from feedback@ahedcareassessment.org.au inbox	s22	strongly disagree with the funding outcome and believe the assessment failed to accurately reflect her clinical needs and functional limitations An urgent review and reassessment of my mother's CHSP funding level, conducted by a different and more senior assessor,
Inbox - Classification Algorithm	WA Health	s22	has remained in hospital for three months as priority for her SAH8 cannot be changed from medium to high or urgent.
Inbox - Classification Algorithm	My Aged Care Customer Support Section – s47F - Carer	s22	assessment finally occurred it was a phone only and the assessor spoke only with my mother. My input as her carer - critical to understanding her needs - was completely excluded. My mother downplayed her difficulties, meaning the assessment did not capture her risks or needs. She cannot afford the few services she was approved for on the call and refuses to call them regardless. Tonight the situation escalated. My mother experienced chest pains and difficulty breathing during a verbal argument. I called an ambulance and repeatedly explained my concerns to the paramedics and emphasised i can no longer care for her safely and requested social worker assessment. An urgent reassessment by My Aged Care of my mothers needs that includes my input as her primary carer who is no longer coping. I am isolated, have no other resources and i am requesting immediate support for my mother and myself. Consideration for CHSP or other interim support services given the risks identified.
Inbox- Priority Algorithm	Enquiries Team - s47F	s22	I am reaching out to you in regards to the my mothers s47F (Age Care ID: s47F), and the category ***"Medium"*** priority she has been granted in November 2025 when she was approved for the SaH Classification 8 package. As a result of this category we are still waiting for the funding allocation, which I was told over the phone by the My Age Care staff could take up to 9 months even more.
Inbox - Classification Algorithm	TAS health	s22	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,
Inbox - Priority Algorithm	Escalation MAC call centre	s22	complaint regarding service availability under the Commonwealth Home Support Programme for services also the wait time for the funding under Support at Home s47F advised she has gone to her local Member regarding the wait time for an assessment the systems not working as her father has approvals for interim services no one (providers) can assist

s47E(c), s47F
Director – Communications and Stakeholder Engagement

Single Assessment System Branch
Access and Home Support Division | Ageing & Aged Care Group
Department of Health, Disability and Ageing
Australian Government, Department of Health and Aged Care
Phone: 02 628s47E(c), s47F @health.gov.au
Location: Level 7, Sirius Building
GPO Box 9848, Canberra ACT 2601, Australia

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From: s47E(c), s47F
To: BLACKWOOD, Rachel; SNOW, Jasmine; s47E(c), s47F
Cc: s47E(c), s47F
Subject: Consolidated Information - Algorithms
Date: Monday, 16 March 2026 9:48:00 AM
Attachments: image001.png
image002.png

HI all

Week Commencing 9 March Summary.

Apologies for the delay in getting this to you, please see the this week's update on volumes and key themes regarding Classification and Priority Algorithms that come through PDMS or direct to our myagedcare.assessment@health.gov.au inbox.

We have updated the consolidated spreadsheet with and added copies of Inbox and PDMS correspondence in the folder. Found here: Single Assessment System Branch - Documents - SaH Algorithm - All Documents

Also, in the SharePoint folder we have saved running spreadsheets from Qld Health, NSW Health and Tasmania Health.

Below is a summary of the volumes and themes for this week.

Volumes	Algorithm – Prioirity	Algorithm – Classification
PDMS – Ministerial Correspondence		1
Myagecare.assessment@health.gov.au – inbox	1	4

Summary.

Received through	Received From	Reference Number	Issue/theme
PDMS	Senator McAlisster on behalf of a constitute	s22	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.

Received through	Received From	Reference Number	Issue/theme
Myagedcare.assessment@health.gov.au Inbox- Classification	s47F – WA health – through the State Network	s22	s47F ***Current Northam Hospital Inpatient*** • Lewy body dementia, hallucinations, wheelchair bound, requiring 2 person assist with mobility, falls, bilaterally incontinence, catheter insitu, and prone to impaired skin integrity • Family (husband and 4 x children) unable to cope at home without immediate increase in services • Approved for SAH8 but at MEDIUM Priority- an 8-9 month wait
Inbox - Classification Algorithm	ACNA	s22	Short-term pathway (in this case Restorative care) they cannot simultaneously access SAH support in line with the underlying classification and the provider needs to put in a support plan review for the SAH to be activated.
Inbox - Classification Algorithm	My Aged Care Contact Centre Customer Support Section	s22	Needs a review of her service recommendations. s47F was previously approved Level 2 Home Care Package under the old system which granted her $18,812.10 in yearly funding. They requested for a review because the funds no longer meet the needs of s47F They were eventually approved a Level 3 under the old system and waited for funds to get allocated. They recently received an upgrade letter to level 3 with a yearly allocated funding of $21,965.70. s47F funding was upgraded by more or less $3153.60 which is too low for her current needs. They were expecting at least a level 6 under the current system for her funding. She has deteriorated severely in the last 12 months which requires more support so she can stay at home. With the current funding she moved backwards, she should have been getting more funding and therefore does not agree with the assessor's recommendations.
Inbox - Classification Algorithm	NSW Health	s22	Spreadsheet attached - misalignment of IAT outcome to a client's needs.
Inbox – Priority Algorithm	Victoria Health	s22	Client prev approved for HCP Level 3 and seeking to be put back on transitioned HCP list

s47E(c), s47F
Director – Communications and Stakeholder Engagement

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Phone: 02 6289s47E(c), s47F @health.gov.au
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s22 [redacted]

OFFICIAL:Sensitive

From: PUGH, Greg <Greg.PUGH@Health.gov.au>
Sent: Monday, 8 December 2025 9:27 PM
To: BROOMHEAD, Sharyn <Sharyn.BROOMHEAD@Health.gov.au>; s47E(c), s47F [redacted] @health.gov.au>; s47E(c), s47F [redacted] @Health.gov.au>
Cc: BLACKWOOD, Rachel <Rachel.BLACKWOOD@Health.gov.au>; SNOW, Jasmine <Jasmine.Snow@Health.gov.au>; s47E(c), s47F [redacted] @Health.gov.au>; AHSDExecutive s47E(d) [redacted] @health.gov.au>
Subject: assessor override of SAH classification algorithm [SEC=OFFICIAL:Sensitive]
Importance: High

OFFICIAL:Sensitive

Evening – with thanks to respective teams and further to the attached MB25-002554 which foreshadowed potential sensitivities likely to arise from 1 November, I am emailing to give you an update on the feedback we have received to date and s47C [redacted]

Subject to your views, we think it might be useful to have a meeting to discuss the options and next steps. Media interest has increased and this was a topic of discussion at the most recent Senate Estimates hearings. Further s47C [redacted]

As outlined in the attached, we advised assessment organisations on 31 October 2025 that the Aged Care Assessment Manual being released that day would include updated guidance on the circumstances in which assessors and assessment delegates may override the recommendation of the IAT algorithm recommendation. These circumstances are limited to specific short-term pathways and residential aged care. The Department also indicated that it welcomed feedback on how the reforms (including the operation of the algorithm) would be operating from 1 November

Summary of feedback received to date

- The majority of Aged Care Needs Assessment Organisations (including State and Territory Governments) and peak bodies have raised concerns about the inability to override the IAT classification algorithm, this includes:
    - **Loss of Clinical Discretion:**
        - Assessors report feeling disempowered and demoralised, as they perceive reduced ability to override the algorithm outcomes even when clinical evidence suggests otherwise.
        - This is seen as a risk to workforce morale and retention, with fears of "tick-box" assessments replacing nuanced clinical judgement.
        - Delegates feel pressure to trust algorithm outputs, yet they remain accountable for outcomes.
    - **Unexpected Outcomes:**
        - Assessors report situations where the algorithm's recommended classification does not align with clinical judgement, particularly for clients with complex needs.
        - Older people are being reassessed due to increased needs, however the outcome of the reassessment results with the funding level being the same or lower than their previous Home Care Package funding (noting that grandfathered HCP clients cannot have their funding level reduced if the assessment results in a lower level package outcome). Ageing Australia has raised concerns from providers about these outcomes.

        - Cases highlighted where clients with cognitive impairment, but good physical function receive lower classifications, despite significant unmet needs.
        - There have also been scenarios where the clinical delegate does not agree with the outcome and believes a lower classification would be sufficient to meet the older person's needs.
        - Lack of flexibility to override decisions in legitimate scenarios is seen as a risk to client safety and service adequacy.
        - Assessors believe the results may impact carer stress and hospital admissions if outcomes cannot be adjusted to meet real-world needs.
    - **Transparency and Understanding:**
        - Assessment organisations seek clearer guidance on the classification matrix and triggers for each level.
        - However, providing detailed information on how the algorithm works may lead to perverse outcomes.
    - **Lack of an appropriate escalation pathway for urgent clients:**
        - Assessment organisations have expressed concern that the current pathway for clients to seek reconsideration of an assessment outcome is time consuming and may take several months to complete. They have queried whether a more urgent escalation pathway could be developed to enable clients or assessors to seek Departmental review of algorithm outcomes where there is a concern that they may not be meeting client needs.

- Assessment organisations have provided details of cases in which assessors believe the algorithm has generated an outcome that does not align with client needs. The department is analysing these to inform development of advice to assessors and consideration of future updates to the algorithm.
- s22
-

s47C

Communication, feedback and training

- Advice regarding the appropriate application of the IAT override functionality was distributed to assessment organisations on Friday, 31 October 2025 through established contract management channels and a forum with assessment organisations' workplace trainers.
- Feedback and further advice was provided to assessment organisations in a forum to assessment organisation operational and contract managers on Monday, 17 November 2025 and in a fact sheet to the assessment workforce on Tuesday, 25 November 2025.

- As is expected when adjusting to complex new systems, it is evident that assessors require additional training and guidance to build confidence with the broader changes.
- Further communications to assessment organisations are planned and include distribution of additional guidance material and FAQs, as well as updates to training materials to provide additional guidance on scenarios.

s47C

Thanks
Greg

Greg Pugh
First Assistant Secretary
Access and Home Support Division

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

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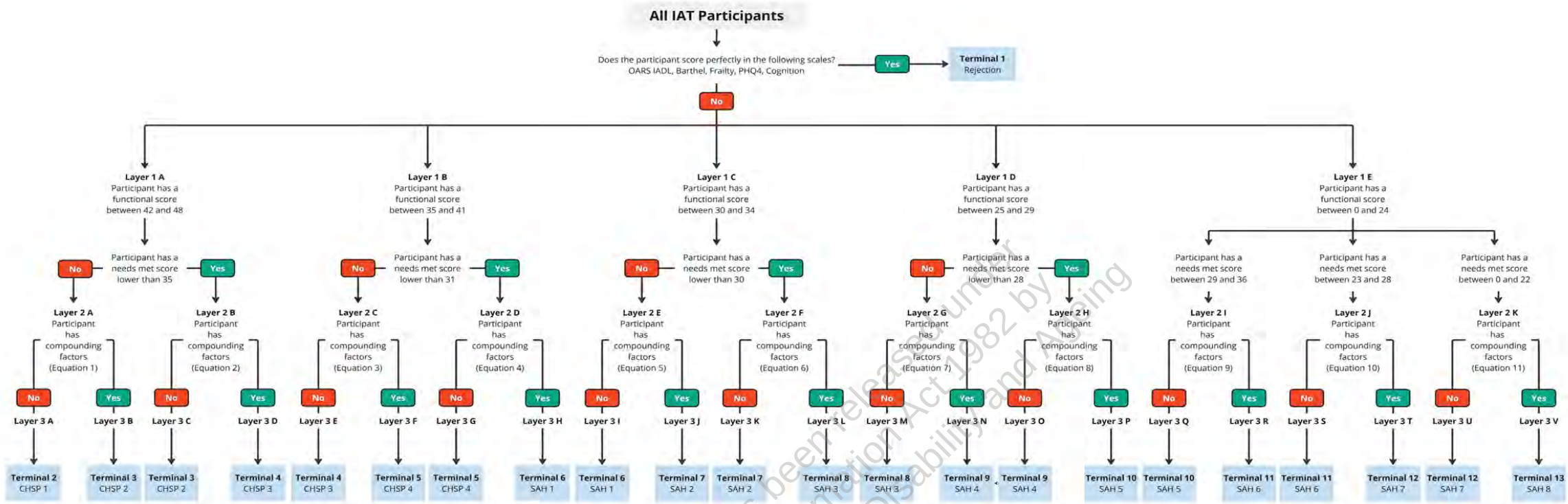
Contents



Conditions

If **at least one** of the following cases are **true, recommend the class noted in column C (Class)**

Note 1: Please refer to the sheet "Complexity Equations" for the specific variables and coefficients of each Complexity Equation. Note: Complexity equation refers to the term compounding factor used in the Classification Tree Diagram

Note 2: Where a score range has been provided (e.g. 44 - 48) this is inclusive of the upper and lower bounds. Namely, it will include 44 and 48.

Note 3: All the conditions under a case follow an AND combination i.e. they should all hold true for the case to be true.

Class	Case		Condition
Rejection	1	a)	No cognitive issues (cognitive indication = 0)
		b)	OARS IADL Score = 14
		c)	Barthel Score = 20
		d)	frail.score = 0
		e)	PHQ4_score = 0
CHSP 1	1	a)	Functional sum of 42 - 48
		b)	Needs Met score of 35 - 36
		c)	Does not have compounding factors using Complexity Equation 1
CHSP 2	1	a)	Functional sum of 42 - 48
		b)	Needs Met score of 35 - 36
		c)	Have compounding factors using Complexity Equation 1
	2	a)	Functional sum of 42 - 48
		b)	Needs Met score of 0 - 34
		c)	Does not have compounding factors using Complexity Equation 2
CHSP 3	1	a)	Functional sum of 42 - 48
		b)	Needs Met score of 0 - 34
		c)	Have compounding factors using Complexity Equation 2
	2	a)	Functional sum of 35 - 41
		b)	Needs Met score of 31 - 36
		c)	Does not have compounding factors using Complexity Equation 3
CHSP 4	1	a)	Functional sum of 35 - 41
		b)	Needs Met score of 31 - 36
		c)	Have compounding factors using Complexity Equation 3
	2	a)	Functional sum of 35 - 41
		b)	Needs Met score of 0 - 30
		c)	Does not have compounding factors using Complexity Equation 4
SAH 1	1	a)	Functional sum of 35 - 41
		b)	Needs Met score of 0 - 30
		c)	Have compounding factors using Complexity Equation 4
	2	a)	Functional sum of 30 - 34
		b)	Needs Met score of 30 -36
		c)	Does not have compounding factors using Complexity Equation 5
SAH 2	1	a)	Functional sum of 30 - 34
		b)	Needs Met score of 30 -36
		c)	Have compounding factors using Complexity Equation 5
	2	a)	Functional sum of 30 - 34
		b)	Needs Met score of 0 - 29
		c)	Does not have compounding factors using Complexity Equation 6
SAH 3	1	a)	Functional sum of 30 - 34
		b)	Needs Met score of 0 - 29
		c)	Have compounding factors using Complexity Equation 6
	2	a)	Functional sum of 25 - 29
		b)	Needs Met score of 28 - 36
		c)	Does not have compounding factors using Complexity Equation 7
SAH 4	1	a)	Functional sum of 25 - 29
		b)	Needs Met score of 28 - 36
		c)	Have compounding factors using Complexity Equation 7
	2	a)	Functional sum of 25 - 29
		b)	Needs Met score of 0 - 27
		c)	Does not have compounding factors using Complexity Equation 8
SAH 5	1	a)	Functional sum of 25 - 29
		b)	Needs Met score of 0 - 27
		c)	Have compounding factors using Complexity Equation 8
	2	a)	Functional sum of 0 - 24
		b)	Needs Met score of 29 - 36
		c)	Does not have compounding factors using Complexity Equation 9
SAH 6	1	a)	Functional sum of 0 - 24
		b)	Needs Met score of 29 - 36
		c)	Have compounding factors using Complexity Equation 9
	2	a)	Functional sum of 0 - 24
		b)	Needs Met score of 23 - 28
		c)	Does not have compounding factors using Complexity Equation 10
SAH 7	1	a)	Functional sum of 0 - 24
		b)	Needs Met score of 23 - 28
		c)	Have compounding factors using Complexity Equation 10
	2	a)	Functional sum of 0 - 24
		b)	Needs Met score of 0 - 22
		c)	Does not have compounding factors using Complexity Equation 11
SAH 8	1	a)	Functional sum of 0 - 24
		b)	Needs Met score of 0 - 22
		c)	Have compounding factors using Complexity Equation 11

Conditions

A clients has compoudning factors when their fitted value is greater than 0.

Case	Condition	Outcome	Description
1	x > 0	1	Have compounding factors
2	x <= 0	0	Does not have compounding factors

Individual Complexity Rules

To calculate the predicted condition, first multiply each variable by the respective coefficient, sum them and then add the intercept.

s47E(d)

s47E(d)

s47E(d)

Class Correspondence to CHSP and SaH

The following table provides a mapping of Classes to CHSP or the SaH program commencing 2025

Class	Service Group	Class Type	Class Label
Rejection	-	-	Not Eligible for ongoing SaH and/or CHSP
Class 2	Home Support	Ongoing	CHSP
Class 4	Home Support	Ongoing	CHSP
Class 5	Home Support	Ongoing	CHSP
Class 6	Home Support	Ongoing	CHSP
Class 7	Home Support	Ongoing	SaH Classification 1
Class 8	Home Support	Ongoing	SaH Classification 2
Class 9	Home Support	Ongoing	SaH Classification 3
Class 10	Home Support	Ongoing	SaH Classification 4
Class 11	Home Support	Ongoing	SaH Classification 5
Class 12	Home Support	Ongoing	SaH Classification 6
Class 13	Home Support	Ongoing	SaH Classification 7
Class 14	Home Support	Ongoing	SaH Classification 8

Questions used

A list of questions used from the IAT in the classification algorithm/ decision tree

Variable Name	Code	Question	Notes

s47E(d)

Constructed Variables

List of constructed variables for the IAT classification algorithm

Functional Sum

maximum score of 48 *which is calculated by summing encoded values*

Question Set	Question	Response	Encoding
1	s47E(d)	Completely unable	s47E(d)
		With some help	
		Without help	
2		Completely unable	
		Major help	
		Minor help	
		Without help	
3		Completely unable	
		Major help	
		Minor help	
		Without help	
4		Incontinent	
		Occasional accident	
		Continent	
5		Completely unable	
		Some difficulty	
		No difficulty	
6		Completely unable	
		Wheelchair independent	
		With some help	
		Without help	
7		Completely unable	
		With some help	
		Without help	
		NA	
8		No	
		Yes	
9		Yes	
		No	

Needs Met Score

maximum score of 36 *which is calculated by summing encoded values*

Note, for each question, if the individual answered "Without Help" for the activity, assign them the maximum score of s47E(d) for that activity.
For *"Question Set 2"*, use the Wheelchair - Need Met if the individual responded "Wheelchair independent" in the Walk question. Use Walk - Need Met for all other cases.

Question Set	Question	Response	Encoding
1	s47E(d)	Client does not require assistance	s47E(d)
		Completely met	
		Partially met	
2		Client does not require assistance	
		Completely met	
		Partially met	
		Completely unmet	

continence_score

maximum score of 4 *which is calculated by summing encoded values*

Question Set	Question	Response	Encoding
1	s47E(d)	Incontinent, or catheterised and unable to manage	s47E(d)
		Occasional accident (max. once per 24 hours)	
		Continent (for over 7 days)	
2		Incontinent (or needs to given enemata)	
		Occasional accident (once/week)	

		Continent	2

FeelsLonelyDownOrSociallyIsolated__4.1

Indicator variable which is calculated using the following question

Question Set	Question	Response	Encoding
1	s47E(d)	Not sure	s47E(d)
		No, not at all	
		Occasionally	
		Sometimes	
		Most of the time	

carer_var

Indicator variable which is calculated using the following question. A client may have multiple responses to this question if they have many carers. Assig s47E(d), at least f the carers answered 'Yes', else s47E(d)

Question Set	Question	Response	Encoding
1	s47E(d)	Yes	s47E(d)
		No	

frail.score

Question Set	Question	Response	Encoding
1	s47E(d)	No weight loss	s47E(d)
		1-5 kgs or less than 5% of body weight	
		More than 5 kg or more than 5% of body weight	
2		Some, a little or none of the time	
		All of the time	
3		No	
		Yes	
4		No	
		Yes	
5		Number of illnesses is 4 or less.	
		Number of illnesses is greater than 4.	

PHQ4_score

maximum score o s47E(d) which is calculated by summing encoded values

Question Set	Question	Response	Encoding
1	s47E(d)	No, not at all	s47E(d)
		Several days	
		More than half of the days	
		Nearly every day	

GP Cog - Step 1

maximum score o s47E(d) which is calculated by summing encoded values

Question Set	Question	Response	Encoding
1	s47E(d)	Incorrect	s47E(d)
		Correct	
2		Incorrect	
		Correct	
3		Incorrect	
		Correct	
4		Incorrect	
		Correct	
5		Incorrect	
		Correct	
6		Incorrect	
		Correct	
7		Incorrect	
		Correct	
8		Incorrect	
		Correct	
9		Incorrect	
		Correct	

GP Cog - Step 2 (Informant)

maximum score of s47E(d) hich is calculated by summing encoded values

Question Set	Question	Response	Encoding
1	s47E(d)	Yes	s47E(d)
		Don't know	
		Not applicable	

	s47E(d)	No	s47E(d)
2		Yes Don't know Not applicable No	
3		Yes Don't know Not applicable No	
4		Yes Don't know Not applicable No	
5		Yes Don't know Not applicable No	
6		Yes Don't know Not applicable No	

KICA-COG

maximum score of s47E(d) which is calculated by summing encoded values

Question Set	Question	Response	Encoding
1	s47E(d)	Incorrect Correct	s47E(d)
2		Incorrect Correct	
3		Incorrect Correct	
4		Incorrect Correct	
5		Incorrect Correct	
6		Incorrect Correct	
7		Incorrect Correct	
8		Incorrect Correct	
9		Incorrect Correct	
10		None correct 1 correct 2 correct 3 correct	
11		Not completed Completed	
12		Not able Pointed to the sky only Pointed to the sky and ground	
13		0 animal 1-4 animals 5-8 animals 9 animals	
14		None correct 1 correct 2 correct 3 correct (all correct)	
15		No correct 1 correct 2 correct 3 correct 4 correct 5 correct (all correct)	
14		Not able to copy Able to copy	
15		No correct 1 correct 2 correct 3 correct 4 correct 5 correct (all correct)	
16		No correct 1 correct 2 correct 3 correct 4 correct 5 correct (all correct)	
17		Not able Able	
18		Not able Able	

KICA-COG Regional Urban (RU)

maximum score of s47E(d) which is calculated by summing encoded values

Question Set	Question	Response	Encoding
1	s47E(d)	Incorrect Correct	s47E(d)
2		Incorrect Correct	
3		Incorrect Correct	
4		Incorrect	

4	s47E(d)	Correct	s47E(d)
5		Incorrect Correct	
6		Incorrect Correct	
7		Incorrect Correct	
8		Incorrect Correct	
9		Incorrect Correct	
10		None correct 1 correct 2 correct 3 correct	
11		Not completed Completed	
12		Not able Pointed to the sky only Pointed to the sky and ground	
13		0 animal 1-4 animals 5-8 animals 9 animals	
14		None correct 1 correct 2 correct 3 correct (all correct)	
15		No correct 1 correct 2 correct 3 correct 4 correct 5 correct (all correct)	
14		Not able to copy Able to copy	
15		No correct 1 correct 2 correct 3 correct 4 correct 5 correct (all correct)	
16		No correct 1 correct 2 correct 3 correct 4 correct 5 correct (all correct)	
17		Not able Able	
18		Not able Able	

KICA Carer

maximum score of s47E(d) *which is calculated by summing encoded values*

Question Set	Question	Response	Encoding
1	s47E(d)	No Sometimes All the time	s47E(d)
2		No Sometimes All the time	
3		No Sometimes All the time	
4		No Sometimes All the time	
5		No Sometimes All the time	
6		No Sometimes All the time	
7		No Sometimes All the time	
8		No Sometimes All the time	

cog_indication

Indicator variable *which flag* s47E(d) *as long as any of the following conditions are met*

Question Set	Question	Response	Encoding
1	s47E(d)	No Yes Does not have any of the conditions listed.	s47E(d)

2	s47E(d)	At least one of the conditions	s47E(d)
3		GP Cog Step 1 >= 5 GP Cog Step 1 < 5	
4		GP Cog Step 2 >= 4 GP Cog Step 2 < 4	
5		KICA-COG Total Score >= 34 KICA-COG Total Score < 34	
6		KICA-Cog RU Total Score > 35 KICA-Cog RU Total Score <= 35	
7		KICA Carer >= 3 KICA Carer < 3	

Barthel Sum

maximum score of s47E(d) *which is calculated by summing encoded values*

Question Set	Question	Response	Encoding
1	s47E(d)	Completely unable With some help Without help	s47E(d)
2		Completely unable / with some help Without help	
3		Completely unable / with some help Without help	
4		Completely unable Major help Minor help Without help	
5		Completely unable Major help / Minor help Without help	
6		Incontinent Occasional accident Continent	
7		Completely unable Wheelchair independent With some help Without help	

OARS IADL Score

maximum score o s47E(d) *which is calculated by summing encoded values*

Question Set	Question	Response	Encoding
1	s47E(d)	Completely unable With some help Without help	s47E(d)