

Service and Support Portal User Guide - Recording and updating client service delivery information

This guide is for **Staff Members** and **Team Leaders** who use the **My Aged Care Service and Support Portal**. It explains how to record and update service delivery information in a client's record. Team Leaders can manage referrals and perform all the tasks available to Staff Members.

You must record service delivery information for every client who has accepted a service. This includes:

- the service start date
- the service frequency
- the service end date, if the service has ended.

Enter this information within 14 calendar days of accepting the service. If the information is not recorded within this period, the system will send reminder notifications.

For **Home Support** and **Permanent Residential Care** services, the service start date is automatically populated from Services Australia records and cannot be edited. Providers must still maintain other service delivery information, such as service frequency.

For more information about updating service delivery information, refer to the [My Aged Care for service providers](#) section on the Department's website.

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Adding service delivery information

! Adding service delivery information is not available for clients referred to Home Support services, as service information is already recommended and approved during the assessment.

1. From the **Services and Support Portal** home page, select **Service Referrals**.

If you know the client's name, you can also use **Find a Client**.

Select the **Accepted Services Pending** tab.

2. Find the client's referral:

- In Card View, select the arrow on the client card and then select **ADD SERVICE INFORMATION**.
- In List View, expand the client record and select **ADD SERVICE INFORMATION**.

Card View

Name SURNAME

Aged XX (DD Month Year), Gender Suburb, State, Post Code

Client contact details

Preferred contact number XX XXXX XXXX

About this referral

Date issued DD Month Year

Date accepted DD Month Year

Outlet Aussie Healthcare

Referral comments No referral comments provided

About this service

Referred for Residential Permanent

Place allocation date DD Month Year

Service sub type No sub types

Service item name Aussie Healthcare

Naps service Id XXXX

VIEW REFERRAL SUMMARY AND CLIENT RECORD VIEW CLIENT REPORT

REQUEST A REVIEW REVOKE REFERRAL **ADD SERVICE INFORMATION**

List View

Last name	First name	Aged care user ID	Accepted date	Referred date	Service type	Recommended start date	Priority
Surname	Name	ACXXXXXXX	ACXXXXXXX	DD Month Year	Service Type, Service Code		Medium

Aged XX (DD Month Year), Gender Suburb, State, Post Code

Client contact details

Preferred contact number Not specified

About this referral

Date issued DD Month Year

Date accepted DD Month Year

Outlet Outlet Name

Referral comments No referral comments provided

About this service

Service type Service Type

Service sub type No sub types

Service item name Allied Health and Therapy Services - At Client Location

Naps service Id XXXX

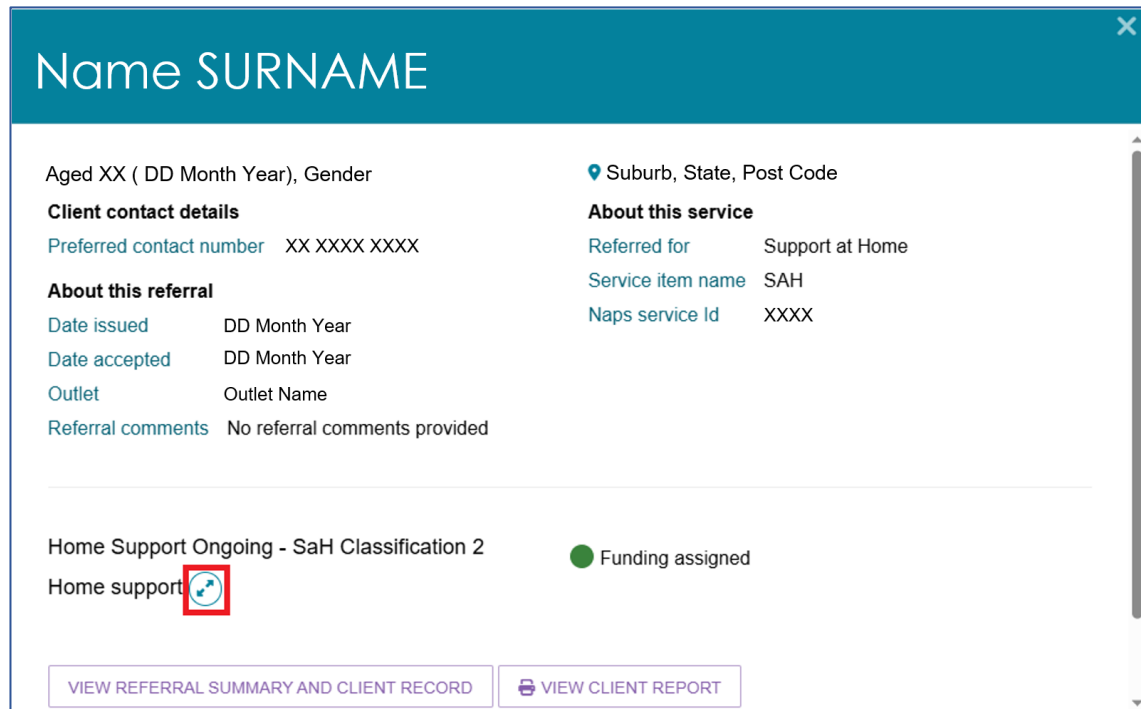
Recommended service frequency 2 days per week

VIEW REFERRAL SUMMARY AND CLIENT RECORD VIEW PDF OF CLIENT RECORD

REQUEST A REVIEW REVOKE REFERRAL **ADD SERVICE INFORMATION**

! For **Home Support service referrals**, the **Add Service Information** button is not available because the service information is recommended and approved during the assessment.

To view details of the recommended services, select the **Expand** button.



Name SURNAME

Aged XX (DD Month Year), Gender

Client contact details

Preferred contact number XX XXXX XXXX

About this referral

Date issued DD Month Year

Date accepted DD Month Year

Outlet Outlet Name

Referral comments No referral comments provided

Suburb, State, Post Code

About this service

Referred for Support at Home

Service item name SAH

Naps service Id XXXX

Home Support Ongoing - SaH Classification 2

Home support 

Funding assigned

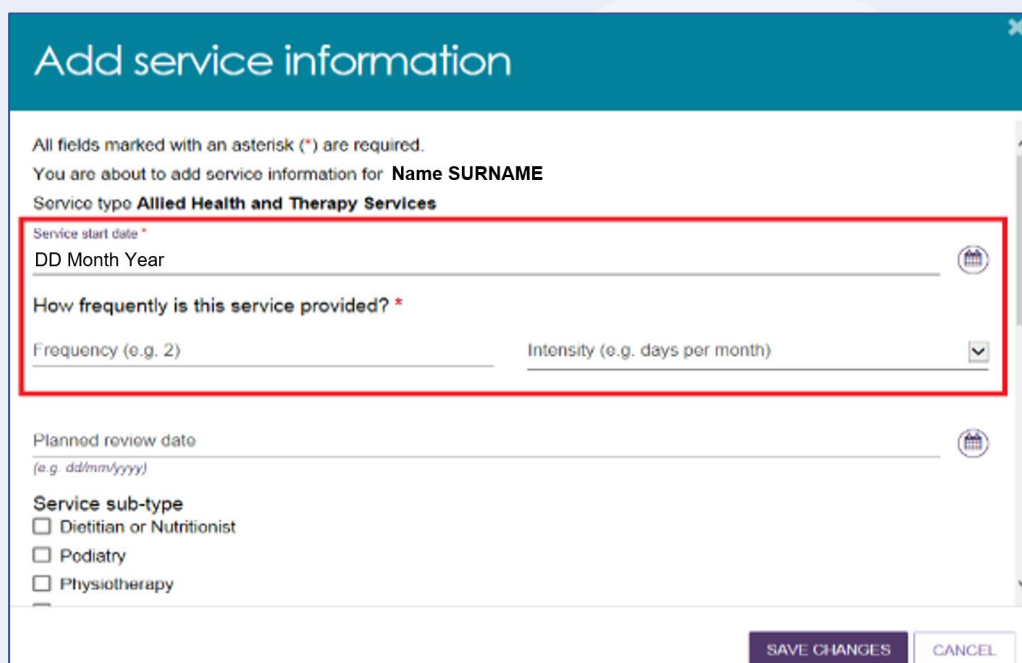
[VIEW REFERRAL SUMMARY AND CLIENT RECORD](#) [VIEW CLIENT REPORT](#)

3. The **Add Service Information** screen opens.

For **Residential Respite Care**, **Transition Care**, and **Commonwealth Home Support Programme (CHSP)** services, enter:

- **Service Start Date**
- **Frequency**
- **Intensity.**

These fields are mandatory. Enter any additional information in the remaining fields.



Add service information

All fields marked with an asterisk (*) are required.

You are about to add service information for **Name SURNAME**

Service type **Allied Health and Therapy Services**

Service start date *

DD Month Year

How frequently is this service provided? *

Frequency (e.g. 2) Intensity (e.g. days per month)

Planned review date

(e.g. dd/mm/yyyy)

Service sub-type

☐ Dietitian or Nutritionist

☐ Podiatry

☐ Physiotherapy

[SAVE CHANGES](#) [CANCEL](#)

To record specific service delivery details, select **Other – Specify** and enter the information in the free-text field.

Select **SAVE CHANGES**.

4. After you save the information:

- The service information appears in the **Services** section of the client record.
- The system updates the service start date when it receives commencement information from Services Australia.
- The client information moves from **Accepted Services Pending** to **Services in Place**. This happens for residential care including respite, transition care, and Commonwealth home support programme services, and once a **Service start date** is available, for Home Support services.

Viewing service delivery information

[After adding service delivery information](#), The **Services** tab of the client record will now display the following:

Non-Home Support services:

- Service status, such as: Not yet in place; In place
- Name of service, such as 'Residential permanent'
- Who is providing the service and the date of the provider's acceptance
- Referral details
- Approval details
- Service key dates.

Home Support services:

- Service status, such as: Not yet in place; In place
- Name of service group is 'Support at Home'
- Urgency category (urgent, high, medium, low)
- Name of approved service type, classification and whether it is ongoing or short-term
- Funding status: Pending, Approved or Withdrawn
- Service start date
- Who is providing the service and the date of the provider's acceptance.

To view more details about an approved Support at Home service from Service Referrals:

1. Go to **Service Referrals** from the portal home page.
2. Select the **Accepted services** pending tab.
3. Select the client's record in Card view or List view. Select **View Referral Summary and Client Record** to open the client record.
4. On the **Referrals for My Organisation** page, select **See Service Details** on the top right of the Support at Home referral card.

Home | Service referrals | Name SURNAME

Title Name SURNAME
Gender, XX years old, DD Month Year, ACXXXXXX01
XX Street Name, SUBURB, STATE, POSTCODE
Primary contact: Name SURNAME – Phone Number
[View support network](#)

Referral summary for Mira Moser [REQUEST A REVIEW](#) [VIEW CLIENT REPORT](#)

Client summary Client details Support network **Referrals for my organisation** Plans Attachments Approvals Services

My Aged Care interactions Notes Tasks and Notifications Residential Care

Referrals for my organisation

Home or community general respite: Flexible respite

Referral Accepted on DD Month Year
About this referral
Issued Date DD Month Year
Due Date DD Month Year
Priority Low

Support at Home [SEE SERVICE DETAILS](#)

Referral Accepted on DD Month Year
About this referral
Issued Date DD Month Year
Due Date DD Month Year
About this service
Home support Ongoing - Transitioned HCP Level 4
Priority High

5. Select the Expand button next to the service type name to view the service details.

Name SURNAME

Aged XX (DD Month Year), Gender
Client contact details
Preferred contact number XX XXXX XXXX
Suburb, State, Post Code
About this service
Referred for Support at Home
Service item name Service Item Name
Naps service Id XXXX

About this referral
Date issued DD Month Year
Date accepted DD Month Year
Outlet Outlet Name
Referral comments No referral comments provided

[Home support Ongoing - Transitioned HCP Level 4](#) Funding assigned

Place assigned FSO

[VIEW REFERRAL SUMMARY AND CLIENT RECORD](#) [VIEW CLIENT REPORT](#)
[REQUEST A REVIEW](#) [REVOKE REFERRAL](#)

To view service details from the Services tab:

1. Go to **Find a Client** from the portal home page.
2. Search for your client, or select one from the Recently Viewed Persons section.
3. The **Client Summary** displays. Select the **Services** Tab.

Non-Support at Home service example

1800 836 799 Mon-Fri 8am - 8pm Sat 10am - 2pm Welcome Name from Provider Name

Service and Support Portal Logout

Home | Service referrals | Janees CITIZENN

Title Name SURNAME
Gender, XX years old, DD Month Year, ACXXXXXX01
XX Street Name, SUBURB, STATE, POSTCODE
Prefers to speak [Language]

Primary contact: Name SURNAME - 04X XXX XXX
No support relationships recorded

Name SURNAME services

REQUEST A REVIEW VIEW CLIENT REPORT

Client summary Client details Support Network Referrals for my organisation Plans Attachments Approvals **Services**

My Aged Care interactions Notes Tasks and Notifications Residential Care

Current services in place

Residential Permanent

Service provided by RFA Auto Facility

About this referral

Referral details

Accepted

From the assessor

Approval details

Approval start date DD Month Year

From the service provider

About the service

Service dates

Start date DD Month Year

UPDATE SERVICE INFORMATION

Support at Home service example

Client summary Client details Support network Referrals for my organisation Plans Attachments Approvals **Services** My Aged Care interactions Notes

Tasks and Notifications Residential Care

Services not yet in place

High

Support at Home

Support at home services approved: Home support Ongoing - SaH Classification 6 Recommended dates

Funding withdrawn: DD Month Year

Support at home services approved: Ongoing - Specified needs - Continence Products

Funding pending

Support at home services approved: Home modifications Short-term - HM Medium

Funding pending

Service provided by

Provider Name

Accepted DD Month Year

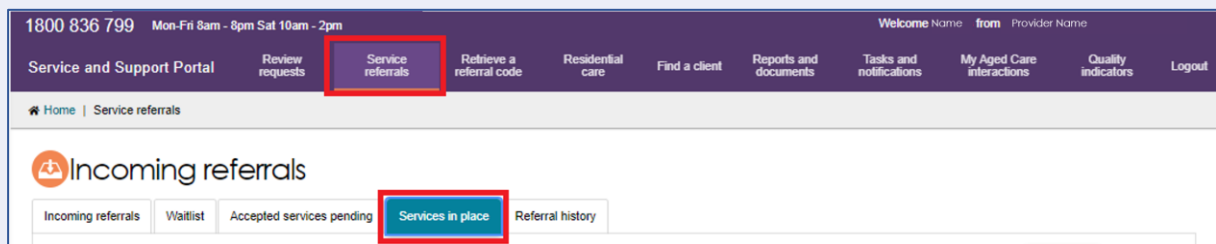
SEE SERVICE DETAILS

Updating service delivery information

The **Services in Place** tab in the **Service Referrals** section of the Services and Support Portal shows accepted services that include recorded service delivery information.

! For **Support at Home** services, you cannot update service information because an assessor approves the required services.

1. Open the **Services in Place** tab by selecting **Service Referrals** from the home page, the navigation banner, or the menu in the top-left corner.



2. Find the service you want to update.
 - In List View, expand the client record and select **UPDATE SERVICE INFORMATION**.
 - In Card View, expand the client card and select **UPDATE SERVICE INFORMATION**.

Update the service information and select **SAVE CHANGES**.

The system updates the information in both the **Services in Place** tab and the **Services** tab of the client record.

Card View

Name SURNAME

Aged XX (DD Month Year), Gender

Suburb, State, Post Code

Client contact details

Preferred contact number XX XXXX XXXX

About this referral

Date issued DD Month Year

Date accepted DD Month Year

Outlet Outlet Name

Referral comments

About this service

Referred for Allied health and therapy

Service sub type Occupational therapy

Service item name Service Item Name

Naps service Id XXXX

Service frequency 2 days per month

Service dates

Start date DD Month Year

Planned end date None

Planned review date DD Month Year

Service provider comments No provider comments provided

Recommended service dates

VIEW REFERRAL SUMMARY AND CLIENT RECORD

VIEW CLIENT REPORT

REQUEST A REVIEW

UPDATE SERVICE INFORMATION

List View

SURNAME	Name	ACXXXXXXXX	DD Month Year	DD Month Year	Residential Permanent, Naps Service ID	DD Month Year	Low
Aged XX (DD Month Year), Gender		Suburb, State, Post Code					
Client contact details		About this service					
Preferred contact number XX XXXX XXXX		Referred for Residential Permanent					
About this referral		Place allocation date DD Month Year					
Date issued DD Month Year		Service sub type No sub types					
Date accepted DD Month Year		Service item name Aussie Nursing Home					
Outlet Outlet Name		Naps service id 3025					
Referral comments No referral comments provided		Service dates XXXX					
Recommended service dates		Start date DD Month Year					
Recommended start date DD Month Year		Planned end date None					
		Planned review date None					
		Service provider comments No provider comments provided					
VIEW REFERRAL SUMMARY AND CLIENT RECORD		VIEW CLIENT REPORT					
REQUEST A REVIEW		UPDATE SERVICE INFORMATION					

3. You can also update service information from the **Services** tab in the client record.

- Select **UPDATE SERVICE INFORMATION** next to the relevant service.
- Make the required changes and select **SAVE CHANGES**.

Client summary	Client details	Referrals for my organisation	Plans	Attachments	Approvals	Services	My Aged Care interactions	Notes	Tasks and Notifications
Current services in place									
<div> <div> Transition Care Service provided by Service Provider Name </div> <div> About this referral Referral details Accepted date DD Month Year HH:MM </div> <div> From the assessor Recommended dates Recommended start date None Recommended end date None Recommended review date None Approval details Approval start date DD Month Year Approval end date None </div> <div> From the service provider About the service Service frequency 7 Days per week Service dates Start date DD Month Year Planned end date None Planned review date None Service delivery status Commenced Grace period end date None </div> <div> Service provider comments None </div> <div> UPDATE SERVICE INFORMATION </div> <div> REQUEST TRANSITION CARE EXTENSION </div> </div>									

! If you cease a client's service and select **Client Deceased** as the reason, the system changes the client's status to **Deceased** and makes the client record read-only. When you update a client's status to **Deceased**, the system will:

1. Recall any unaccepted service referrals.
2. Cease all services currently in place.
3. Cancel any assessments in progress.
4. Revoke the client's access to the client portal.

You can add notes and attachments to a client's record for up to 14 days after you cease their services.

After the status changes to **Deceased**, My Aged Care will no longer send correspondence to the client or their support network. However, service providers will receive a notification reminding them to close or finalise any activities still in progress for the client.

If the client is active in the Support at Home Priority System or has an assigned Support at Home classification, the system will remove the client from the Priority System and withdraw any assigned Support at Home funding.

Recording a service end date
 Entering a service end date will end this service for your client at that date. If you need to reinstate this service after that date, please call the Contact Centre on 1800 836 799.

Service end date
 DD Month Year

Reason for cessation of service *
 Client deceased

Add a reason for changes or other comments
 For example, 'frequency was changed because client condition has deteriorated'.

Maximum 255 characters

SAVE CHANGES CANCEL

Recording note of changes made to client service information

My Aged Care Contact Centre staff, assessors, and providers can view and add notes to a client's record in the My Aged Care portals.

If a client's service delivery information changes significantly, [update the service information](#) and add a note to the client record.

! If a client's needs or circumstances have changed since their last assessment, a [review of the client's support plan](#) may be required.

Providers can add the following types of notes:

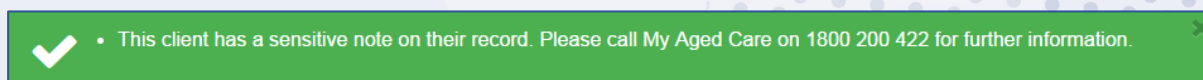
- **Observations:** Information recorded during interactions with the client by a provider or assessor. Assessors and providers can view these notes.
- **Other:** Additional information about the client. Assessors, providers, and clients can view these notes.

Providers can only view notes with the following note types:

- **Client Story**
- **Other**
- **Observations.**

If My Aged Care Contact Centre staff or an assessor adds a **Sensitive** note to a client's record, the system displays a banner advising providers to contact the My Aged Care contact centre for more information.

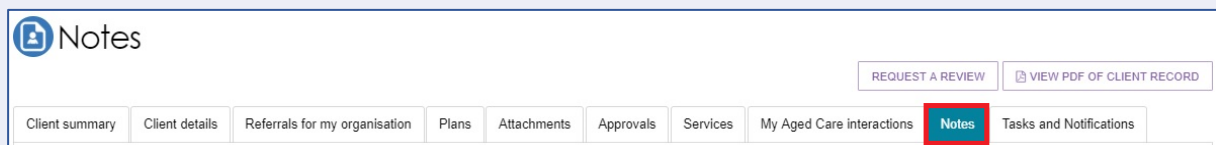
The contact centre will only share information from a sensitive note when it is relevant to the provider's role in supporting the client.



To add a note to the client record:

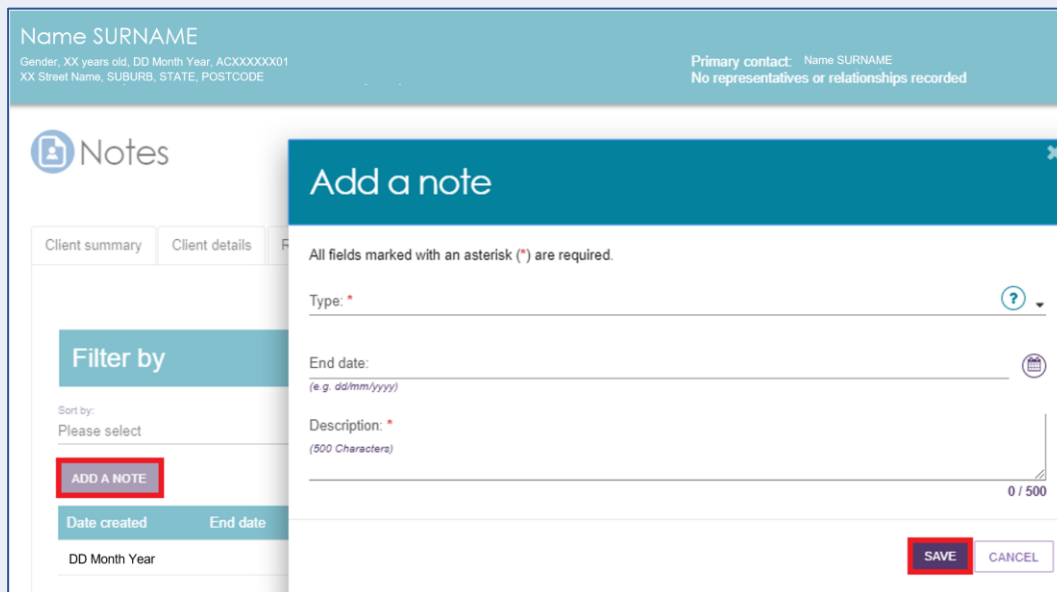
1. Open the client record and select the **Notes** tab.
 - The client's existing notes will display.

- For more information about accessing a client record, refer to [My Aged Care Service and Support Portal user guide – The client record](#).

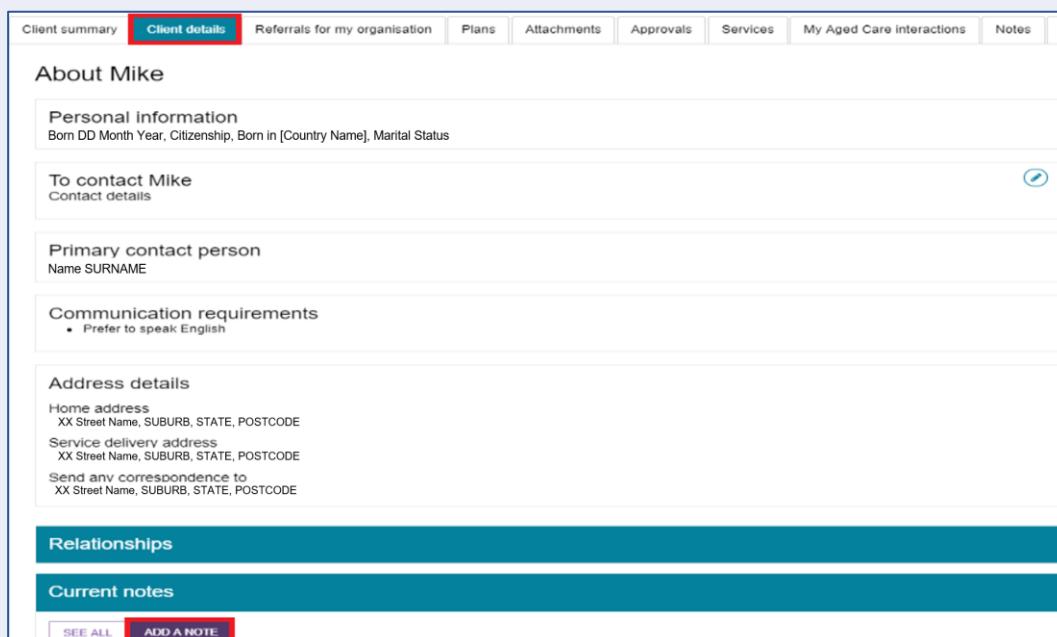


2. Select **ADD A NOTE**.

- Choose the appropriate **Note Type**.
- Enter a description.
- Select **SAVE** to add the note to the client record.



Alternatively, from the **Client Details** tab, select **ADD A NOTE** in the **Current Notes** section.



- You can add **Other** and **Observations** notes to the records of any clients referred to your outlet, including clients in the **Incoming Referrals** tab.

My Aged Care Contact Centre staff, assessors, and other providers supporting the client can

view these notes.

Select the blue question mark icon  for information about each note type and who can view it.

For more information about note types and permissions, refer to [Service and Support Portal User Guide - The Client Record](#).

Requesting an extension to the client's care (Transition Care and Residential Respite)

You can request care extensions, including respite care extensions, through the Services and Support Portal. The system sends the request to a Delegate for approval.

If you cannot submit a care extension request through the portal, call the My Aged Care Service Provider and Assessor Helpline on 1800 836 799.

You can extend:

- Transition Care for up to 42 consecutive days.
- Residential Respite Care for up to 21 non-consecutive days.

A care extension takes effect from the commencement date entered in the request, subject to Delegate approval. You cannot backdate extension requests unless special circumstances apply.

For more information about care extensions and eligibility requirements, refer to the [My Aged Care Assessment Manual](#).

! Submit extension requests through the My Aged Care Services and Support Portal on or before the client's entitled days expire, if they need additional care.

! You can only grant a care extension at the client's current approved level of care. If the client needs a higher level of respite care, they must receive a new Respite Classification. To arrange this, request a **Residential Respite Assessment** in the **MyAssessor app**.

To request a care extension:

1. Locate the client who requires a care extension.
 - Go to the **Services in Place** tab and expand the client record in either Card View or List View.
 - Select **REQUEST [CARE TYPE] EXTENSION**.

Transition Care Extension Example

Last name	First name	Aged care user ID	Commencement date	Referred date	Service type	Recommended start date	Priority
SURNAME	Name	ACXXXXXXX	DD Month Year	DD Month Year	Transition Care, Naps Service ID	DD Month Year	High

Aged XX (DD Month Year), Gender

Suburb, State, Post Code

Client contact details

Preferred contact number Not specified

About this referral

Date issued DD Month Year

Date accepted DD Month Year

Outlet Outlet Name

Referral comments No referral comments provided

Recommended service dates

Recommended start date None

Recommended review date DD Month Year

Recommended end date None

About this service

Service type Transition Care

Service sub type No sub types

Service item name Carers

Naps service Id XXXX

Service dates

Start date

Planned end date

Planned review date None

Service provider comments No provider comments provided

VIEW REFERRAL SUMMARY AND CLIENT RECORD

VIEW PDF OF CLIENT RECORD

REQUEST A REVIEW

UPDATE SERVICE INFORMATION

REQUEST TRANSITION CARE EXTENSION

Residential Respite Care Extension Example

Title Name SURNAME
 Gender, XX years old, DD Month Year, ACXXXXXX01
 XX Street Name, SUBURB, STATE, POSTCODE
 Prefers to speak [Language]

Primary contact: Name SURNAME – 04X XXX XXX
 Career: Name SURNAME – 04X XXX XXX
[View support network](#)

Cindy Client services REQUEST A REVIEW VIEW CLIENT REPORT

Client summary Client details Support network Referrals for my organisation Plans Attachments Approvals **Services** My Aged Care interactions

Notes Tasks and Notifications Residential Care

Current services in place

Residential Respite Care
 Service provided by Aussie Aged Care

About this referral

Referral details
 Accepted

From the assessor
 Approval details
 Approval start date DD Month Year

From the service provider
 About the service
 Service dates
 Start date DD Month Year
 Service delivery status Commenced
 Grace period end date None

UPDATE SERVICE INFORMATION REQUEST RESIDENTIAL RESPITE EXTENSION

Alternatively, use **Find a Client** to locate the client, then open the **Services** or **Approvals** tab in the client record and select **REQUEST [CARE TYPE] EXTENSION**.

Care approvals

Client summary Client details Referrals for my organisation Plans Attachments **Approvals** **Services** My Aged Care interactions Notes Tasks and Notifications

Approvals
 The client is approved for the following care types under the Aged Care Act 1997.

Current care approvals

☐ Home Care Package Level 4

☐ Residential Permanent

☒ Transition Care

2. Complete all required fields in the extension request pop-up.

- The required information varies depending on the type of care extension you are requesting.
- Include the client's **paid days balance** from the **Services Australia Aged Care Payment System** and the date you calculated the balance.
- Select **SUBMIT REQUEST**.

Transition Care Extension Example

Request transition care extension

All fields marked with an asterisk (*) are required.

You are about to request a transition care extension for Name SURNAME

Date of original entry into transition care? (dd/mm/yyyy): *

DD Month Year

Proposed number of extension days (between 1 to 42 days): *

42

Goals not achieved in 12 weeks of transition care: *

Example goal

Goals for Pingu PENGUIN during extension period *

Example goal

Team action required to achieve extension goals: *

Example goal

Outside services action required to achieve extension goals: *

Example goal

Information from other sources: *

Example information

☒ Client consent was obtained for this extension:

SUBMIT REQUEST CANCEL

Respite Extension Example

Request residential respite extension

All fields marked with an asterisk (*) are required.

You are about to request a 21 day residential respite extension for Name SURNAME

Date of original Residential Respite Care approval was: DD Month Year

When should the extension start? (dd/mm/yyyy) *

DD Month Year

Reason for extension *

Select one

Select one

Carer stress

Severity of the care recipient

Absence of the care recipient

Any other relevant matter

3. The system displays a confirmation message when it submits the request to the Delegate.

- Care approval extension request created.
- The assessment and support plan has been sent to the Delegate for their decision

4. You will also receive a notification confirming that the request has been submitted.

The system will send you an email notification after the Delegate makes a decision on the care extension request.

Client summary	Client details	Referrals for my organisation	Plans	Attachments	Approvals	Services	My Aged Care interactions	Notes	Tasks and Notifications
Filter by									
Type	Due Date	Received Date	Category	Title/Description		Activity Id	Portal	Outlet	
Notification	DD Month Year		Client Services	Care Extension Request A request for a care extension has been submitted. Details are as follows - Aged Care User Id: ACXXXXXXX Service : Transition Care Requested By : Name SURNAME Requested by Outlet name : Aged Care Inc - Outlet 2 Request reason : Requested Status : Acceptance Pending Assigned to: Name SURNAME		1-XXXXXXXXXX	Service Provider Portal	Outlet Name	

Requesting an extension to the client's care (Support at Home)

You can request Support at Home care extensions for Assistive technology (AT) and Home modifications (HM) for the following clients:

- Clients receiving **AT Medium Tier** or **AT High Tier** services who have a recorded progressive condition: These clients can receive an extension of up to 24 additional months, for a total approval period of 48 months.
- Clients receiving **HM High Tier** services: These clients can receive an extension of up to 12 additional months, for a total approval period of 24 months. You must provide evidence that the client's condition has progressed.

! You do not need Delegate approval for Support at Home care extension requests. When you submit the request, the system automatically applies the extension.

To request a care extension for a client receiving **AT Medium Tier** or **AT High Tier** services who has a progressive condition, follow the steps below:

1. Find the client by using one of the following methods:
 - Select **Find a Client**, open the client record, go to the **Services** tab, and select **SEE SERVICE DETAILS** under the **Current Services in Place** section.

The screenshot shows the My Aged Care system interface. At the top, there is a navigation bar with 'Home' and 'Find a client' (highlighted with a red box). Below this is a client header section with 'Title Name SURNAME' and various details. A tabbed interface shows 'Services' as the active tab (highlighted with a red box). Under the 'Services' tab, there is a section titled 'Current services in place' (highlighted with a red box). Within this section, there is a 'Support at Home' card. At the bottom of this card, there is a button labeled 'SEE SERVICE DETAILS' (highlighted with a red box).

- Go to the **Services in Place** tab in **Service Referrals**, then expand the client record in either Card View or List View.

Service referrals | Find a client | Review requests | Tasks and notifications | Retrieve a referral code | My Aged Care interactions | Reports and documents | ACFI reviews | SIRS Notice | Government Provider Management System

Home | Service referrals

Services in place

Incoming referrals | Waitlist | Accepted services pending | **Services in place** | Referral history

CARD LIST

Filter by

Sort Referrals by: Last Name | in order of: Reverse Alphabetical (Z-A) | GO

1 to 20 out of 20 matching results

Jason EMMERICH

Suburb, State, Postcode
Aged care user ID: ACXXXXXX01
Date commenced DD Month Year
Date referred DD Month Year
Outlet: Outlet Name

Referred for: Support at Home, 17174
Entered into: Assistive Tech (Short-term), Home modifications

To start: 23 April 2026 | High

2. Select **ADD ASSISTIVE TECHNOLOGY EXTENSION**.

! The **ADD ASSISTIVE TECHNOLOGY EXTENSION** button is only available for clients who have a progressive condition recorded during their assessment and who currently receive AT Medium or AT High services.

You can apply the extension only once. After you apply the extension, the system removes the button and you can no longer request another extension.

Name SURNAME

Home support Ongoing - SaH Classification 4
Place assigned FSO

Assistive technology Short-term - AT High
Place assigned FSO

Home modifications Short-term - HM High
Place assigned FSO

Funding assigned

Service in Place
Start date DD Month Year
Service provider comments

Service in Place
Start date DD Month Year
Service provider comments

VIEW REFERRAL SUMMARY AND CLIENT RECORD | VIEW CLIENT REPORT

REQUEST A REVIEW | **ADD ASSISTIVE TECHNOLOGY EXTENSION** | ADD HOME MODIFICATIONS EXTENSION

3. In the **Confirm Assistive Technology Extension** pop-up, select **CONFIRM**.

Confirm Assistive technology extension

You are extending Name SURNAME's Assistive technology Short-term service for an additional 24 months.

CONFIRM | CANCEL

4. The system automatically extends the Assistive Technology approval by **24 months** and displays a confirmation message.

Home | Service referrals | Name SURNAME

Title Name SURNAME
Gender, XX years old, DD Month Year, ACXXXXXX01
XX Street Name, SUBURB, STATE, POSTCODE

Primary contact: Name SURNAME – 04X XXX XXX
No support relationships recorded

Name SURNAME services

Client summary | Client details | Support network | Referrals for my organisation | Plans | Attachments | Approvals | **Services** | My Aged Care interactions | Notes | Tasks and Notifications

Current services in place

Support at Home

Service provided by: Provider Name

About this referral

Referral details

Support at home services approved: Home support Ongoing - SaH Classification 4
Funding assigned: DD Month Year

Support at home services approved: Assistive technology Short-term - AT High
Funding assigned: DD Month Year

Support at home services approved: Home modifications Short-term - HM High
Funding assigned: DD Month Year

Accepted: DD Month Year HH:MM

SEE SERVICE DETAILS

From the assessor
Recommended dates

From the service provider
About the service

Assistive Tech (Short-term)
Service commenced: DD Month Year

Home modifications
Service commenced: DD Month Year

✓ Name SURNAME's AT Short-term funding has been successfully extended for an additional 24 months.

5. To view the updated approval end date:

- Open the **Approvals** tab.
- Expand the **Assistive Technology** approval.
- View the **Approval Stops** field, which shows when the approval ends.

Approvals screen before AT Extension

Title Name SURNAME
Gender, XX years old, DD Month Year, ACXXXXXX01
XX Street Name, SUBURB, STATE, POSTCODE

Primary contact: Name SURNAME – 04X XXX XXX
No support relationships recorded

Client summary | Client details | Support network | Referrals for my organisation | Plans | Attachments | **Approvals** | Services | My Aged Care interactions | Notes | Tasks and Notifications

Approvals

The client is approved for the following care types under the Aged Care Act 1997.

Current care approvals

Home support Ongoing - SaH Classification 4

Home modifications Short-term - HM High

VIEW HISTORY

Assistive technology Short-term - AT High

VIEW HISTORY

Priority category: Standard

Approval starts: DD Month Year

Approval stops: DD Month Year

Status: Committed effective: DD Month Year

Place assigned: FSO

Place assigned date: DD Month Year

Take up deadline: DD Month Year

Source System: Gateway

Assistive technology services: Equipment and Products: Assistive technology prescription and clinical support, Communication and information management products, Domestic life products, Mobility products, Self-care products, Managing body functions

Approvals screen after AT Extension

Home | Service referrals | Name SURNAME

Title Name SURNAME
Gender, XX years old, DD Month Year, ACXXXXXX01
XX Street Name, SUBURB, STATE, POSTCODE

Primary contact: Name SURNAME - 04X XXX XXX
No support relationships recorded

Care approvals

REQUEST A REVIEW VIEW CLIENT REPORT

Client summary Client details Support network Referrals for my organisation Plans Attachments **Approvals** Services My Aged Care interactions Notes Tasks and Notifications

Approvals
The client is approved for the following care types under the Aged Care Act 1997.

Current care approvals

Home support Ongoing - SaH Classification 4

Home modifications Short-term - HM High [VIEW HISTORY](#)

Assistive technology Short-term - AT High [VIEW HISTORY](#)

Priority category	Standard
Approval starts	DD Month Year
Approval stops	DD Month Year
Status	Committed effective DD Month Year
Place assigned	FSO
Place assigned date	DD Month Year

To request an extension for a Home modifications (HM High Tier) client:

1. Find the client using one of the following methods:

- Select **Find a Client**, open the client record, go to the **Services** tab, and select **SEE SERVICE DETAILS** under the **Current Services in Place** section.

Home **Find a client** | Name SURNAME

Title Name SURNAME
Gender, XX years old, DD Month Year, ACXXXXXX01
XX Street Name, SUBURB, STATE, POSTCODE

Primary contact: Name SURNAME - 04X XXX XXX
No support relationships recorded

Client summary Client details Support network Referrals for my organisation Plans Attachments Approvals **Services** My Aged Care interactions Notes

Tasks and Notifications

Current services in place

Support at Home
Service provided by Medea Park Community Aged Care Package Service

About this referral	From the assessor	From the service provider
Referral details	Recommended dates	About the service
Support at home services approved: Home support Ongoing - SaH Classification 4		Assistive Tech (Short-term)
Funding assigned: DD Month Year		Service commenced DD Month Year
Support at home services approved: Assistive technology Short-term - AT High		Home modifications
Funding assigned: DD Month Year		Service commenced DD Month Year
Support at home services approved: Home modifications Short-term - HM High		
Funding assigned: DD Month Year		
Accepted DD Month Year HH:MM		

[SEE SERVICE DETAILS](#)

- Go to the **Services in Place** tab in **Service Referrals**, then expand the client record in either Card View or List View.

Service referrals

Find a client Review requests Tasks and notifications Retrieve a referral code My Aged Care interactions Reports and documents ACFI reviews SIRS Notice Consent Provider Management System

Home | Service referrals

Services in place

Incoming referrals Waitlist Accepted services pending **Services in place** Referral history

CARD LIST

Filter by

Sort Referrals by: Last Name In order of: Reverse Alphabetical (Z-A) GO

1 to 20 out of 20 matching results

Jason EMMERICH

SUBURB, STATE, POSTCODE
Aged care user ID: ACXXXXXX01
Date commenced: DD Month Year
Date referred: DD Month Year
Outlet: Outlet Name

Referred for: Support at Home, Naps ID
Entered into: Assistive Tech (Short-term), Home modifications

To start: DD Month Year High

2. Select **ADD HOME MODIFICATIONS EXTENSION**.

! The **ADD HOME MODIFICATIONS EXTENSION** button is only available for clients who currently receive **HM High** services. You can apply the extension only once. After you apply the extension, the system removes the button and you cannot request another extension.

Name SURNAME

Home support Ongoing - SaH Classification 4
Place assigned FSO

Assistive technology Short-term - AT High
Place assigned FSO

Home modifications Short-term - HM High
Place assigned FSO

Funding assigned

Service in Place
Start date DD Month Year
Service provider comments

Service in Place
Start date DD Month Year
Service provider comments

VIEW REFERRAL SUMMARY AND CLIENT RECORD VIEW CLIENT REPORT

REQUEST A REVIEW ADD ASSISTIVE TECHNOLOGY EXTENSION **ADD HOME MODIFICATIONS EXTENSION**

The **Home Modifications Allocation Period Extension** pop-up opens.

Select **UPLOAD PROOF OF PROGRESSION**.

X

Home modifications allocation period extension

i
Please note: Providing a proof of progression is mandatory before extending Home modifications service.

All fields marked with an asterisk (*) are required.
Please upload a proof of progression.*

UPLOAD PROOF OF PROGRESSION

Upload up to 5 file(s) (10MB max total, 5MB max per attachment) in .jpeg, .jpg, .bmp, .png, .docx, .xlsx, .pdf, or .txt format.*
By clicking on confirmbutton, you are extending Jason EMMERICH's Home modifications service for an additional 12 months.

CONFIRM

CANCEL

3. In the **Add Attachment** form:

- Select **CHOOSE FILE** and select the document you want to upload.
- The file name will appear next to the **CHOOSE FILE** button after you attach the file.
- Enter a name in the required **Attachment Name** field.
- Optionally, enter a short description of the attachment.
- Select **UPLOAD**.

Add Attachment

i
Please note: Some attachments will be viewable by other people with authorised access to this client record. Please refer to your portal guide for details.

All fields marked with an asterisk (*) are required.

Attachments
Upload up to 5 file(s) (10MB max total, 5MB max per attachment) in .jpeg, .jpg, .bmp, .png, .docx, .xlsx, .pdf, or .txt format.*

CHOOSE FILE

Evidence ...ssion.docx

Attachment name*

Evidence for HM Extension

Please provide a short description about the contents of the attachment, e.g. assessment date and time

0 / 250

UPLOAD

CANCEL

4. The system displays the uploaded attachment.
 - To remove an attachment, select the **bin** icon next to the file name.
 - To upload additional documents, repeat Step 3.
 - After uploading all required documents, select **CONFIRM**.

Home modifications allocation period extension

i Please note: Providing a proof of progression is mandatory before extending Home modifications service.

All fields marked with an asterisk (*) are required.
Please upload a proof of progression.*

[UPLOAD PROOF OF PROGRESSION](#)

Upload up to 5 file(s) (10MB max total, 5MB max per attachment) in .jpeg, .jpg, .bmp, .png, .docx, .xlsx, .pdf, or .txt format.*

Evidence for HM Extension (Proof of Progression) [docx 47 bytes] 4 May 2026

By clicking on confirm button, you are extending Jason EMMERICHO's Home modifications service for an additional 12 months.

CONFIRM

CANCEL

5. The system displays a confirmation message and automatically extends the **HM High** approval by **12 months**.

Title Name SURNAME

Gender, XX years old, DD Month Year, ACXXXXXX01
XX Street Name, SUBURB, STATE, POSTCODE

Primary contact: Name SURNAME – 04X XXX XXX

No support relationships recorded

Name SURNAME services

[REQUEST A REVIEW](#)
[VIEW CLIENT REPORT](#)

[Client summary](#)
[Client details](#)
[Support network](#)
[Referrals for my organisation](#)
[Plans](#)
[Attachments](#)
[Approvals](#)
[Services](#)
[My Aged Care interactions](#)
[Notes](#)
[Tasks and Notifications](#)

Current services in place

Support at Home

Service provided by Provider Name

About this referral

Referral details

Support at home services approved: Home support Ongoing - SaH Classification 4
Funding assigned: DD Month Year

Support at home services approved: Assistive technology Short-term - AT High
Funding assigned: DD Month Year

Support at home services approved: Home modifications Short-term - HM High
Funding assigned: DD Month Year

Accepted DD Month Year HHMM

SEE SERVICE DETAILS

From the assessor

Recommended dates

From the service provider

About the service

Assistive Tech (Short-term)
Service commenced DD Month Year

Home modifications
Service commenced DD Month Year

Name SURNAME's HM Short-term funding has been successfully extended for an additional 12 months.

To view the updated approval end date, open the **Approvals** tab and expand the **Home Modifications** approval.

The **Approval Stops** field shows when the approval ends.

Approvals screen before HM extension

Title Name SURNAME
Gender, XX years old, DD Month Year, ACXXXXXX01
XX Street Name, SUBURB, STATE, POSTCODE

Primary contact: Name SURNAME – 04X XXX XXX
No support relationships recorded

Care approvals [REQUEST A REVIEW](#) [VIEW CLIENT REPORT](#)

Client summary Client details Support network Referrals for my organisation Plans Attachments **Approvals** Services My Aged Care interactions Notes Tasks and Notifications

Approvals
The client is approved for the following care types under the Aged Care Act 1997.

Current care approvals

Home support Ongoing - SaH Classification 4

Home modifications Short-term - HM High [VIEW HISTORY](#)

Priority category	Standard
Approval starts	DD Month Year
Approval stops	DD Month Year
Status	Committed effective 23 April 2026
Place assigned	FSO
Place assigned date	DD Month Year
Take up deadline	DD Month Year
Source System	Gateway

Home modifications services: **Home Adjustments:** Home modifications prescription and clinical support, Home modification products

Approvals screen after HM extension

Title Name SURNAME
Gender, XX years old, DD Month Year, ACXXXXXX01
XX Street Name, SUBURB, STATE, POSTCODE

Primary contact: Name SURNAME – 04X XXX XXX
No support relationships recorded

Care approvals [REQUEST A REVIEW](#) [VIEW CLIENT REPORT](#)

Client summary Client details Support network Referrals for my organisation Plans Attachments **Approvals** Services My Aged Care interactions Notes Tasks and Notifications

Approvals
The client is approved for the following care types under the Aged Care Act 1997.

Current care approvals

Home support Ongoing - SaH Classification 4

Home modifications Short-term - HM High [VIEW HISTORY](#)

Priority category	Standard
Approval starts	DD Month Year
Approval stops	DD Month Year
Status	Committed effective 23 April 2026
Place assigned	FSO
Place assigned date	DD Month Year
Take up deadline	DD Month Year
Source System	Gateway

Home modifications services: **Home Adjustments:** Home modifications prescription and clinical support, Home modification products

Seeking services

6. The system stores the uploaded documents in the **Attachments** tab under **Other Attachments** and labels them **Proof of Progression**.

Title Name SURNAME
Gender, XX years old, DD Month Year, ACXXXXXX01
XX Street Name, SUBURB, STATE, POSTCODE

Primary contact: Name SURNAME – 04X XXX XXX
No support relationships recorded

Attachments [REQUEST A REVIEW](#) [VIEW CLIENT REPORT](#)

Client summary Client details Support network Referrals for my organisation Plans **Attachments** Approvals Services My Aged Care interactions Notes Tasks and Notifications

Attachments

[ADD AN ATTACHMENT](#)

Assessment Attachments **Other Attachments** Correspondence

Proof of Progression DD Month Year

Evidence for HM Extension [0.00KB] [HIDE FROM VIEW](#)

Requesting a Support Plan Review

A provider can request a **Support Plan Review (SPR)** through the **Service and Support Portal** when:

- the client's needs, goals, or circumstances have changed since their last assessment
- the client's support plan no longer reflects their current situation
- the client needs additional services
- a time-limited service has ended.

An assessor will review the request and the client's circumstances. This may result in a new assessment of the client's needs.

When submitting an SPR request, providers must attach supporting documents that describe the client's current care arrangements, such as a quarterly budget or care plan. Include as much relevant information as possible to help assess the client's needs and the urgency of the request.

For detailed assessment history, go to the **Plans** tab in the client record.

If the client has not previously had a My Aged Care assessment, contact the **My Aged Care service provider and assessor helpline on 1800 836 799** to request a new assessment.

Follow these steps to request a review of a client's support plan:

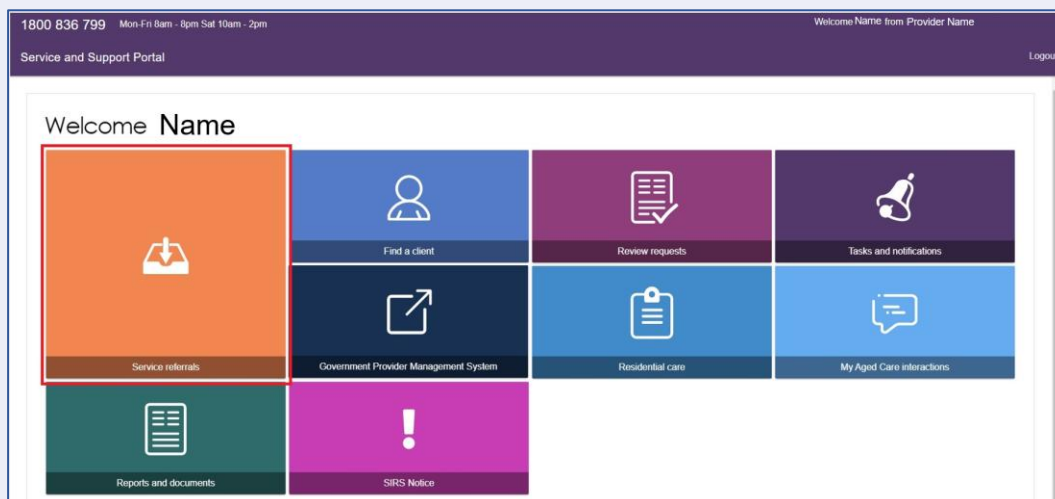
1. Review the client's assessment information. For detailed assessment history, go to the **Plans** tab in the client record.

You cannot submit a review request if the client already has an assigned review in the Assessor Portal or is currently undergoing an assessment. Check this before starting a review request.

If you have concerns, contact the assessment organisation that completed the client's most recent assessment. You can find their details in the **Plans** tab.

The screenshot displays the 'Patsy Calledge support plan' interface. At the top, there are two buttons: 'REQUEST A REVIEW' and 'VIEW PDF OF CLIENT RECORD'. Below these is a navigation bar with tabs: 'Client summary', 'Client details', 'Referrals for my organisation', 'Plans' (highlighted with a red box), 'Attachments', 'Approvals', 'Services', 'My Aged Care interactions', 'Notes', and 'Tasks and Notifications'. The main content area is titled 'Assessment Details' and contains several sections: 'Assessment information' (highlighted with a red box), 'Assessment summary', 'Needs identified at assessment', and 'Assessment history' (highlighted with a red box). The 'Assessment information' section lists: 'Comprehensive Assessment was completed on DD Month Year by the Aged Care Assessment Service', 'Comprehensive Assessment status is Assessment Complete', and 'The review date has not been specified'. The 'Assessment history' section lists: 'Comprehensive Assessment DD Month Year' and 'Screening DD Month Year'.

2. Select **Service referrals** from the homepage.



3. Select **Services in Place**. Find the client and select **Request a Review**.

The screenshot shows the 'Services in place' tab selected in the portal. At the top, there are tabs for 'Incoming referrals', 'Waitlist', 'Accepted services pending', 'Services in place' (selected), and 'Referral history'. Below the tabs, a message states 'All fields marked with an asterisk (*) are required.' A 'Filter by' section is present. A table lists client information: 'Last name' (SURNAME), 'First name' (Name), 'Aged care user ID' (ACXXXXXXX), 'Commencement date' (DD Month Year), 'Referred date' (DD Month Year), and 'Referred for' (Residential Permanent, Naps ID). Below the table, there are sections for 'Client contact details', 'About this referral', and 'About this service'. The 'About this service' section includes details like 'Referred for' (Residential Permanent), 'Place allocation date' (DD Month Year), 'Service sub type' (No sub types), 'Service item name' (Aussie Nursing Home), 'Naps service id' (XXXX), 'Service dates' (Start date: DD Month Year, Planned end date: None, Planned review date: None), and 'Service provider comments' (No provider comments provided). At the bottom, there are buttons for 'VIEW REFERRAL SUMMARY AND CLIENT RECORD', 'VIEW CLIENT REPORT', 'REQUEST A REVIEW' (highlighted with a red box), and 'UPDATE SERVICE INFORMATION'.

You can also select the **Request a Review** link displayed at the top of any page in the client's record.

The screenshot shows the 'Referral summary for Name SURNAME' page. At the top, there is a header with the title 'Referral summary for Name SURNAME' and two buttons: 'REQUEST A REVIEW' (highlighted with a red box) and 'VIEW CLIENT REPORT'. Below the header, there are tabs for 'Client summary', 'Client details', 'Support network', 'Referrals for my organisation' (selected), 'Plans', 'Attachments', 'Approvals', and 'Services'. Under the 'Referrals for my organisation' tab, there are sub-tabs for 'My Aged Care interactions', 'Notes', 'Tasks and Notifications', and 'Residential Care'. The main content area shows 'Referrals for my organisation' with a 'Residential Permanent' referral. Below this, there is a section for 'About this referral' with fields for 'Issued Date' (DD Month Year) and 'Due Date' (DD Month Year). At the bottom, there is a 'Priority Low' indicator.

4. On the **Request a Review** screen, indicate whether the client meets the criteria for a direct comprehensive assessment.

If you select **Yes**, you will be prompted to call the **My Aged Care Service Provider and Assessor Helpline** on **1800 836 799** and ask the Contact Centre to issue a direct referral. The referral will be sent to the assessment organisation for review, and a banner will appear on the client record to show that a direct referral has been issued.

Request a Review

All fields marked with an asterisk (*) are required.

Request details

What circumstances have changed for the client? *

Change in care needs

Does the client require and meet the requirements for a direct assessment? ? ☒ Yes

A client is eligible for a direct comprehensive assessment if they meet the following criteria:

- The client is at risk and has immediate unmet aged care needs and/or the client's carer arrangements are unsustainable, and
- The client needs assessment and approval for transition care or permanent residential care and/or residential respite care.

Please call the My Aged Care provider and assessor helpline on 1800 200 422 to progress a direct assessment for this client.

SEND REVIEW REQUEST **CANCEL**

5. Complete all mandatory fields within the review request.

Different questions will need to be completed at this step depending on which option/s are selected.

If the client needs an urgent review, select **Yes** for **Does this request need to be actioned urgently?** and explain why. This information helps the assessor or Contact Centre prioritise the request.

Request a Review

All fields marked with an asterisk (*) are required.

Request details

What circumstances have changed for the client? *

How has this affected the client's need? * ?

Does this request need to be actioned urgently? ? ☒ Yes

What type of subsidised aged care is the client receiving?

- ☐ Support at Home(SaH)
- ☐ Commonwealth Home Support Programme (CHSP)
- ☐ Support at Home and Commonwealth Home Support Programme
- ☐ Flexible Care
- ☒ Residential Care

Primary reason for Support Plan Review Request*

- ☐ Request for additional CHSP services or changes to CHSP services for clients who are only receiving CHSP services current
- ☐ Request for additional CHSP services for clients who are in receipt of a HCP
- ☐ There is a change in client's circumstances and they have an immediate need for access to Support at Home services
- ☒ There is a significant change in the client's needs and additional Aged Care Act 2024 (the Act) based aged care services are

6. If the client receives **Support at Home** services, or a combination of **Support at Home** and **CHSP** services, you must attach a care plan and budget. The system will not allow you to submit the request without these documents.

Select **ADD CARE PLAN** or **ADD BUDGET**. Complete all required fields and select **Upload**.

What type of subsidised aged care is the client receiving?*

☐ Commonwealth Home Support Programme(CHSP)

☐ Flexible Care

☐ Residential Care

☒ Support at Home (SaH)

☐ Support at Home and Commonwealth Home Support Programme

Primary reason for Support Plan Review Request*

☐ Request for additional CHSP services for clients who are in receipt of Support at Home

☐ Request for additional CHSP services or changes to CHSP services for clients who are only receiving CHSP services currently

☐ There is a change in a client's circumstances and they have an immediate need for access to Support at Home services

☒ There is a significant change in the client's needs and additional Aged Care Act 2024 (the Act) based aged care services are required

Please identify what services the client is currently receiving. * ?

Please enter the description of the services the client is currently receiving. 0 / 250

Please identify options explored with client to increase their current support. * ?

Please enter the explored options with the client to increase current support services. 0 / 250

Please provide a copy of the client's care plan and individualised budget. * ?

ADD CARE PLAN **ADD BUDGET**

Is there any sensitive client information within the attached care plan or individualised budget? * ?

☐ Yes

☐ No

Add a care plan

i Please note: Some attachments will be viewable by other people with authorised access to this client record. Please refer to your portal guide for details.

All fields marked with an asterisk (*) are required.

Upload up to 5 files (10MB total, 5MB max per attachment) in .jpeg, .jpg, .bmp, .png, .docx, .xlsx, .pdf, .txt *

CHOOSE FILE care plan.txt

Name of the attachment: *

Care Plan

Type of attachment *

SP Care Plan

Please provide a short description about the contents of the attachment, e.g. assessment date and time

(250 characters)

UPLOAD **CANCEL**

7. Uploaded documents will appear in the review request once the upload is successful.

To remove an attachment, select the **Delete** (rubbish bin) icon next to the file name. The system will delete the attachment immediately without displaying a confirmation message.

Please provide a copy of the client's care plan and individualised budget. * ?

Care plan: care plan.txt

Individualised budget: budget.txt

8. After completing all required fields, select **I have reviewed the information on this page and confirm it is correct**, then select **Send Review Request**.

A confirmation message will appear when the review request has been submitted successfully.

☐ I have reviewed the information on this page and I confirm that it is correct. *

SEND REVIEW REQUEST
CANCEL

9. A confirmation will display if the request is submitted successfully.

For more information and support

Further information is available from [Service and Support Portal User Guide: Part 2 Team leader and staff member functions](#) on the department's website.

For further information about a client's support plan review, refer to [When to request a Support Plan Review from an Assessor fact sheet](#), available on the department's website.

The My Aged Care service provider and assessor helpline is available on 1800 836 799.