FOI 27-3556
Document 1

Australian Government
Department of Health, Disability and Ageing

ASSESSMENTS ASSURANCE SECTION (AAS) Home Support Assessment and Support Plan Desktop Review

Quality Review & Recommendation Report

Version Control: V2.0

Prepared By: Assessments Assurance Section

Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

FOI 27-3556
Document 1

Contents

- INTRODUCTION
- KEY FINDINGS
- SECTION A – INTEGRATED ASSESSMENT TOOL (IAT) SELF-AUDIT TOOL
- SECTION B – ASSESSMENT/SUPPORT PLAN QUALITY AND CONSISTENCY
- SECTION C – QUALITATIVE REVIEW
- SECTION D – QUALITY TRENDS, RECOMMENDATIONS AND OUTCOMES
- APPENDIX A – IAT SELF-AUDIT TOOL QUESTIONS
- APPENDIX B - QUALITY PERFORMANCE RATING RUBRIC
- APPENDIX C – CRITERIA FOR ASSESSMENT QUALITY

Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

FOI 27-3556
Document 1

Introduction

Between 1 November 2025 and 28 February 2026, the AAS undertook a desktop review of Home Support Assessments (HSAs) and associated support plans completed by the Single Assessment System (SAS) workforce nationally. The review examined 330 assessments finalised between February 2025 to December 2025, across 22 Assessment Organisations, providing a point-in-time view of the quality, consistency, and defensibility of non-clinical HSA practice.

Using the IAT Self-Audit Tool alongside targeted qualitative review, the activity assessed end-to-end assessment practice, from triage and assessment activity through to goal formulation, support planning, and recommendation documentation. The focus was not on service delivery outcomes, but on whether assessment records demonstrated clear evidence, person-centred reasoning, and alignment with the Aged Care Assessment Manual and Aged Care Act 2024, sufficient to support transparent and defensible decision-making.

Overall, the findings indicate a strong system baseline, with most Assessment Organisations demonstrating sound practice and meeting expected standards. However, the review also identified recurring documentation-related issues that affect consistency and assurance confidence. These include variability in triage justification, uneven quality of goal articulation, gaps in person-centred documentation, and missing or incomplete records. Importantly, these issues are concentrated within a small number of organisations and reflect documentation quality rather than the appropriateness of the assessment pathway chosen or underlying decision, which cannot be independently verified through desktop review.

This review was undertaken following a review of comprehensive assessments, recognising the distinct scope, workforce credentials, and practice expectations of HSAs. The findings highlight strengths, localised risks, and clear opportunities for improvement, and are intended to inform policy refinement, guidance clarity, system design, and future assurance activity, supporting more consistent, transparent, and defensible HSA outcomes across the SAS.



The findings reflect a point-in-time view of HSAs and underscore the importance of clearer guidance, shared interpretation, and stronger documentation to support consistent and defensible outcomes across the SAS.

Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

FOI 27-3556
Document 1

Key Findings

System performance is strong overall

- Results from 330 HSA desktop reviews show a strong overall quality baseline, with most organisations consistently meeting or exceeding required IAT Self-Audit tool scores.
- IAT Self-Audit Tool results averaged 93%, well above the 85% pass mark, indicating broad procedural compliance across the system.
- Most assessments demonstrated evidence of person-centred practice as reflected in assessment documentation, appropriate recommendations, and generally coherent documentation.

While overall documentation was generally coherent and procedural standards were consistently met, desktop review identified specific, recurring documentation weaknesses that present assurance risks despite otherwise appropriate assessment outcomes..

Documentation quality is the primary and recurring assurance risk within the HSA desktop review

Across both quantitative and qualitative analysis of the HSA desktop review, documentation quality—rather than the appropriateness of the assessment pathway or underlying decision—was the dominant assurance risk identified.

This risk was most evident at key documentation points within the HSA process, including triage justification, narrative linkage between assessment evidence and goals, and the completeness of support planning records. Recurring issues include:

- Minimal, missing, or inconclusive free-text justification (particularly at triage)
- Weak narrative linkage between assessment evidence, concerns, goals, and recommendations
- Incomplete or missing documentation (e.g. Support Plans, IATs, Notices of Decision)

These gaps reduce clarity, defensibility, and confidence in HSA records, even where assessment outcomes appear reasonable and consistent with expected practice.

Goals are generally present, however quality and actionability vary

- While most assessments included documented goals, variability in specificity, realism, and linkage to recommendations affected their usefulness for assurance purposes.
- Most assessments recorded clear, actionable and realistic concerns and goals, supporting proportionate support planning.
- This variability reflects differences in the consistency of goal documentation across assessments, particularly in how clearly goals are specified, reviewed for currency, and linked to assessment evidence and recommendations.
- However, a small but consistent subset of assessments showed weaker goal quality, particularly where goals were:
    - Broad, generic, or vague
    - Not clearly realistic or proportionate to the older person's circumstances
    - Service-led rather than clearly goal-driven
    - Carried forward from previous assessments without evidence of review or updating
- These issues limited the usefulness of goals in guiding recommendations and weakened defensibility.

Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

FOI 27-3556
Document 1

Key Findings cont'd

Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

Alignment between goals and recommendations is generally strong

- Desktop review findings show that recommendations usually align with the older person's goals and needs, supporting person-centred and defensible decision-making.
    - Where misalignment occurs, it is typically linked to:
    - Weak or generic goal formulation
    - Goals carried forward without reassessment
    - Limited documentation explaining the rationale for recommendations

Quantitative scores do not always reflect qualitative quality

- High IAT Self-Audit Tool scores do not consistently equate to "Excellent" overall performance.
- A significant proportion of assessments that met or exceeded the KPI threshold were still rated Satisfactory or Needs Improvement in qualitative review.
- This highlights limitations of the current Self-Audit Tool in capturing:
- Goal quality
- Narrative coherence
- Person-centred depth
- Defensibility of decision-making

Quality variation is uneven and avoidable

- Most organisations demonstrate stable, embedded practice.
- A small, consistent group of lower-performing organisations account for a disproportionate share of negative findings across multiple indicators.
- This pattern suggests targeted documentation improvements and clearer minimum expectations would deliver meaningful system-wide quality gains.

Overall assurance conclusion

- The desktop reviews indicate generally sound capability across HSAs and support plans.
- However, documentation quality, particularly triage justification, goal clarity, and narrative linkage, remains the key driver of quality variation and defensibility risk.
- Addressing these issues represents a high-impact, achievable opportunity to strengthen consistency, transparency, and confidence in assessment outcomes across the Single Assessment System.

FOI 27-3556
Document 1

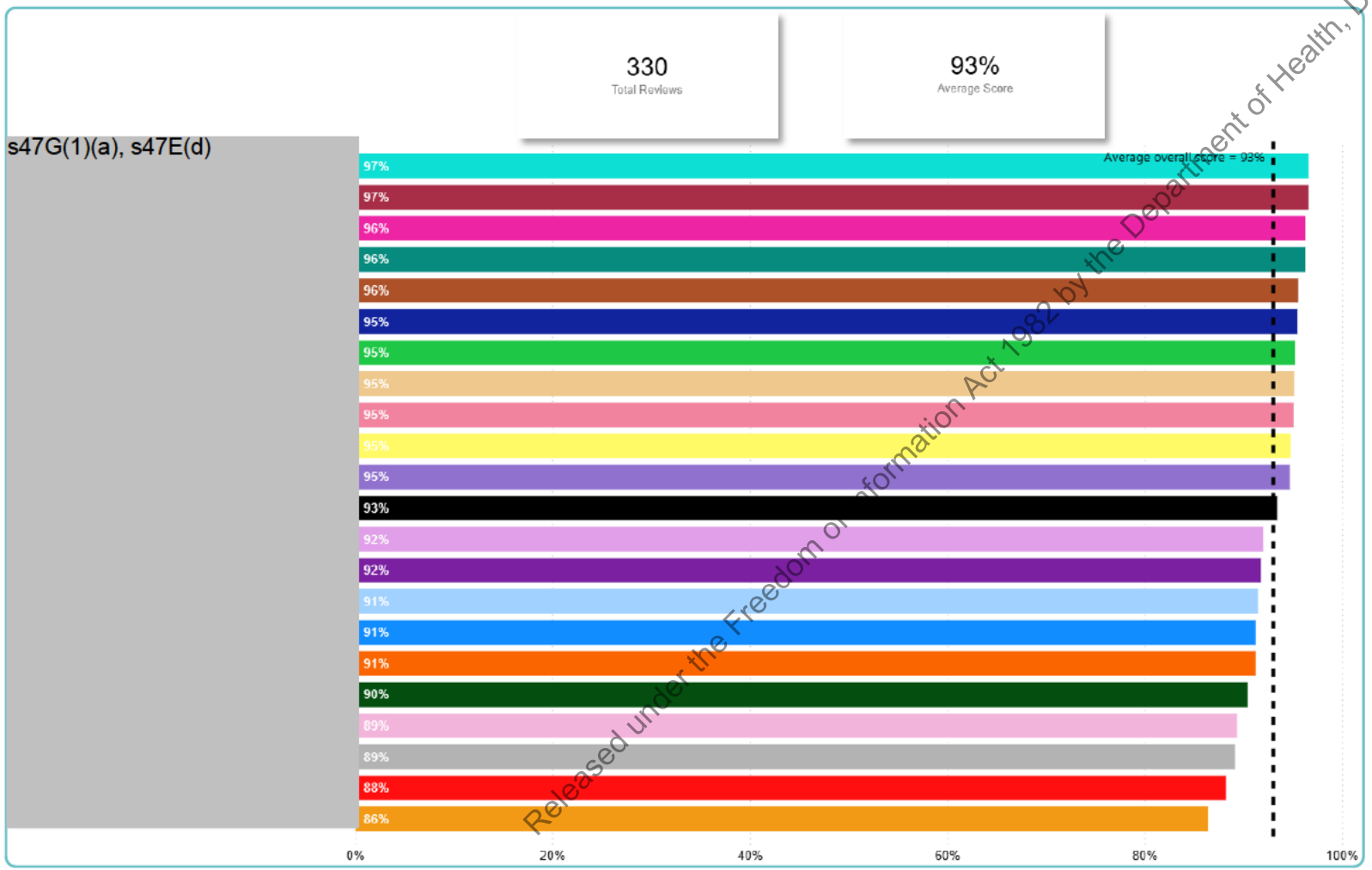
SECTION A – IAT Self-Audit Tool

- IAT SELF-AUDIT TOOL OVERALL SCORE AGAINST ALL ASSESSMENT ORGANISATIONS SELF-AUDIT TOOL QUESTION: ARE CONCERNS AND GOALS CLEAR, ACTIONABLE, AND REALISTIC?
- SELF-AUDIT TOOL QUESTION: ARE CONCERNS AND GOALS WRITTEN FROM THE OLDER PERSON'S PERSPECTIVE?
- SELF-AUDIT TOOL QUESTION: HAVE THE OLDER PERSON'S STRENGTHS AND MOTIVATIONS BEEN CONSIDERED IN SETTING GOALS?
- SELF-AUDIT TOOL QUESTION: DO THE RECOMMENDATIONS RELATE TO THE OLDER PERSONS GOALS AND NEEDS?
- SELF-AUDIT TOOL QUESTION: HAVE NON-FUNDED SERVICES AND INFORMAL SUPPORTS BEEN CONSIDERED?

Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

FOI 27-3556
Document 1

IAT Self-Audit Tool Overall Score across all Assessment Organisations



SUMMARY

Results from 330 reviews show strong overall results, with an average score of 93%, well above the KPI pass mark of 85%. Most organisations achieved scores comfortably above the minimum threshold, indicating that expected standards are being met in the majority of cases. Some variation between organisations was observed, reflecting natural differences in practice and quality assurance approaches. Overall, the results suggest a stable baseline, with scope to further strengthen alignment over time.

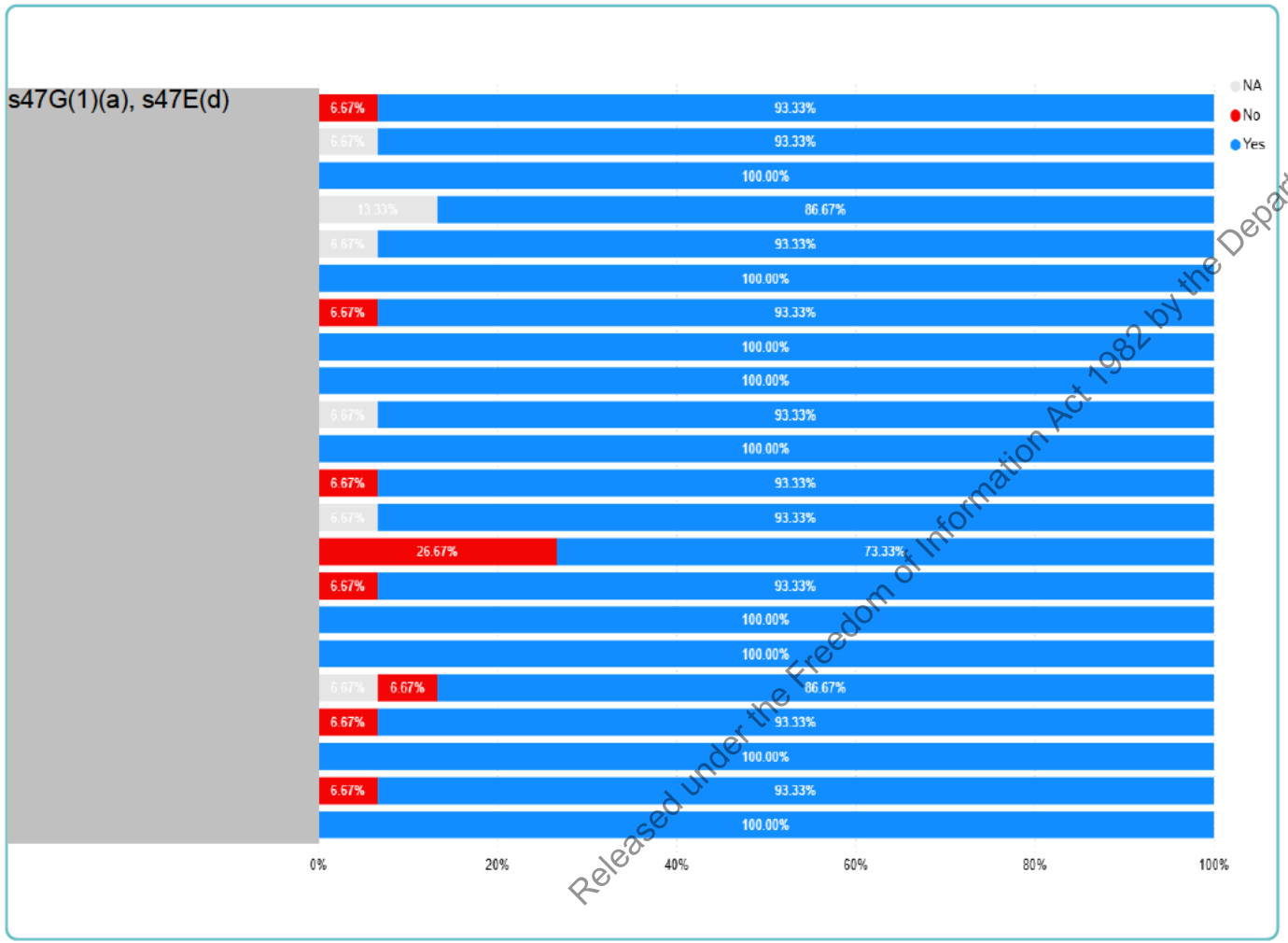
KEY INSIGHTS

- **Overall Performance:** The average score of 93% indicates that, at a system level, reviewed activities are broadly meeting and often exceeding expected standards.
- **Variation Across Organisations:** Scores ranged from the low-to-mid 80s through to the high 90s. While a small number of results sit closer to the pass mark, most organisations performed above this threshold.
- **Established Practice Patterns:** Several organisations demonstrate steady and reliable results, suggesting that core processes are well embedded and consistently applied. Across the comprehensive assessment review, the following organisations appeared above the 85% benchmark across both assessment types; s47G(1)(a), s47E(d)
- **Continuous Improvement:** The spread of scores highlights opportunities to support shared learning and reinforce common expectations, helping to lift consistency while building on existing strengths across organisations.

Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

FOI 27-3556
Document 1

Self-Audit Tool question: Are concerns and goals clear, actionable, and realistic?



Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

SUMMARY

- Based on 330 desktop assessments, most organisations demonstrated strong practice in documenting clear, actionable and realistic concerns and goals.
- High proportions of "Yes" outcomes indicate goals generally support effective support planning.
- Variation remains, with a small number of organisations recording higher "No" outcomes.
- Lower performance is associated with goals lacking clarity, specificity or realism.
- Overall performance is strong, with targeted improvement opportunities below the system average.

KEY INSIGHTS

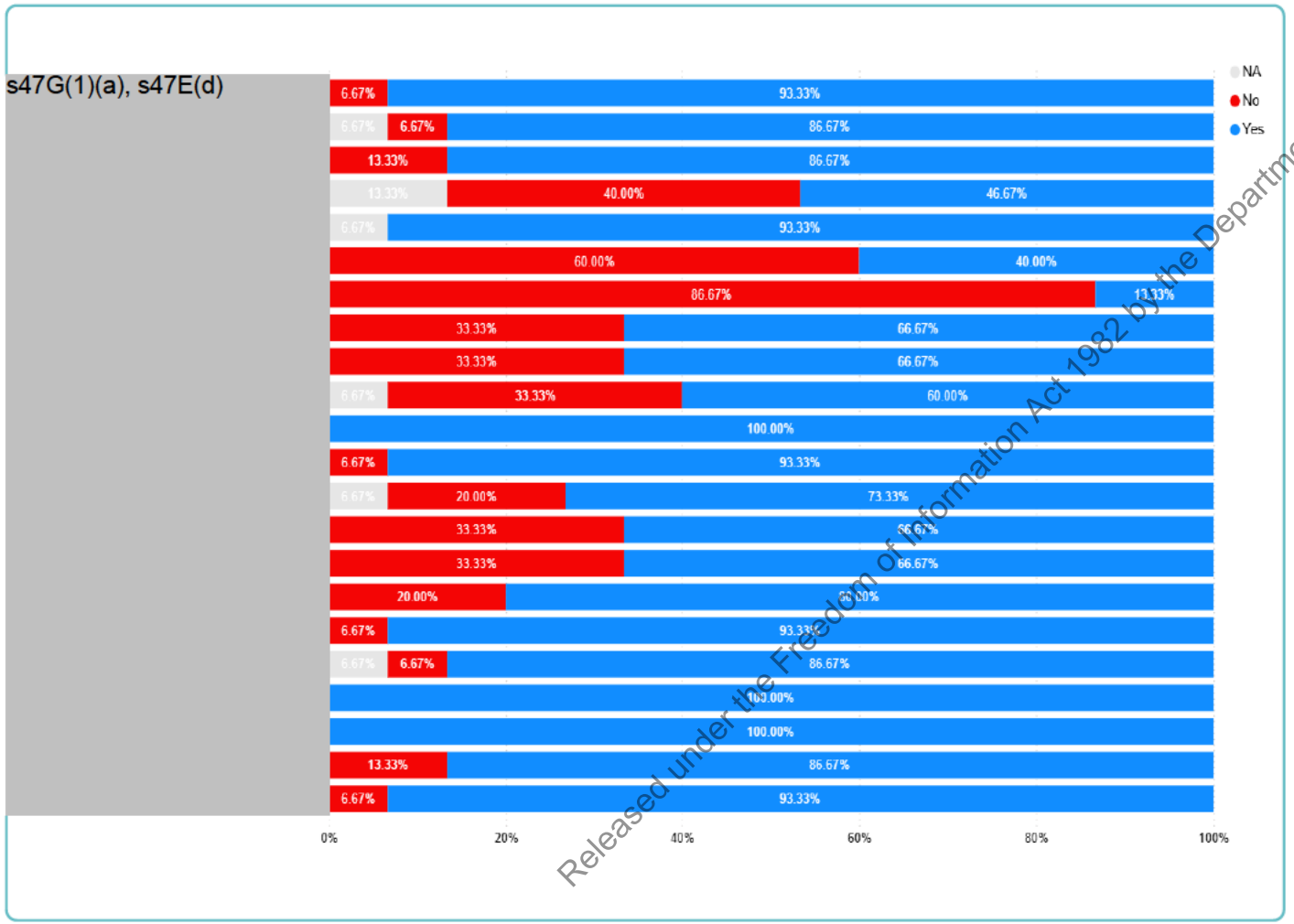
- Most goals are clear, actionable and aligned with older people's needs.
- "No" outcomes reflect documentation quality issues, not missing concerns or goals.
- Where rated "No", goals were commonly:
  - Broad or vague
  - Not realistic or proportionate
  - Service-led rather than goal-driven
- Some goals were reused from previous assessments without confirming currency.
- Higher "No" rates in a small number of organisations indicate localised quality risks. These results may indicate a less mature practice embedded within these assessment organisations.
- Targeted feedback and capability building could improve consistency and goal quality.

WHY THIS MATTERS

- The Aged Care Assessment Manual requires goals to be clear and realistic, with aged care needs and recommendations based on information obtained during completion of the IAT.
- Clear goals support:
  - Proportionate support planning
  - Transparent and defensible decisions
- Poor goal clarity reduces confidence in assessment quality, reinforcing the need for consistent documentation practice..

FOI 27-3556
Document 1

Self-audit tool question: Are concerns and goals written from the older person's perspective?



SUMMARY

- Generally, the reviews showed that concerns and goals were documented in a person-centred way.
- Most organisations recorded high "Yes" outcomes, with a small subset showing higher "No" results, indicating variation in practice.
- Overall, findings point to strong but not universal person-centred documentation across the cohort.

KEY INSIGHTS

- "No" outcomes are primarily associated with documentation quality, rather than the absence of identified concerns or goals.
- Where "No" outcomes were recorded, desktop reviews commonly found concerns and goals were:
  - Written in service-led or assessor-centred language
  - Carried forward from previous assessments without clear evidence of reassessment
  - Limited in documentation of the older person's voice, strengths or motivations
- Higher concentrations of "No" outcomes within a small number of organisations indicate localised quality and assurance risks.
- These findings suggest opportunities for targeted follow-up, guidance and assessor capability strengthening.

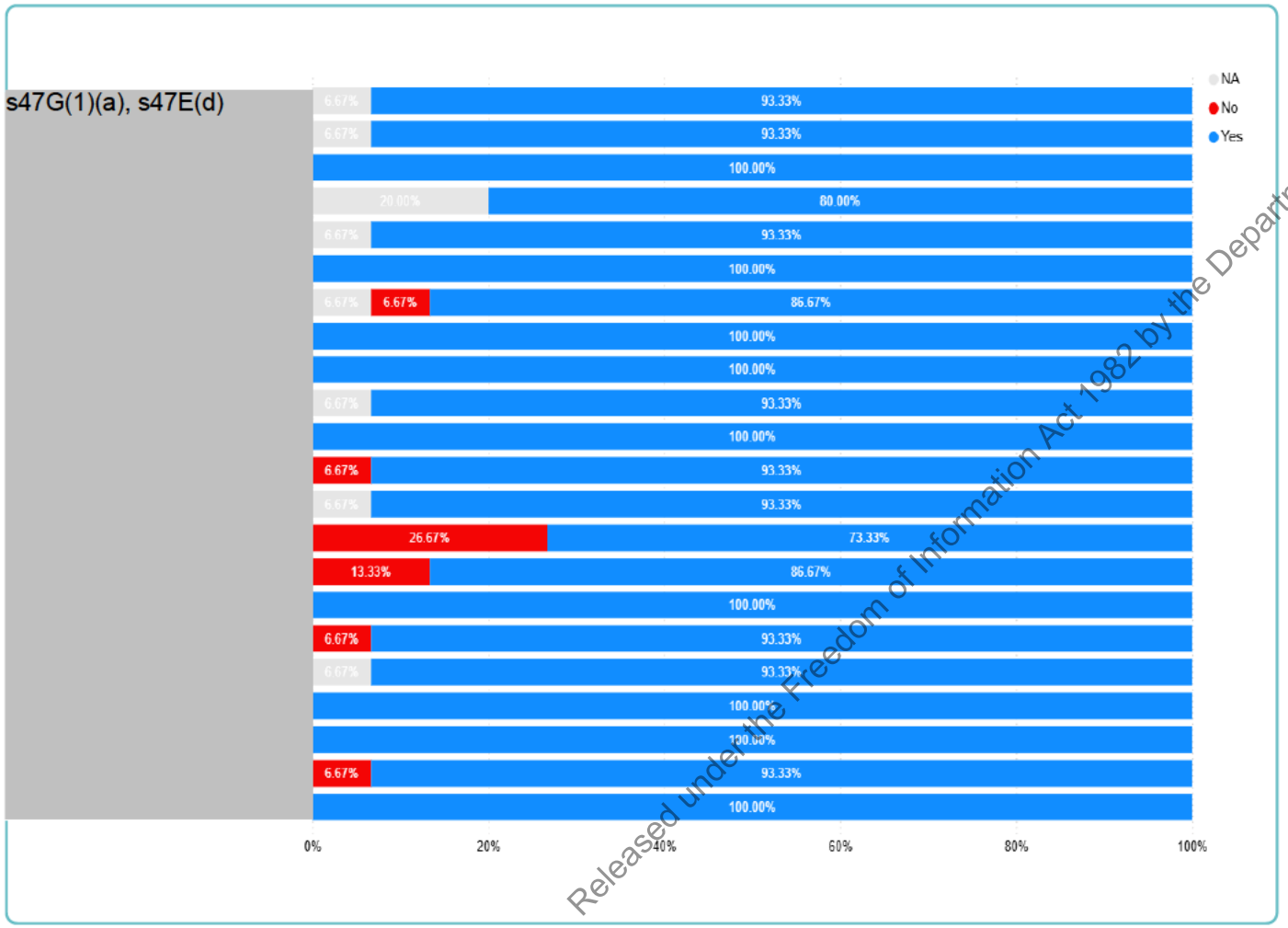
WHY THIS MATTERS

- The Aged Care Assessment Manual requires concerns and goals to be documented from the older person's perspective, reflecting their lived experience and priorities.
- Person-centred documentation supports clearer support planning, transparent decision-making and defensible assessment outcomes.
- Where concerns and goals are not clearly framed in the older person's voice, confidence in the quality and defensibility of assessment outcomes may be reduced, reinforcing the need for consistent practice and clear recording across organisations.

Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

FOI 27-3556
Document 1

Self-audit tool question: Have the older person's strengths and motivations been considered in setting goals?



Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

SUMMARY

- Desktop reviews showed that strengths- and motivation-based goal setting is generally applied across Assessment Organisations.
- Most organisations recorded high "Yes" outcomes, indicating goals are usually informed by the older person's strengths, motivations and priorities.
- Only a small number of "No" outcomes were identified, suggesting this practice is not inconsistent across the cohort.
- Overall, findings indicate a strong but not universal application of person-centred goal-setting practice.

KEY INSIGHTS:

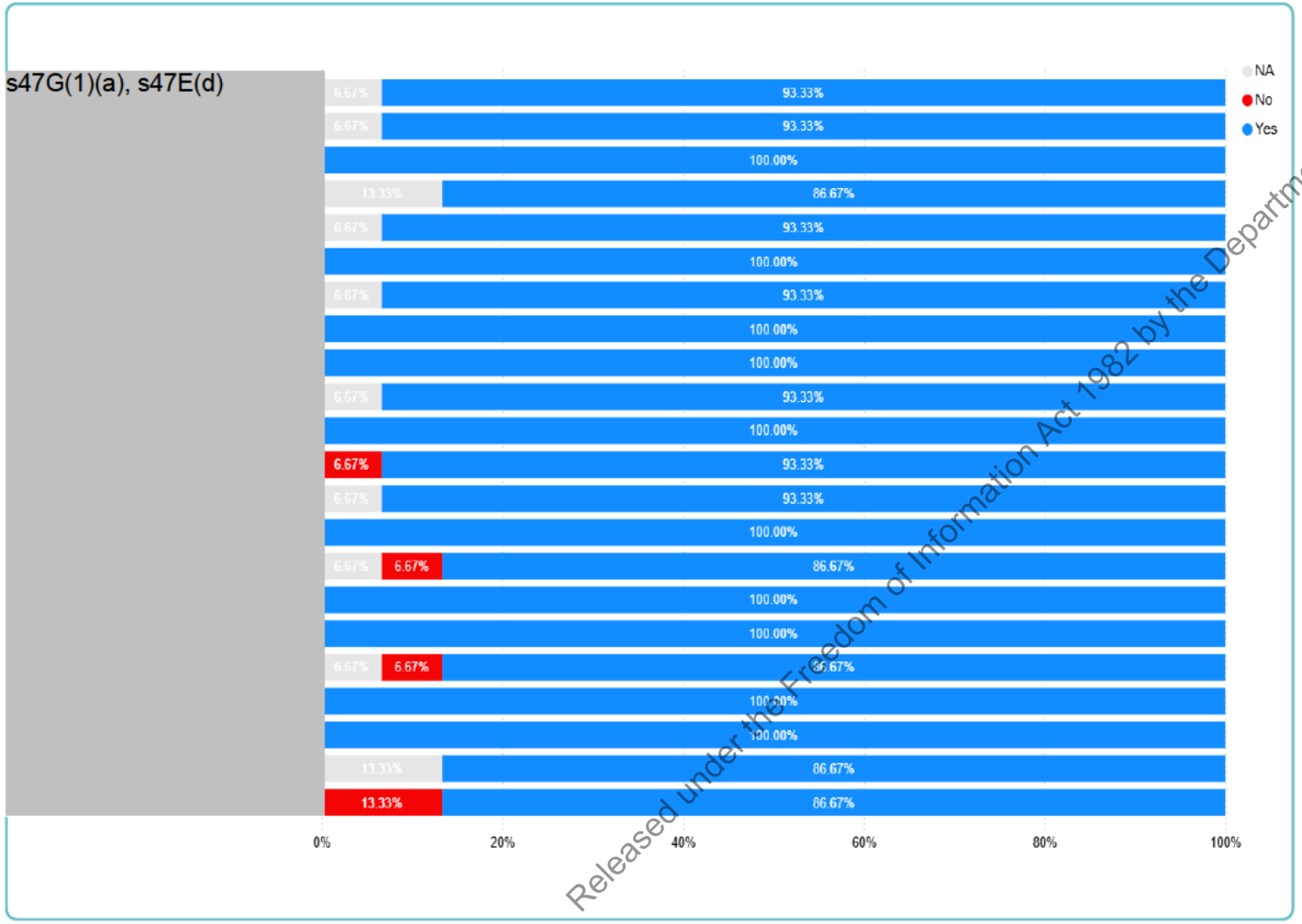
- Most Assessment Organisations consistently demonstrate strengths- and motivation-based goal setting.
- Some variation exists between organisations, reflected in a small number of assessments with weaker alignment.
- Where "No" outcomes occurred, desktop reviews commonly linked these to:
  - Generic or service-led goals
  - Goals carried forward without reassessment
  - Limited documentation of the older person's voice
- Although limited in number, these findings indicate localised quality and assurance risks that may benefit from targeted follow-up and assessor capability strengthening.

WHY THIS MATTERS

- The Aged Care Assessment Manual requires goals to be informed by the older person's strengths, motivations and priorities.
- Strengths-based goal setting supports person-centred, meaningful and defensible support planning.
- Where strengths and motivations are not clearly reflected or documented, confidence in the quality and defensibility of assessment outcomes may be reduced, highlighting the need for consistent practice and clear recording across organisations.

FOI 27-3556
Document 1

Self-audit tool question: Do the recommendations relate to the older persons goals and needs?



SUMMARY

- Most Assessment Organisations recorded high proportions of "Yes" outcomes, indicating recommendations are usually person-centred and based on the older person's priorities and circumstances.
- Only a small number of "No" outcomes were identified, suggesting misalignment is not widespread.
- Overall, findings indicate a strong and consistent approach to person-centred practice.

KEY INSIGHTS:

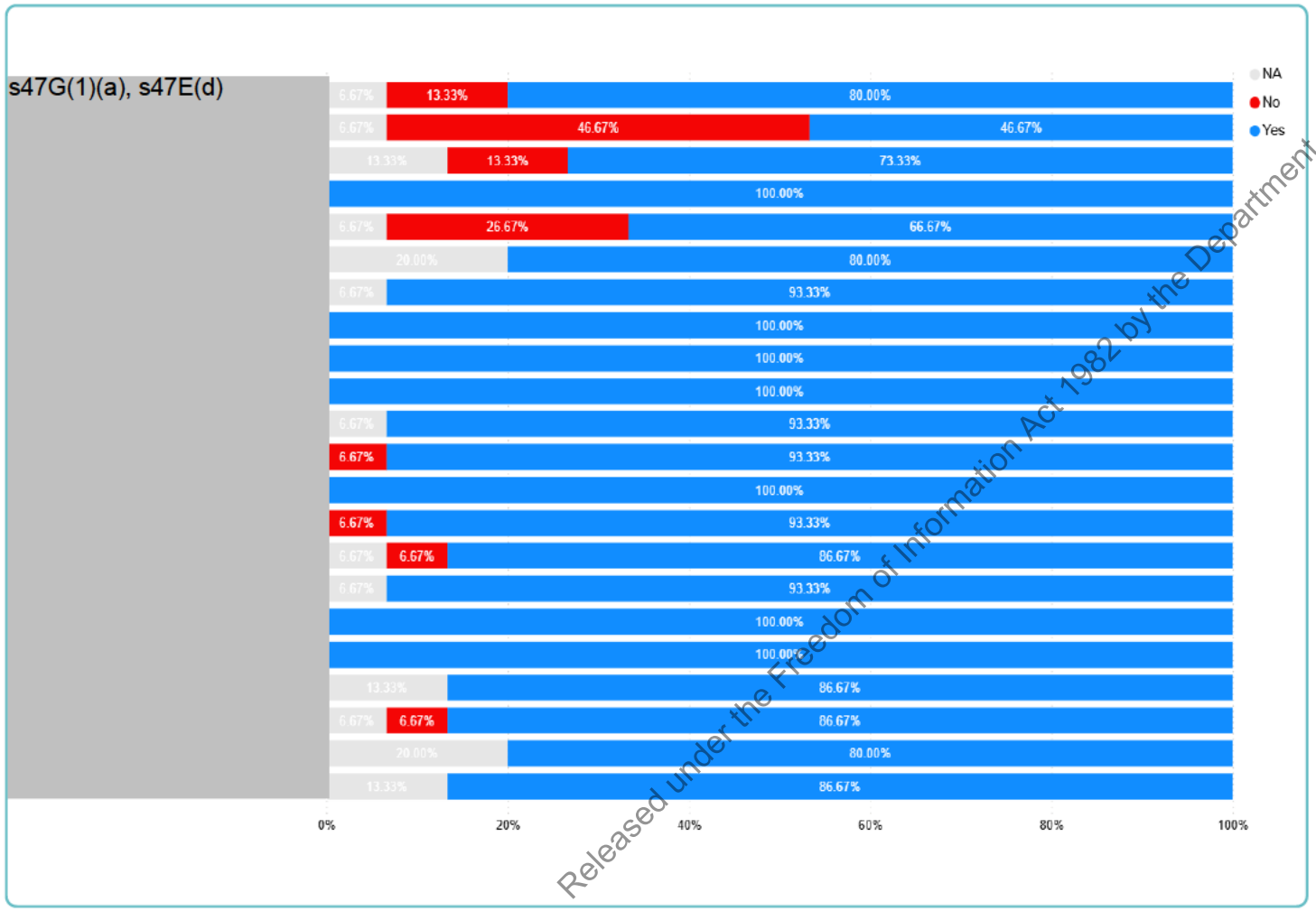
- Desktop review findings indicate that most Assessment Organisations consistently demonstrate alignment between identified needs, goals set and recommended services.
- Some variation is observed between organisations, particularly in the small number of assessments where recommendations did not clearly relate to the older person's goals and needs.
- Where "No" outcomes were identified, desktop reviews commonly linked these to generic or service-led goals, goals carried forward from previous assessments without reassessment, or limited documentation of the older person's voice.

WHY THIS MATTERS

- The Aged Care Assessment Manual requires recommendations to be clearly linked to the older person's goals, needs and circumstances.
- Strong alignment supports transparent, defensible and person-centred decision-making.
- Where alignment or documentation is weak, confidence in assessment quality and defensibility may be reduced, reinforcing the need for consistent practice and clear recording across organisations.

Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

Self-audit tool question: Have non-funded services and informal supports been considered?



Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

SUMMARY

- Across the assessments reviewed, departmental assurance assessors identified evidence in assessment documentation that non-funded services and informal supports were considered when forming recommendations.
- For most Assessment Organisations, desktop review results showed a high proportion of "Yes" outcomes, indicating that existing informal supports, including family, community, state or government programs, and privately accessed services, are generally evident in assessment documentation.
- Only a small number of organisations recorded higher proportions of "No" outcomes, suggesting that the absence of evidence relating to consideration of informal and non-funded supports is not common across the cohort.
- Overall, the results indicate a generally consistent approach to considering non-funded and informal supports, as evidenced through desktop review of assessment records.

KEY INSIGHTS

- Desktop review findings indicate that evidence of consideration of non-funded services and informal supports is generally present across most Assessment Organisations.
- Variation is observed between organisations, particularly in the frequency of "No" outcomes, indicating differences in how consistently this consideration is documented in assessment records.
- At an aggregate level, the findings provide assurance that non-funded and informal supports are generally being considered; however, the consistency and clarity of documented reasoning varies, which may affect confidence in the defensibility of assessment outcomes.

WHY THIS MATTERS

- The Aged Care Assessment Manual requires assessments to consider the older person's full circumstances, including existing non-funded and informal supports, when determining eligibility and recommendations.
- Consistent consideration and documentation of these supports, supports proportionate decision-making and clearer assessment rationale.
- Where consideration or documentation is inconsistent, confidence in the defensibility of assessment outcomes may be reduced.

SECTION B – Assessment/Support Plan Quality and Consistency

- WAS THE ASSESSMENT CONDUCTED DIFFERENT TO THE TRIAGE RECOMMENDATION?
- DID THE TRIAGE PROVIDE ENOUGH EVIDENCE TO JUSTIFY THE TYPE OF AGED CARE ASSESSMENT CONDUCTED?
- MODE OF ASSESSMENT – COMPARATIVE IAT SELF-AUDIT TOOL SCORES
- HOW ASSESSMENT MODE INFLUENCES IAT SELF-AUDIT TOOL SCORES
- AVERAGE TIME FROM TRIAGE TO ASSESSMENT (DAYS) by ORGANISATION
- NUMBER OF SAME DAY TRIAGE AND ASSESSMENT
- SAME-DAY TRIAGE & ASSESSMENT BY SERVICE
- IMPACT OF ASSESSMENT TIMING ON ASSESSMENT/SUPPORT PLAN QUALITY.
- MISSING DOCUMENTATION FROM SIEBEL

Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

Was the assessment conducted different to the triage recommendation?



Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

SUMMARY

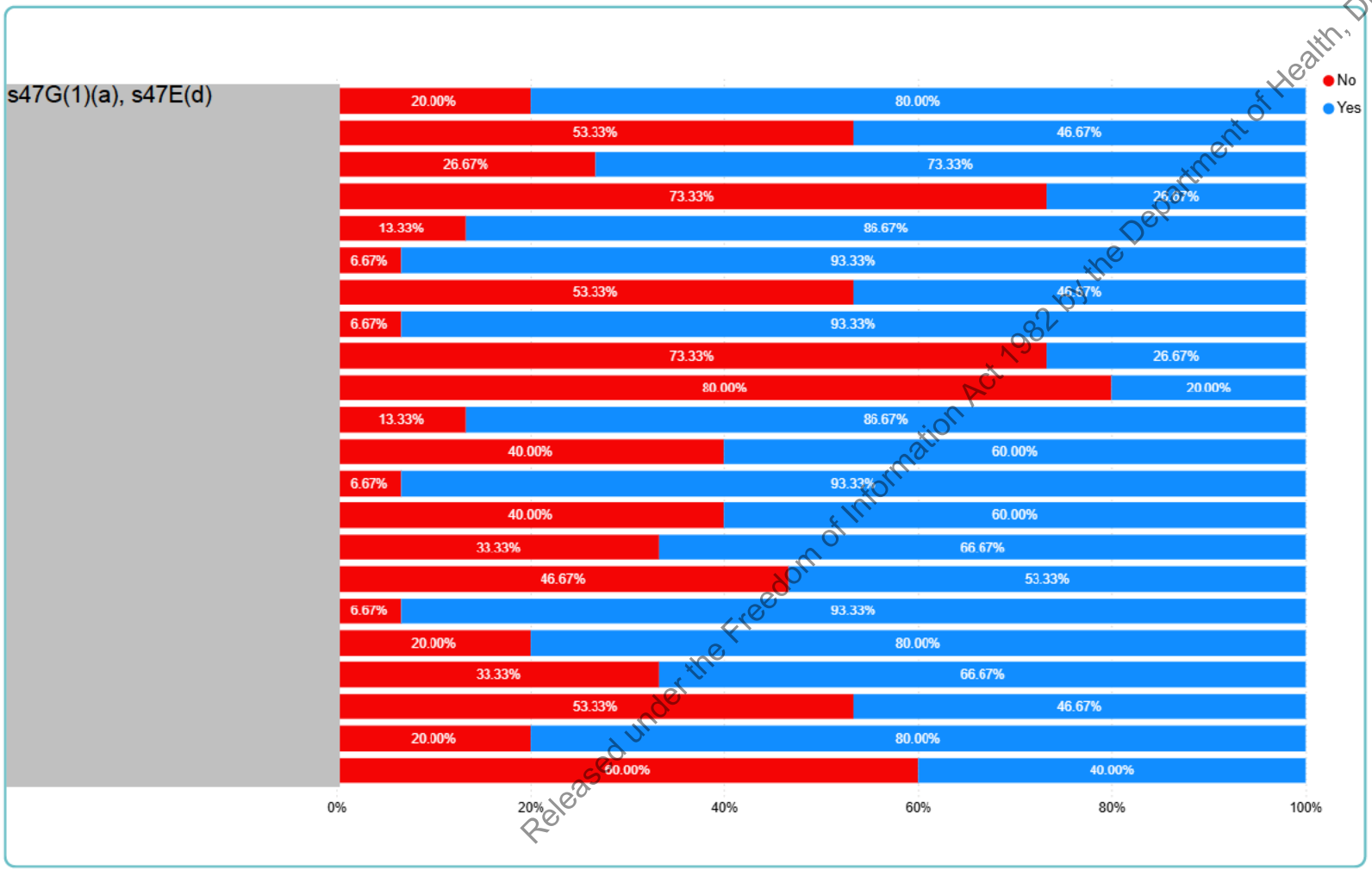
- Across the assessments reviewed, the majority were conducted in line with the triage recommendation. Most Assessment Organisations demonstrated alignment between the recommended assessment pathway and the assessment ultimately conducted, supporting consistency in assessment pathway decision-making.
- Only a small number of organisations recorded instances where assessments differed from the triage recommendation, indicating that deviation from triage advice is not common across the cohort.

KEY INSIGHTS

- Most Assessment Organisations show high alignment between triage recommendations and assessment outcomes.
- Instances where assessments differed from the triage recommendation are limited and concentrated among a small number of organisations.
- All deviation cases still had triage outcome/advice notes documented, however, 50% were flagged as lacking sufficient triage evidence/justification for the assessment type.
- At an aggregate level, the findings provide assurance that triage recommendations are generally being followed in practice.

While assessments generally follow the triage recommendation, the strength of the documented reasoning supporting those decisions varies and is explored on the following page.

Did the triage provide enough evidence to justify the type of aged care assessment conducted?



Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

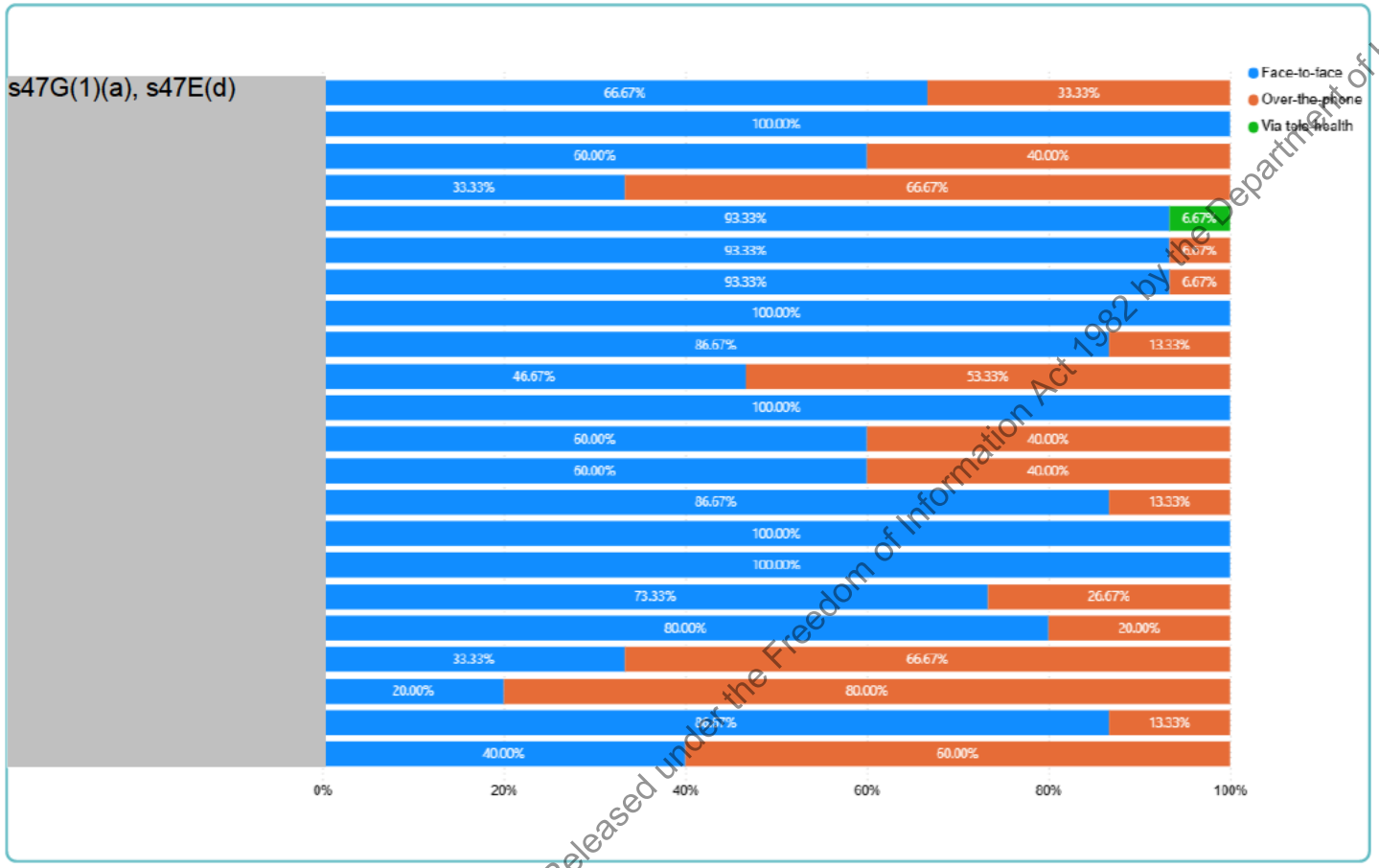
SUMMARY

- Despite strong alignment between triage assessment type recommendations and assessment type conducted, desktop review findings indicate that triage documentation does not consistently provide sufficient evidence to justify the type of aged care assessment conducted. This issue is most evident among lower-performing Assessment Organisations, where a higher proportion of reviews identified inadequate justification for the assessment pathway selected.
- A recurring concern relates to the triage delegate's use of the free-text field, with documentation frequently found to be minimal, inconclusive, or missing. These gaps limit the clarity and defensibility of assessment decisions and contribute to inconsistent quality outcomes.
- Overall, the findings highlight that triage documentation quality remains uneven across organisations and is a key factor influencing assessment pathway consistency and assurance.

WHY IT MATTERS

- **Strong triage documentation supports consistency**: Where triage provided clear and sufficient evidence, assessments were more likely to follow the recommended pathway.
- **Documentation gaps increase risk**: Weak or missing triage justification increases the likelihood of assessment pathway deviation and reduces decision defensibility.
- **Variation across organisations**: The extent and quality of documented triage evidence varies significantly between Assessment Organisations, indicating inconsistent documentation practices.
- **Link to quality outcomes**: Cases lacking clear triage justification are more commonly associated with lower performance ratings.
- **Opportunity for improvement**: Strengthening expectations and guidance for triage free-text documentation would improve consistency, defensibility, and overall assurance.

Mode of Assessment – Comparative IAT Self-Audit Tool Scores



Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

SUMMARY

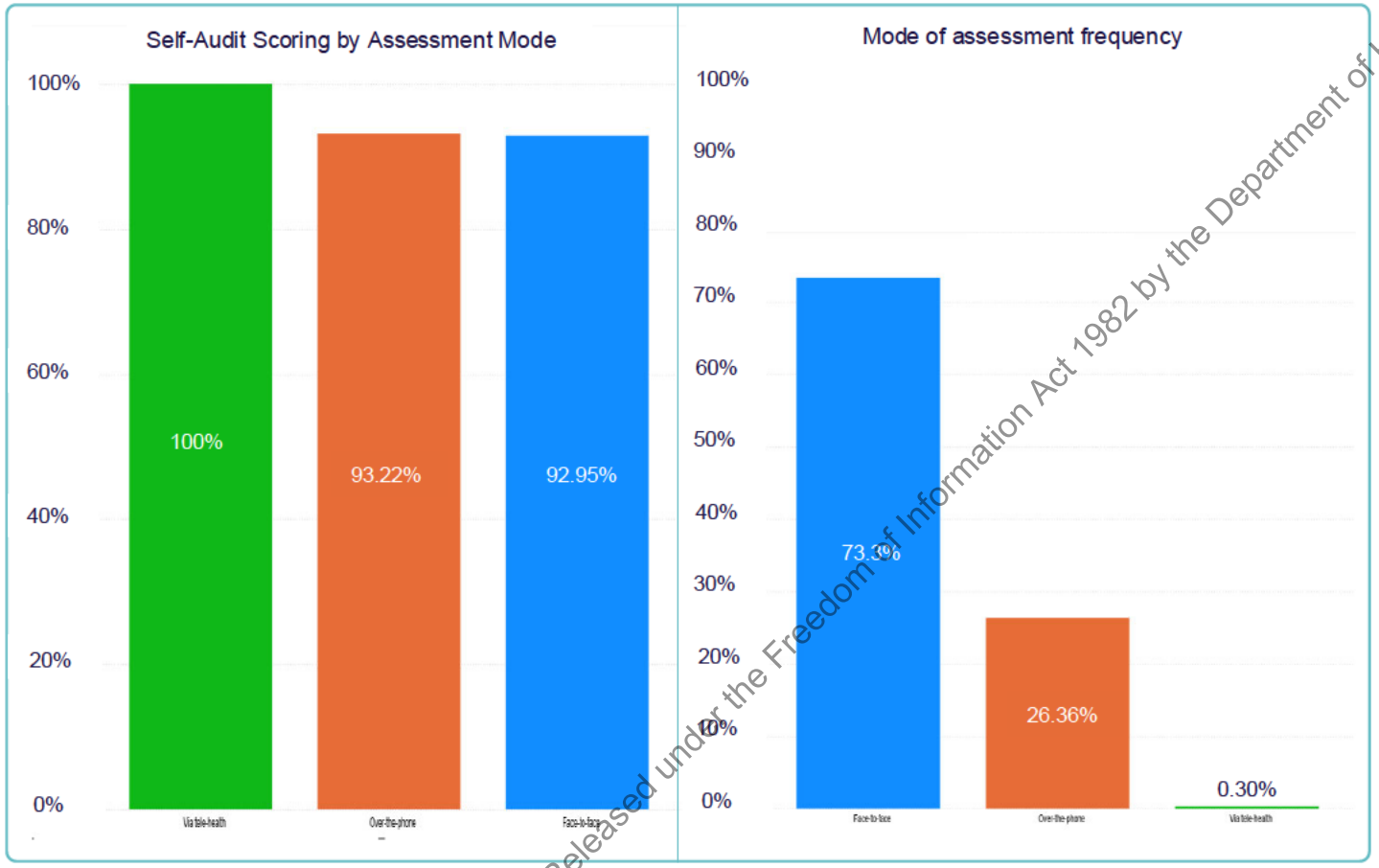
In the sample reviewed, across organisations, face-to-face assessments are the predominant mode of assessment, with over-the-phone assessments used regularly and tele-health used infrequently.

IAT self-audit scores are consistently high across all assessment modes, with face-to-face, over-the-phone and tele-health assessments all achieving strong results.

At an organisational level, no material variation in self-audit scores was evident between assessment modes, indicating that assessment quality, as measured by the IAT Self-Audit Tool, was being maintained regardless of delivery method.

Overall, the results show that differences in assessment mode reflect operational delivery patterns rather than differences in self-audit performance.

How Assessment Mode Influences IAT Self-Audit Tool Scores



Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

SUMMARY

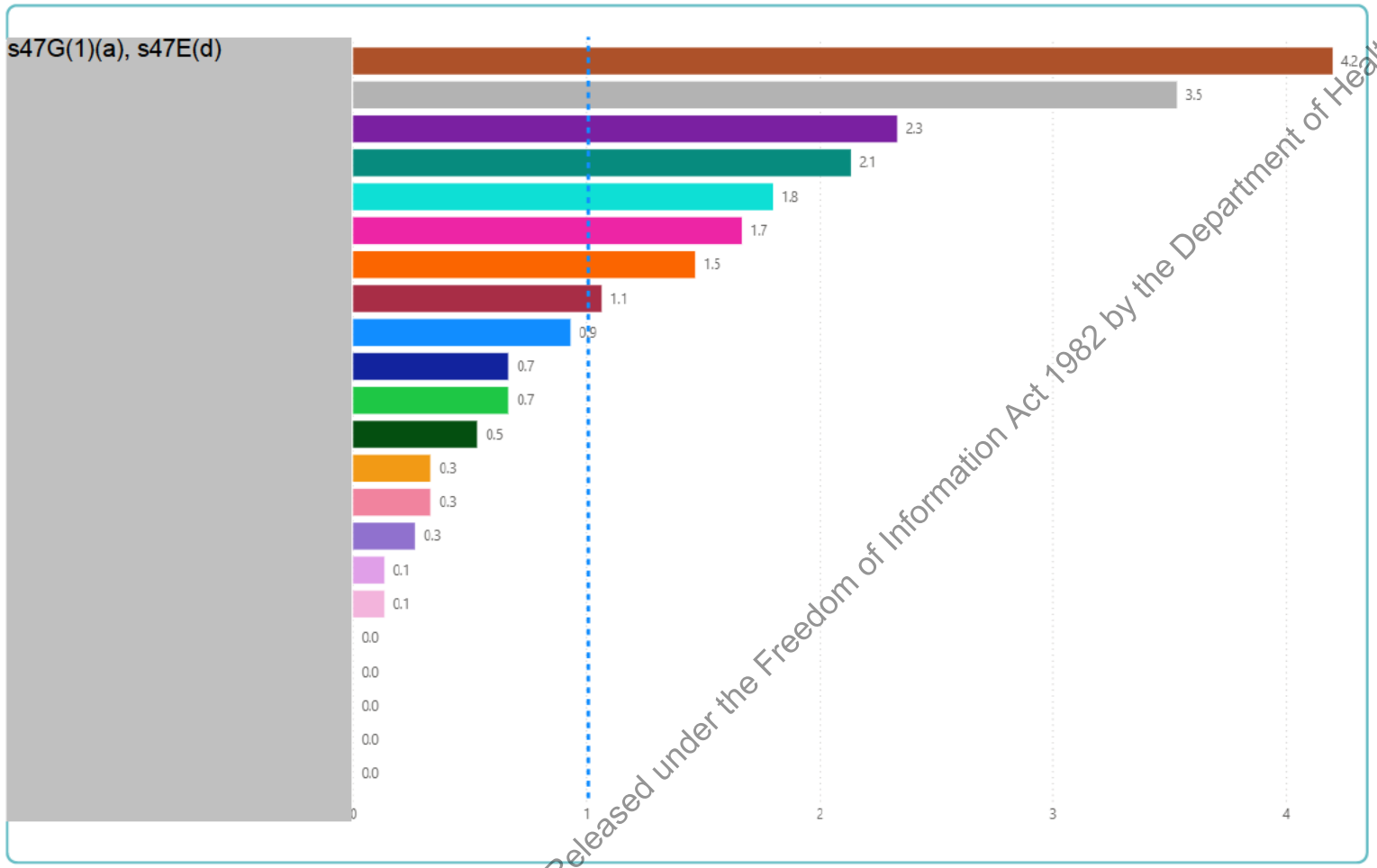
- While face-to-face assessments account for most activity, self-audit scores remain high across all modes.
- Over-the-phone assessments perform comparably to face-to-face in self-audit results.
- Tele-health assessments record very high scores but represent a very small proportion of assessment volume.

KEY INSIGHTS

- Documented assessment quality is consistently high, regardless of delivery method, based on self-audit results.
- Remote assessments do not show reduced self-audit performance, but they limit direct observation of the older person's environment (e.g. bathroom safety, steps, in-home risks).
- Face-to-face delivery better supports observation-based assessment, including validated tools that require in-person administration; however, this has limited impact for Home Support Assessments, where such tools are less critical.
- Tele-health findings should be interpreted cautiously due to very low usage.
- Overall, differences in mode reflect operational delivery choices, not quality risk.

While IAT Self-Audit Tool scores remain high across all modes, face-to-face assessments provide broader observational assurance.

Average Time from Triage to Assessment (Days) by Organisation



Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

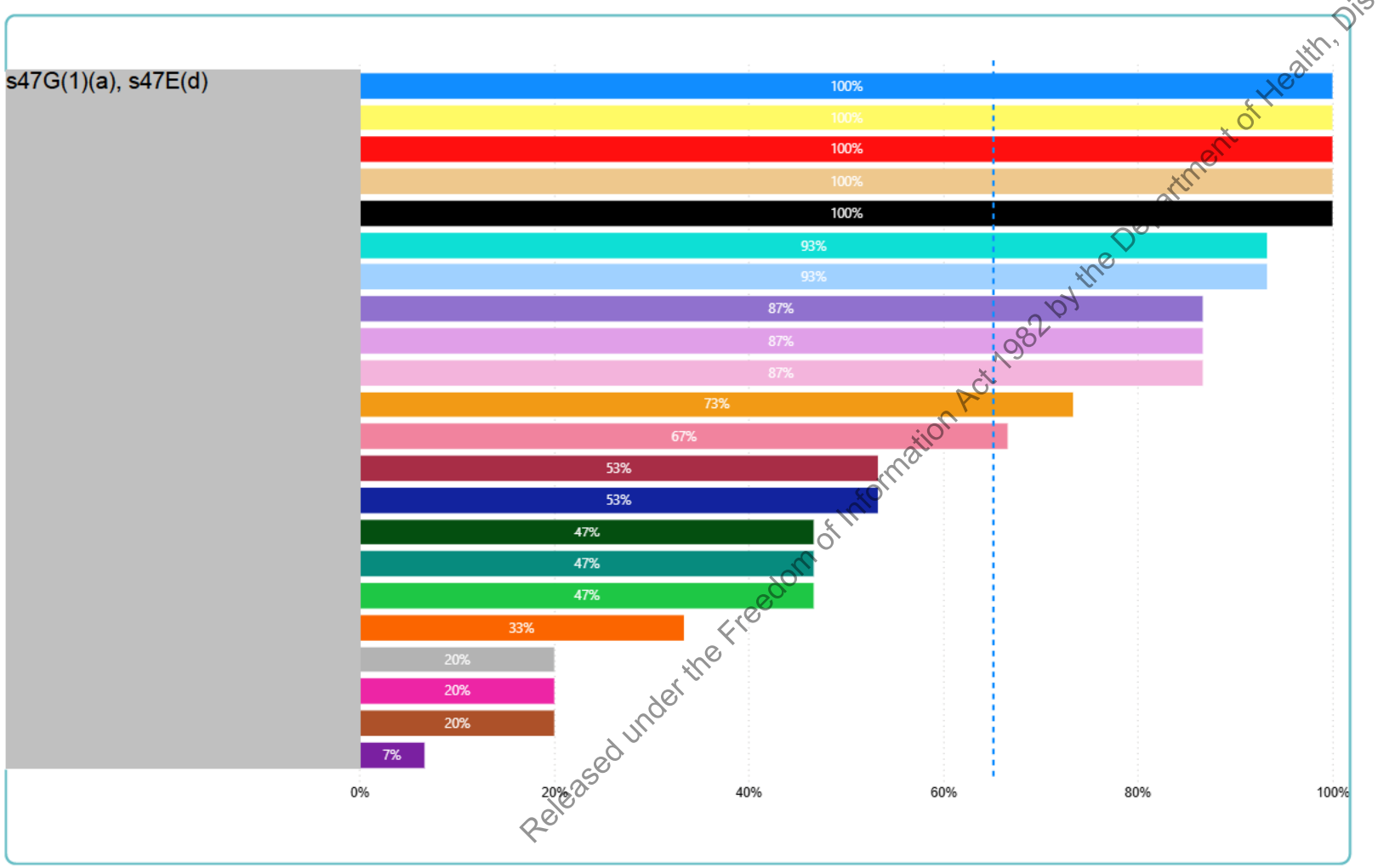
SUMMARY

- Average time from triage to assessment was low across most organisations, with same-day or one-to-two-day completion common. While some variation exists, only a small number of organisations recorded longer average timeframes. Overall, non-clinical assessments are being completed promptly, with no evidence of systemic delay.

KEY INSIGHTS

- **Timeliness performance**: Most organisations demonstrate short timeframes between triage and assessment, indicating timely progression through the non-clinical assessment process.
- **Organisational variation**: While the majority of organisations cluster at or below the overall average, a small number exhibit longer average timeframes, contributing to observed variation.
- **Same-day assessment practice:** Same-day triage and assessment is a common practice for several organisations and materially influences the overall average timeframes observed.
- **Outliers and spread:** Only a small number of organisations recorded longer average timeframes. The longest delay was 27 days at s47G(1)(a), which was an isolated case and does not affect the overall assurance position, noting that KPI #3A is assessed on the proportion of assessments completed within timeframe, not individual delays.
- **No single driver identified**: Differences in average timeframes appear to reflect a combination of organisational operating models, assessment modality, older person availability, and local processes, rather than a single systemic cause.

Number of Same-Day Triage & Assessment



Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

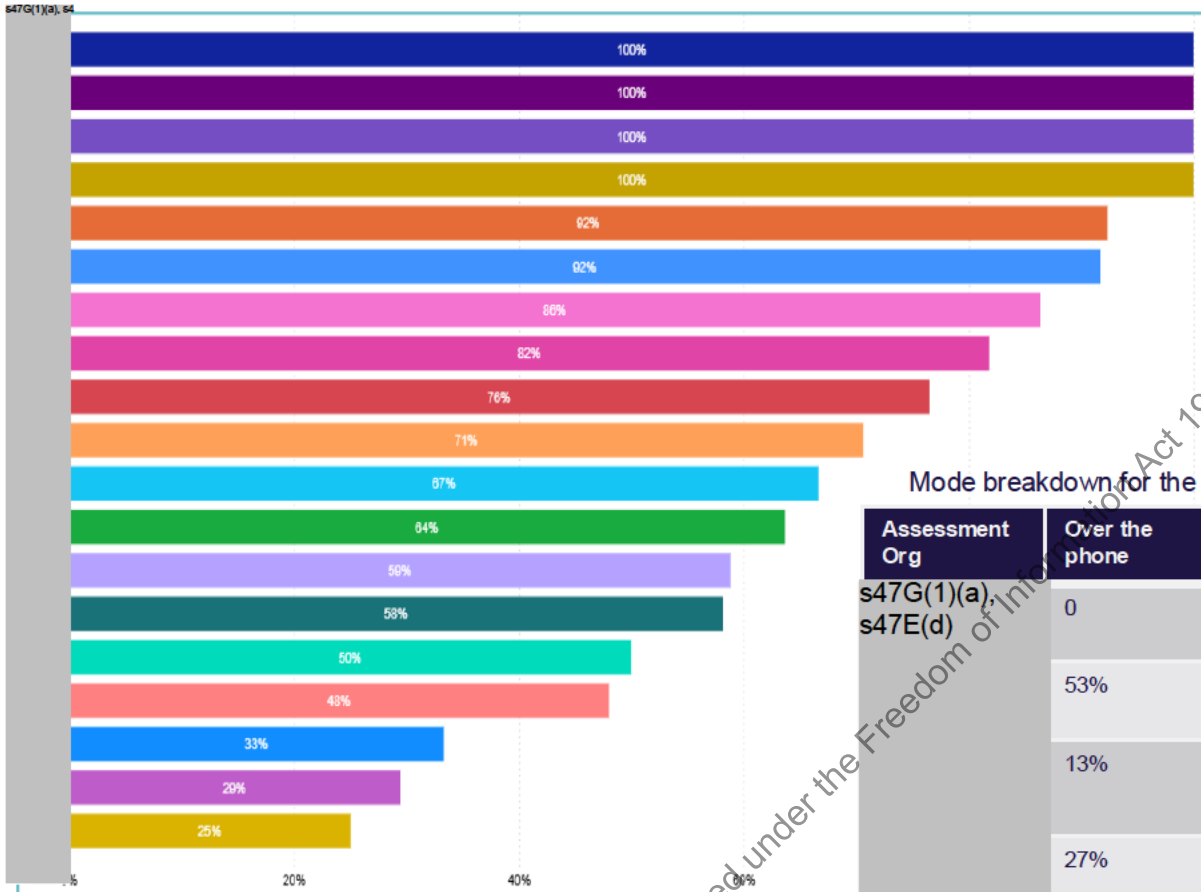
SUMMARY

- 215 assessments (65% of all 330 assessments reviewed) were conducted on the same day as triage (0 days between triage and assessment).

KEY INSIGHTS

- Same-day triage/assessment is the dominant pattern, but over one-third (115 assessments) occurred after triage.
- 75% of assessments occurred within 0–1 days, and 90% within 3 days, with a small number up to 27 days.
- Same-day rates differ materially by Service Area (e.g., several s47G(1)(a) areas at ~100%, versus s47G(1)(a) 25%).
- Same-day completion is broadly consistent across phone vs face-to-face, indicating the pattern is likely workflow-driven rather than modality-driven.
- Organisation-level variation is strong (several organisations at 100%, while others are as low as 6.7%).
- Best Practice Consideration: While same-day triage and assessment are not prohibited, they are generally not preferred unless justified by:
  - Urgency of care needs (e.g., safety concerns, rapid health deterioration)
  - Efficiency in rural or high-demand settings
  - older person convenience (e.g., mobility or cognitive challenges).

Same-Day Triage & Assessment by Service Area



Mode breakdown for the 100% same-day organisations

Assessment Org	Over the phone	Telehealth	Face to face
s47G(1)(a), s47E(d)	0	0	100%
	53%	0	47%
	13%	0	86.7%
	27%	0	73%
	60%	0	40%

Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

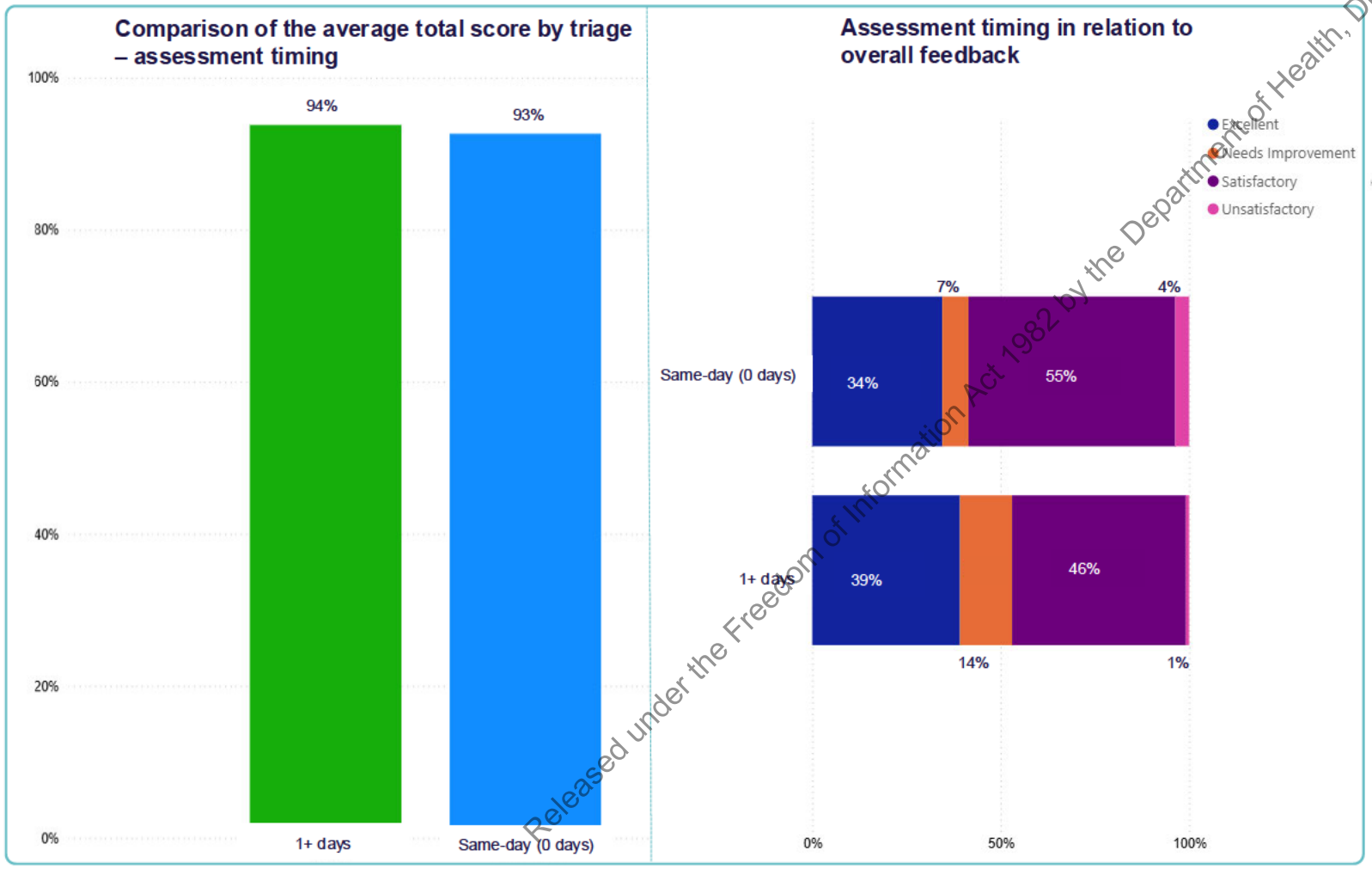
SUMMARY

- 215 assessments (65% of all 330 assessments reviewed) were conducted on the same day as triage (0 days between triage and assessment).

KEY INSIGHTS

- Same-day triage and assessment was the predominant operational practice for the HSA reviewed.
- Service area variation indicates local operating drivers:
  - Differences in same-day rates by service area may reflect:
    - Assessment modality (e.g. phone vs face-to-face)
    - Workforce availability
    - Older person readiness at time of triage.

Impact of Assessment Timing on Assessment/Support Plan Quality



Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

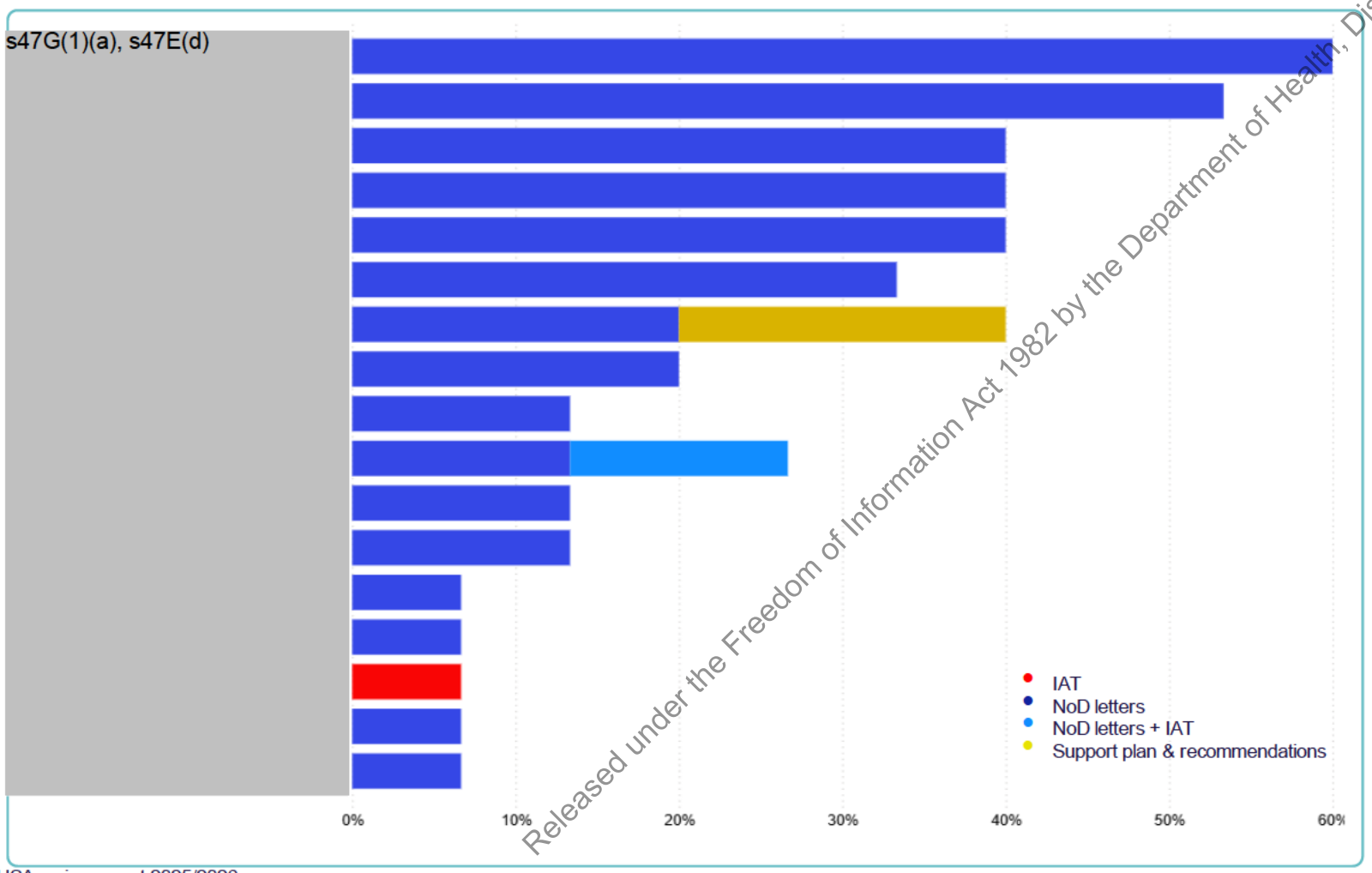
SUMMARY

- Analysis of the desktop review data demonstrates that assessment timing has only a marginal influence on the quality of aged care support plans when measured against the requirements of the IAT Self-Audit Tool.
- Reviewed assessments conducted on the same day as triage recorded an average IAT Self-Audit Tool score of 93%, while assessments completed one or more days after triage recorded a slightly higher average score of 94%, representing a marginal difference of approximately 1 percentage point.
- When assessed using assurance officer qualitative ratings,11% of assessments conducted on the same day as triage were rated “Needs Improvement” or “Unsatisfactory”, compared with 15% of assessments completed one or more days after triage.

KEY INSIGHTS

- Assessments conducted one or more days after triage show a slightly higher proportion of “Excellent” ratings; however, they also demonstrate a higher proportion of “Needs Improvement” outcomes. This indicates that assessment timing alone does not reliably predict assessment quality.
- Assessments conducted on the same as triage demonstrated the highest proportion of ‘Unsatisfactory’ and ‘Satisfactory’ outcomes, with a marginally reduced proportion rated as ‘Excellent’.

Missing Documentation from Siebel



Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

SUMMARY

- The total score for each assessment is calculated based on responses to 21 "yes/no" questions in the IAT Self-Audit Tool. Recognising that this tool does not capture all potential quality and assurance risks, additional review items—such as the "missing documentation from Siebel" field—were included to identify gaps that fall outside the original scoring framework.
- Eighteen per cent (18%) of assessments reviewed in this sample were identified as having missing documentation in Siebel.

KEY INSIGHTS:

- **Limited Reviewability:** Some records could not be fully assessed due to missing key documentation, such as Support Plans, IATs, or Notices of Decision. This limited the ability to evaluate end-to-end alignment between assessment findings, recommendations, and delegate decisions.
- **No Strong Correlation:** Analysis shows no strong correlation between missing documentation and lower IAT Self-Audit tool scores. Both high and low performers are found among cases with and without missing documentation.
- **Marginal Impact on Scores, but Significant Assurance Concern:** within this review, missing documentation did not materially affect IAT Self-Audit Tool scores, reflecting a limitation of the tool rather than the absence of overall quality. Additionally, the absence of information provides a limitation within the desktop review. Where Support Plans or Notice of Decision letters are not uploaded, assessment completion, compliance, and the integrity of payment arrangements for finalised assessments cannot be assured. These gaps represent an assurance issue independent of IAT self-audit tool scoring outcomes.

SECTION C – Qualitative Review

SUMMARY FEEDBACK

The following performance measures were determined through a qualitative assessment conducted by a Department assessor. This involved a holistic review of performance across all relevant indicators. Rather than relying solely on quantitative metrics, the assessor applied a professional judgment rating, considering all available data. This approach allowed for a more nuanced evaluation, especially where performance outcomes may not be fully captured by the numerical measures of the IAT Self-Audit tool alone.

- **CRITERIA FOR ASSESSMENT QUALITY – WHAT DEFINES THE OVERALL PERFORMANCE RATING**
  - What Made an Assessment “Excellent”?
  - What Made an Assessment “Satisfactory”?
  - What Made an Assessment “Needs Improvement”?
  - What Made an Assessment “Unsatisfactory”?
- **FEEDBACK | OVERALL PERFORMANCE**

Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

Feedback | Overall Performance



Overall Average Feedback Distribution of ratings*:

- **Excellent:** 119 (36%)
- **Satisfactory:** 171 (52%)
- **Needs Improvement:** 31 (9%)
- **Unsatisfactory:** 9 (3%)

KEY INSIGHTS

- **High IAT Self-Audit tool scores do not guarantee excellence:** Even with a perfect score of 100%, just 57% of assessments were rated "Excellent." The remaining 43% were assessed as "Satisfactory" (40%), "Needs Improvement" (3%), or "Unsatisfactory" (1%), underscoring a disconnect between quantitative scoring and qualitative outcomes.
- **Critical issues persist in assessments that met the standard of the IAT Self-Audit Tool:** Missing documentation, weak evidence for chosen assessment type, and poor alignment between recommendations and goals were sometimes present even in assessments that technically "passed" the tool.
- **Insufficient Individualised Goals and Narrative Linkage:** Although documentation was generally complete and person-centredness is a strength across most reviews, support plans sometimes lacked sufficiently individualised goals, a coherent narrative flow, or a clear link between assessment findings and recommendations.
- **Quantitative scores vs. qualitative judgement:** The IAT Self-Audit tool's scores do not consistently reflect the nuanced, qualitative judgements of reviewers, underscoring the need for a more robust and evidence-based assessment framework.

*Appendix C – Criteria for assessment quality overall performance ratings

Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

SECTION D – Quality trends, recommendations and outcomes

- QUALITY TRENDS
- FEEDBACK | RECOMMENDATIONS
- POLICY
  - MY AGED CARE (MAC) CAPABILTY
  - ASSESSMENT DELIVERY SECTION (ADS)
  - ASSESSMENTS ASSURANCE SECTION (AAS)
- IAT SELF-AUDIT TOOL RE-DESIGN RECOMMENDATION

Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

Quality Trends

Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

Overview

The desktop review identified a consistent set of quality issues across the assessments reviewed. These issues primarily relate to triage documentation, person-centred goal formulation, and documentation completeness, all of which affect the clarity, defensibility, and consistency of assessment outcomes. While many assessments show sound practice, variation in documentation quality across Assessment Organisations remains evident, indicating opportunities to strengthen assurance.

Key Quality Issues Identified

- **Insufficient justification for assessment type at triage:** A substantial proportion of assessments recorded that triage did not provide enough evidence to justify the assessment type selected. This limits the defensibility of assessment pathway decisions and introduces risk of inconsistency.
- **Goals and concerns not consistently written from the older person's perspective:** Reviews identified a notable number of assessments where concerns and goals were not clearly articulated from the older person's perspective, reducing the quality and relevance of person-centred planning.
- **Incomplete documentation**: Some assessments were flagged as missing required documentation, such as Notice of Decision or related records, weakening the audit trail supporting assessment decisions.
- **Limited consideration of informal supports and non-funded services**: In some assessments, informal supports (e.g. family, carers) and non-funded community services were not adequately documented, affecting the completeness of the assessment picture.

Positive Trends

- **Strong narrative flow between the IAT and Support Plan**: The majority of assessments demonstrated alignment and continuity between assessment findings and the Support Plan.
- **Recommendations generally aligned with identified needs**: In most cases, service recommendations related appropriately to the older person's goals and needs.
- **Generally appropriate language use**: Issues relating to grammar, jargon, or non-tactful language were infrequently observed, indicating generally acceptable narrative quality.

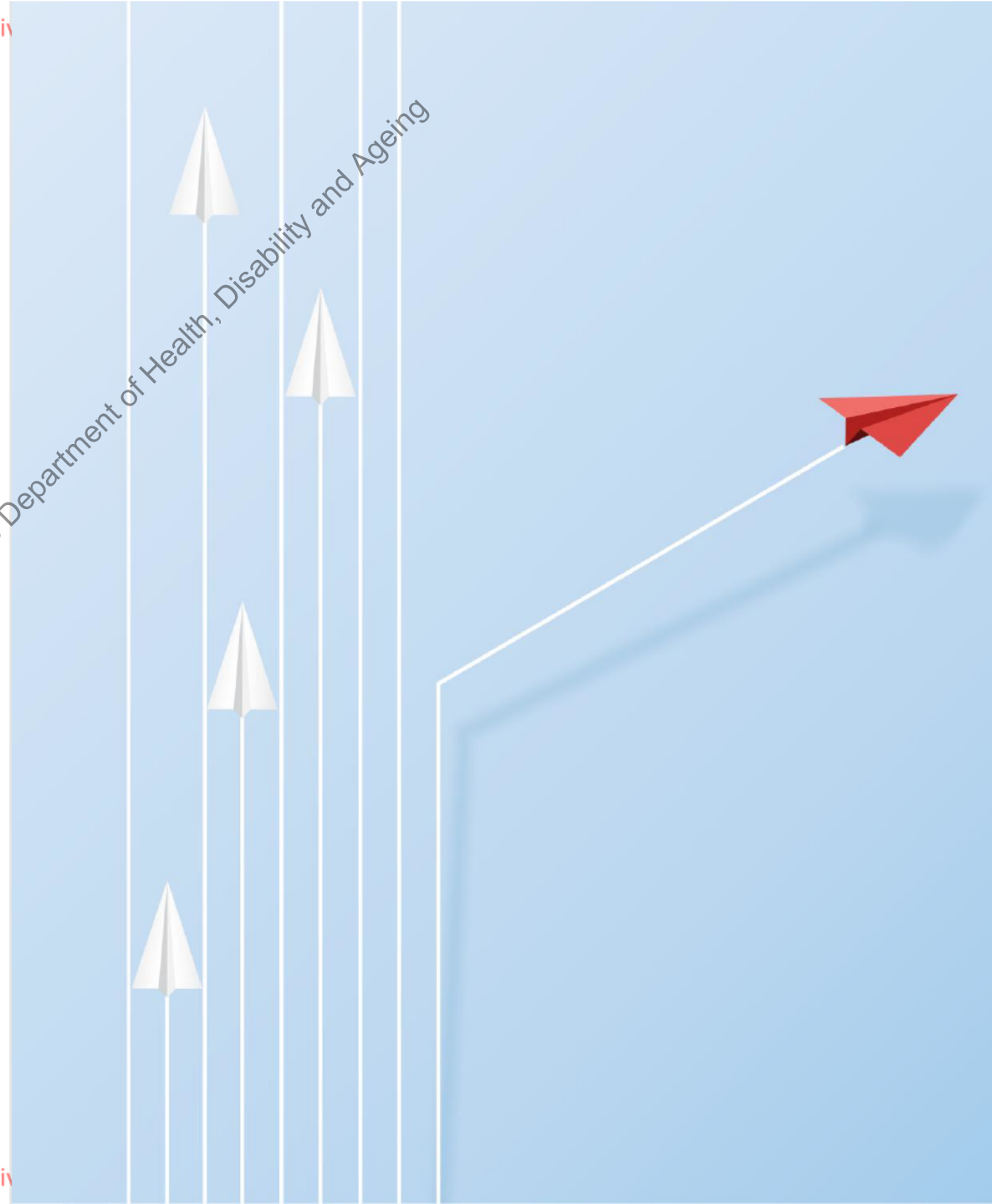
Overall Quality Trend

Overall, the quality trends indicate that missing documentation, documentation quality (i.e. person-centred goal articulation) remains the primary driver of quality variation, rather than assessment conduct or delivery mode. Addressing these documentation-related issues presents the greatest opportunity to improve consistency, defensibility, and assurance across Assessment Organisations.

Feedback | Recommendations

Policy / Business Design

s47C



Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

Learning

s47C

Contract Management

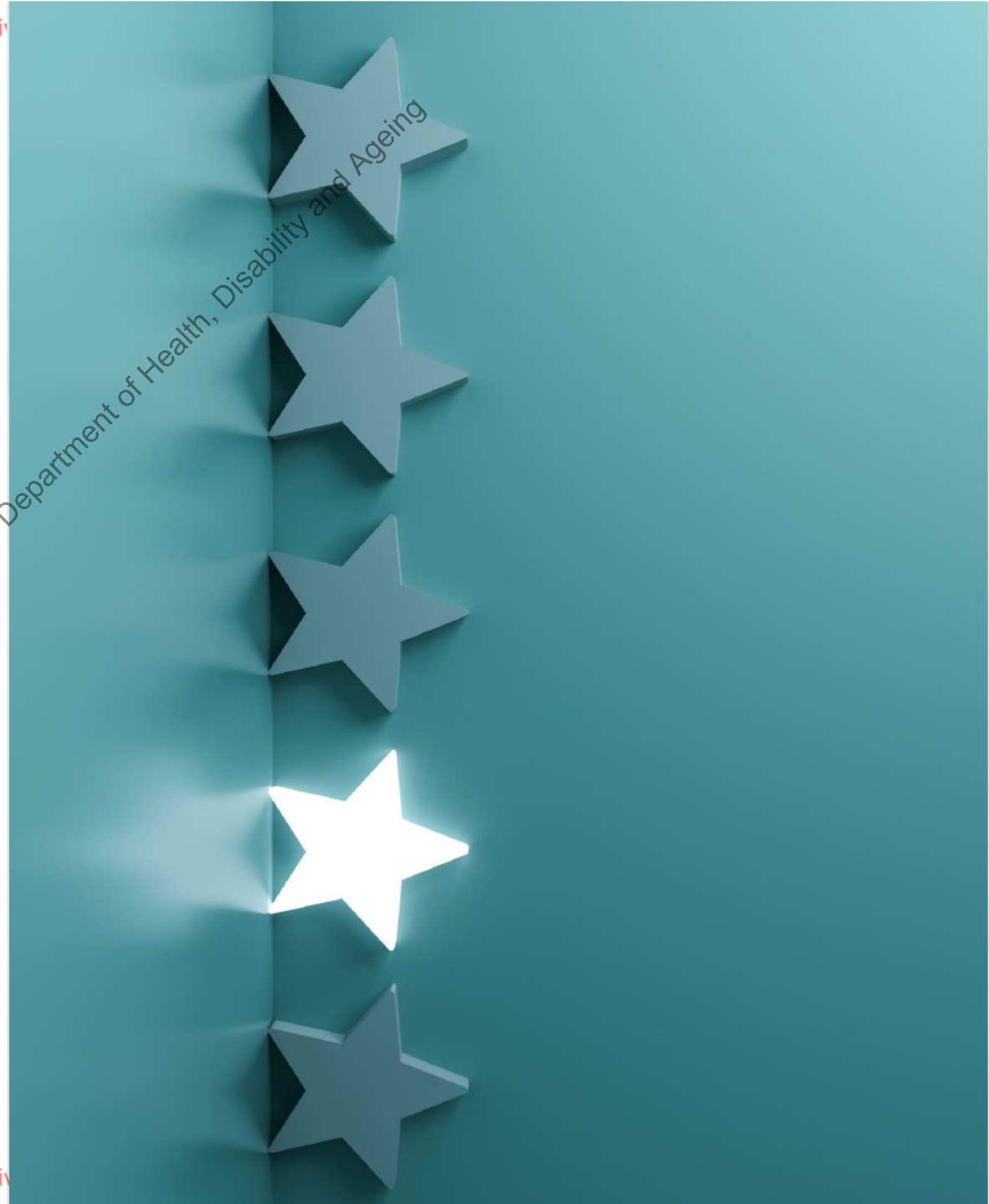
s47C

Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing



Quality Assurance

s47C



Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

OFFICIAL:Sensitiv

IAT Self-Audit Tool Re-design Recommendation

Key Issues Identified with the tool

s47C



Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

OFFICIAL:Sensitiv



Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

Australian Government

Department of Health,
Disability and Ageing

APPENDIX

- **APPENDIX A - IAT SELF-AUDIT QUESTIONS**
- **APPENDIX B - QUALITY PERFORMANCE RATING RUBRIC – WHAT DEFINES THE OVERALL PERFORMANCE RATING**
  - Applying the Quality Performance Rating Rubric in Practice

Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

Appendix A: IAT self-audit tool questions

C1.1.2 – Complete and accurate information

1. Wallet check completed?
2. No slang or jargon?
3. Understandable grammar and spelling?
4. Language tactful and objective?
5. Thorough descriptions of the client's situation, their issues and strengths?

P 2.1.2 – Goal-based assessment

6. If validated assessment tools were used, were they appropriate for the situation and were the results included in the support plan?
7. IAT and Support Plan flow together as a narrative?
8. Recommendations relate to client's goals and needs?
9. (Comprehensive assessments only) Recommendations for Act-based services are appropriately evidenced and aligned to a client's immediate care needs?
10. (Comprehensive assessments only) If a high-priority recommendation for a home care package was made, was a thorough justification provided?

E1.2.1 – Wellness approach

11. Concerns and goals clear, actionable and realistic?
12. Concerns and goals written from the client's perspective?
11. Client's strengths and motivations considered in setting goals?

E4.1.1 – Appropriate recommendations

14. CHSP referrals have an end date or review date, or a rationale for ongoing services provided?
15. Non-funded services and informal supports considered?

P 2.2.1 – Vulnerable and special needs

16. If the client is vulnerable or has special needs, was linking support, short-term case management or an appropriate plan put in place?

E3.2.1 – Interpreter or support person engagement

17. Interpreter or support person engaged throughout the assessment?

P4.1.1 – Younger person checks

18. Does the client classify as a younger person?
19. Accurate completion of the Aged Care Assessment Younger Person Check Form?
20. Approval or Non-Approval letter statement of reasons and evidence clearly justifies the decision for that type of care?

* For further information please see the IAT self-audit tool user guide v.1.0

Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

Appendix B: Quality Performance Rating Rubric: What Defines the Overall Performance Rating?

Quality Dimension	Excellent = 3	Satisfactory = 2	Needs Improvement = 1	Unsatisfactory = 0
Person-Centred Practice	Goals and concerns are written from the older person's perspective and clearly reflect their current situation, strengths, and preferences.	Goals generally reflect the older person's needs, but some are broad or lack individual detail.	Goals are mostly assessor-led or generic, with limited reference to the older person's perspective	Goals are generic, outdated, or not written from the older person's perspective
Evidence & Justification	Triage rationale and required validated assessment tools (VATs) are completed and clearly referenced to justify assessment decisions.	VATs are completed, but links to assessment decisions or support plan content are not always clear	Inconsistent use of VATs or weak justification for assessment type or recommendations.	No clear triage justification or VAT use; decisions are unsupported.
Narrative Flow	Clear and coherent flow between the IAT and Support Plan, with consistent information throughout.	Narrative generally flows, with minor clarity or structure issues.	Narrative is fragmented or unclear, affecting understanding.	Narrative is disjointed or contradictory, preventing clear interpretation.
Recommendations & Goals	Recommendations are specific, realistic, actionable, and clearly linked to identified goals and needs.	Recommendations are relevant but not always clearly linked to goals or fully actionable.	Recommendations are loosely linked to goals or lack sufficient detail.	Recommendations are generic, poorly justified, or not linked to goals.
Documentation	All required documentation (including Support Plan and delegate approvals) is present and complete.	Documentation is present with minor gaps or omissions.	Key sections are incomplete, outdated, or inconsistently recorded.	Critical documentation is missing or unavailable.
Compliance & Defensibility	Assessment follows required processes and decisions are clearly defensible based on documented evidence.	Assessment is procedurally compliant, but the quality or clarity of documented evidence varies and may limit transparency.	Minor process or documentation gaps reduce confidence in the defensibility of decisions, but sufficient evidence is present to support review and assurance.	Significant process failures or critical documentation gaps prevent decisions from being considered defensible. The assessment documentation cannot be relied upon for assurance purposes

*Scores are based on patterns and severity, not single responses.
*Applied consistently across reviews.
*Unsatisfactory ratings indicate assessments that cannot support transparent, defensible decision-making due to critical evidence or process failures.

Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

Appendix B cont. Quality Performance Rating Rubric: What Defines the Overall Performance Rating?

Purpose of the Quality Performance Rating Rubric
This rubric is used to determine the overall quality of aged care assessment documentation and support plans, beyond procedural compliance. It complements the self-audit compliance score by assessing person-centred practice, evidence, narrative quality, and defensibility, and explains how overall performance ratings are derived.

Relationship to Quality KPI #11
The Self-Audit Tool questionnaire (Questions 1–21) is used to assess compliance with Quality KPI #11, which requires ≥90% of assessments to meet the agreed quality score of 85%.

The Quality Performance Rating Rubric builds on this result by assessing how well requirements are met, to determine the overall performance rating.

Self-Audit KPI Input (KPI #11)	
Element	Description
Assessment Tool	IAT Self-Audit Questionnaire
Questions Covered	Questions 1–21
Scoring Method	Weighted Yes / No / N/A responses
Quality KPI	KPI #11 – Self-Assessment Quality Score
KPI Threshold	≥ 85%
What it Measures	Procedural compliance with required assessment and support plan standards

Dimension Weighting *(Equal weighting for transparency and defensibility)*		
Quality Dimension	**Max Score**	**Min Score**
Person-Centred Practice	3	0
Evidence & Justification	3	0
Narrative Flow	3	0
Recommendations & Goals	3	0
Documentation	3	0
Compliance & Defensibility	3	0
Total Possible Score	**18**	

Overall Performance Banding	
Total Score (Out of 18)	**Overall Rating**
15-18	Excellent
11-14	Satisfactory
6-10	Needs Improvement
0-5	Unsatisfactory

How scores are applied
- Quality dimensions assess how well requirements are met.
- Each dimension is scored 0–3 based on reviewer judgement informed by evidence.
- Reviewers consider:
  - Patterns across relevant questions
  - Severity of issues identified
  - Consistency between the IAT and Support Plan
- A single minor issue will not usually reduce a score unless it affects defensibility.

Minimum Threshold Rule
- *If critical documentation or evidence is missing, the assessment cannot be rated higher than "Unsatisfactory" for the affected dimension*
- *Applies after KPI compliance.*

Severity principle
- *Overall performance ratings are influenced by the severity and impact of issues identified, not just the number of issues.*
- *A small number of critical gaps may result in a lower rating than multiple minor issues.*

Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

Appendix B cont. Applying the Quality Performance Rating Rubric in Practice

How the Quality Performance Rating is applied
The Quality Performance Rating Rubric explains how overall performance ratings are determined in practice and why outcomes may differ from the self-audit Quality KPI result.

Worked example
Self-Audit KPI result (KPI #11)
- Self-audit questionnaire (Questions 1–21): 92%
- Quality KPI threshold met (≥85%)

Quality performance assessment
- Person-centred practice: Needs Improvement(Goals are generic and written in third-person)
- Evidence & justification: Satisfactory
- Narrative flow: Needs Improvement
- Recommendations & goals: Needs Improvement
- Documentation: Satisfactory
- Compliance & defensibility: Needs Improvement

Overall performance rating
- Needs Improvement

Explanation
Although procedural compliance met the Quality KPI threshold, quality issues affecting person-centred practice, narrative flow, and defensibility reduced confidence in the assessment.

Use of overall performance ratings
Overall performance ratings are used to:
- Identify systemic quality trends across Assessment Organisations
- Inform targeted education and quality improvement activities
- Support assurance reporting and governance oversight

Overall performance ratings do not replace the self-audit Quality KPI result and are not used in isolation.

Scope and limitations
Scope
- Desktop review of assessment and support plan documentation
- Based on information recorded in the IAT and associated records

Limitations
This rubric does not assess:
- Service delivery quality
- Clinical appropriateness beyond documented evidence
- Outcomes for older people

Consistency and moderation
The Quality Performance Rating Rubric is applied using shared guidance and moderation processes to support consistent interpretation across reviews.



Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing