Appendix C - Criteria for Assessment Quality: What Defines the Overall Performance Rating?

What Made an Assessment Excellent?

- **Person-centred, integrated practice:** Reviewed assessments rated "Excellent" consistently demonstrated strong person-centred practice. They provided thorough, individualised descriptions of the older person's circumstances, needs, risks, strengths, and motivations. Goals were clearly written from the older person's perspective and reflected what mattered to them, rather than being assessor-led or generic. Recommendations were explicitly linked to the older person's identified goals and needs.
- **Clear evidence and justification:** These assessments appropriately used validated assessment tools (e.g. DSSI, PHQ-4, GP-Cog where relevant), documented the results, and clearly incorporated those results into the support plan. There was a logical and defensible line of reasoning connecting assessment findings, identified needs, goals, and final recommendations.
- **Strong narrative flow:** The IAT and Support Plan worked together as a coherent narrative. The assessment, goals, and recommendations "flowed" logically, making it easy to understand the older person's situation and the rationale for decisions made.
- **Complete and well-organised documentation**: All required documentation (including support plans and delegate letters) was present, complete, and well organised, supporting transparency and defensibility.

Representative Reviewer Comments

- "Concerns and goals are clearly written from the older person's perspective and directly inform the recommendations."
- "Assessment findings, goals and recommendations flow together logically and are easy to follow."
- "Validated tools were used appropriately, and results are clearly reflected in the support plan."
- "Support plan is comprehensive, person-centred and well structured."

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Appendix C cont. - Criteria for Assessment Quality: What Defines the Overall Performance Rating?

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What Made an Assessment Satisfactory?

- **Adequate person-centred content**: "Satisfactory" assessments generally included a reasonable description of the older person's situation, needs, and strengths. Goals and recommendations were usually relevant but were sometimes broad, not fully individualised, or not consistently written from the older person's perspective.
- **Use of validated assessment tools**: Required Validated Assessment Tools (VATs) (e.g. Duke Social Support Index (DSSI), Patient Health Questionnaire-4 (PHQ-4) were usually completed and recorded in the IAT. However, results were not always clearly incorporated into the support plan, and the connection between tool results and recommendations was sometimes implicit rather than explicit.
- **Documentation generally complete**: Most required documents (such as the support plan and delegate letter) were present and complete, though minor gaps, inconsistencies, or omissions were occasionally identified.
- **Mostly coherent narrative**: The assessment and support plan generally "flowed" as a narrative, but minor issues were common. These included structural or grammatical errors, reduced clarity, or sections that were understandable but not as cohesive or well-reasoned as those seen in "Excellent" assessments.
- **Recommendations and goals**: Recommendations were generally aligned with the older person's needs and goals but sometimes lacked strong justification, clear actionability, or individualisation. While not inappropriate, they were not always sufficiently detailed or clearly linked to assessment findings.
- **Compliance**: The assessment generally followed required protocols and processes; however, procedural compliance did not always translate into strong qualitative outcomes.

Representative Reviewer Comments

- "Assessment is generally clear; however, goals are broad and lack specific, measurable outcomes."
- "Validated tools were completed, but the results are not clearly referenced in the support plan."
- "The assessment and support plan mostly align, though some sections could be clearer."
- "Documentation is present, but the justification for recommendations could be stronger."



Appendix C cont. -Criteria for Assessment Quality: What Defines the Overall Performance Rating?

What Made an Assessment "Needs Improvement"?

- **Partial person-centredness**: Reviewed assessments rated "Needs Improvement" included some relevant information about the older person, but descriptions were often incomplete, generic, or insufficiently individualised. Goals and concerns were sometimes written from the assessor's perspective rather than the older person's and were frequently vague or not clearly actionable.
- **Inconsistent use of VATs:** Validated assessment tools were sometimes used but not consistently referenced in the support plan, or results were missing or incomplete. In some cases, tools that appeared appropriate were not used, and the rationale for their non-use was not documented.
- **Documentation gaps**: Most required documents were present; however, there were often incomplete sections, missing details, or documentation that was not fully updated. These gaps reduced the clarity and defensibility of the assessment.
- **Weak narrative and structure**: The narrative between the IAT and Support Plan was often disjointed or unclear. Common issues included poor flow, limited detail, frequent grammatical or spelling errors, reliance on note-style entries instead of full sentences, or language that was not consistently person-centred or factful.
- **Recommendations and goals**: Recommendations were generally relevant but not always clearly linked to the older person's goals or needs. Some lacked sufficient justification or were not clearly actionable or realistic.
- **Compliance**: While core processes were usually followed, minor lapses or inconsistencies in evidence, documentation, or rationale affected overall assessment quality

Representative Reviewer Comments

- "Goals are broadly stated and not clearly linked to the older person's strengths or motivations."
- "The support plan does not clearly link assessment findings to recommendations."
- "Frequent grammatical errors and note-style entries reduce clarity and readability."
- "Some sections are incomplete, limiting the defensibility of the assessment."

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Appendix C cont. - Criteria for Assessment Quality: What Defines the Overall Performance Rating?

What Made an Assessment "Unsatisfactory"?

- **Missing or incomplete documentation:** Many "Unsatisfactory" assessments lacked critical documentation, such as support plans or Notice od Decision letters, or contained incomplete records, preventing effective review or defensibility.
- **Generic or outdated content:** Goals and recommendations were often generic, outdated, carried over from previous assessments without review, or not written from the older person's perspective.
- **Weak or absent evidence:** Recommendations were made without clear justification. Validated assessment tools were not used, not referenced, or not reflected in the support plan, leaving decisions unsupported.
- **Significant narrative gaps:** The narrative was frequently disjointed or unclear, with substantial issues in structure, grammar, spelling, or sensitivity. The connection between assessment findings, goals, and recommendations was often unclear or absent.
- **Non-compliance:** In some cases, the assessment process did not follow required protocols or standards, resulting in assessments that could not be relied upon.

Representative Reviewer Comments

- "Support plan and delegate letter are missing, preventing full review."
- "Goals are generic and appear to have been carried over from a previous assessment."
- "Recommendations are made without clear justification or supporting evidence."
- "Assessment lacks sufficient information to support the chosen assessment type."
- "Significant gaps in documentation and process were identified."

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FOI 27-3556
Document 2

Assessment Assurance Newslett

Quarterly Update – August 2026 | Edition 3



Welcome Back!

Grab your coffee and take a few minutes with Edition 3 of the Assessment Assurance Newsletter. This short read brings together timely reminders, quality insights and practical tips to support consistent, person-centred and culturally safe assessments across the sector. Thanks for continuing to put quality into every interaction.

From the Review Desk

Targeted quality review of Support at Home classification levels 1 and 2

The Assessments Assurance Team completed a targeted review of 100 home support assessments that resulted in Support at Home classifications 1 and 2.

The purpose of this review was to explore assessments that were initially triaged to the home support assessment pathway. However, in some instances, final outcomes indicated that a comprehensive assessment pathway may have been more appropriate. Importantly, overall we found that this was more commonly linked to documentation and timing factors, rather than inappropriate classification outcomes.

The sample included assessments across 18 assessment organisations and was proportionate to assessment volumes, providing a strong cross-section of practice. Of those reviewed, around 55% resulted in classification 1 and 45% in classification 2.

What we saw

Classification outcomes were generally appropriate. However, triage documentation was not consistently strong, with:

- 42% of records lacking clear justification for the selected pathway
- 6% containing minimal or no meaningful triage narrative

There was also a reliance on structured IAT field inputs only, without sufficient supporting narrative.

The average time from triage to assessment was 39 days, with some cases extending significantly longer. These timeframes increase the likelihood that an older person's circumstances may change.

Documentation gaps were also identified, including missing support plans and Notice of Decision letters.

Key takeaway

The primary improvement area is strengthening triage documentation, ensuring it clearly describes the older person's needs, risks and circumstances, and explains how this informed the pathway decision —



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Document 2

"Quality in a service or product is not what you put into it. It is what the customer gets out of it." – Peter Drucker

In-depth review: Home Support Assessments

The Assessments Assurance Team undertook an in-depth desktop review of home support assessments across all Assessment Organisations, examining the end-to-end assessment process.

Using the IAT Self Audit Tool as a baseline, the review focused on documentation quality, consistency, Notices of Decision, and support plan development.

Overall results
Performance was strong, with an average score of around 93%, indicating that core assessment practices are being applied effectively.

Key insight
The primary quality risk is not typically the decision itself, but how it is documented by assessors.

What we saw
Recurring issues were identified at critical documentation points within the IAT, particularly:

- Triage justification
- Narrative strength
- Linkage between the older person's circumstances and assessor inputs

While assessments were generally conducted in line with the triage recommendation, the rationale was not always clearly articulated, particularly in free text fields.

Incomplete or missing documentation was also observed, with around 18% of assessments missing key records, including:

- Support Plans
- IAT records
- Notices of Decision

Support Plans
This was a strong area overall, with goals typically person-centred and aligned to the older person's needs.

Where improvements were identified, goals were sometimes:

- Broad or generic
- Not clearly realistic
- Service-led rather than goal-driven
- Carried forward without evidence of review

Overall finding
Strong performance against the IAT Self Audit Tool does not always translate to strong qualitative outcomes, particularly where documentation is unclear or incomplete.

Quality ratings across the sample were:

- 36% Excellent
- 52% Satisfactory
- 9% Needs Improvement
- 3% Unsatisfactory

Key improvement areas

- Strengthening documentation of triage decisions and rationale
- Improving the quality and currency of goals
- Ensuring documentation is complete, consistent and accessible

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'A high-quality assessment is personal, effective, connected, and safe – ensuring respect, choice, and cultural safety throughout the process' – Aged Care Assessment Quality Framework.

Let's embed the above principles in every interaction.
Ask yourself: Are we delivering assessments that feel personal, effective, connected and safe?
Together, we can raise the bar for quality across the sector.

CHSP assessment and referral reminders

CHSP referral codes must match approved service recommendations

Assessors should only issue CHSP referral codes after the assessment delegate has approved the recommendation.

The exception is the alternative entry pathway, where eligible older people may receive a CHSP direct-to-provider referral before assessment, including those applying for an assessment, waiting for a review or reassessment, or needing urgent services while awaiting Support at Home budget allocation.

For CHSP services, referral codes must match the approved service recommendation. If an older person needs more than one service under the same service type, assessors can issue more than one referral code, provided there is no duplication.

For Allied Health and Therapy and Therapeutic Services for Independent Living, assessors must always create a separate referral code for each service recommended, such as separate codes for physiotherapy and occupational therapy.



Re-issuing CHSP referrals

Some older people have CHSP service referrals but have not had an aged care needs assessment through My Aged Care. Under the *Aged Care Act 2024*, these referrals are not valid unless the older person has been assessed and approved for CHSP.

What this means:

- Grandfathered older people must have an aged care needs assessment.
- If an older person is found eligible, assessors must create new CHSP referrals for any approved services.
- Older people who have accessed urgent CHSP services must also be assessed.
- Urgent services may continue until the assessment occurs.
- If ongoing CHSP services are approved, the urgent referral should end and new CHSP referrals must be created.

If the IAT outcome is **"not eligible for CHSP or Support at Home"**, the older person has not met the minimum threshold for ongoing home support. In this case, CHSP referrals must not be re-issued or added. Adding a CHSP referral in this instance is classified as an unlawful override. Please refer to the My Aged Care Assessment Manual (Version 8.3, published 29 June 2026), specifically section 8.3 for guidance on the limited circumstances where CHSP services may continue, and section 9.4.5 for CHSP referral requirements.

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Cultural safety is determined by the person receiving care and requires ongoing self-reflection, respect, and a commitment to culturally responsive, trauma-aware practice – Adapted from the NATSIAAC definition of cultural safety

Spotlight on: Culturally safe assessments — a person-centred approach

Culturally safe practice remains an important focus across the assessment workforce. *The Aged Care Act 2024* and the My Aged Care Assessment Manual highlight that older people must have access to person-centred, culturally safe, trauma-aware and healing-informed assessments and services.

This includes recognising and valuing older people's identities, cultures, abilities, diversity, beliefs and life experiences. Cultural safety also requires ongoing self-reflection about how our own perspectives and actions may affect the wellbeing of others.

A positive assessment experience starts with trust. Assessors should clearly explain the purpose of the assessment, seek consent before discussing or viewing aspects of the home environment, and ensure the older person feels comfortable throughout the process.

Cultural safety also means listening to and respecting the older person's preferences — including who is present, how conversations are conducted, and whether the older person has a preference for a male or female assessor.

Assessors are required to complete Introduction to Cultural Safety training through MAC Learning, and assessment organisations are expected to provide additional training relevant to local communities.

Most importantly, cultural safety is determined by the older person's experience — only they can say whether an assessment felt culturally safe.



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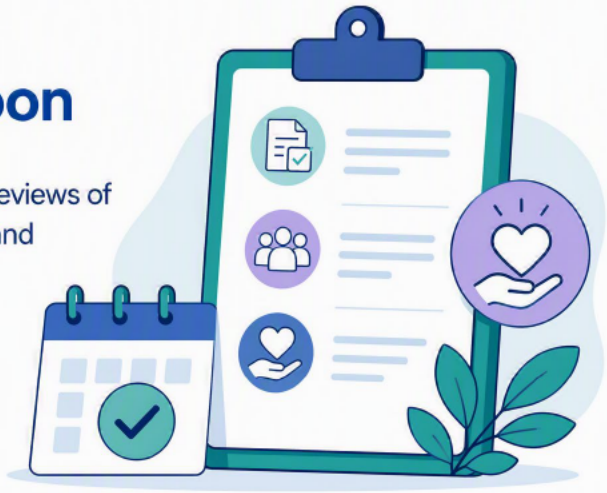
Best Practice Tips: Culturally safe assessments

- Complete required cultural safety training through MAC Learning and apply this learning in everyday assessment practice.
- Take time to build trust. Explain the assessment process clearly and check that the older person feels comfortable.
- Be guided by the older person's preferences, including who is present, how the assessment is conducted, and any cultural, gender or communication needs.
- Practise ongoing self-reflection. Consider how your own culture, assumptions and approach may affect the older person's experience.
- Listen carefully, observe body language and respond respectfully.
- Use a trusted cultural broker, advocate or support person where appropriate.
- Tailor the assessment approach so the older person's needs, goals and preferences are accurately reflected in their support plan.
- For Aboriginal and Torres Strait Islander older people, work with local ACCOs, ACCHOs, trusted health services and specialist providers where available.
- Use culturally appropriate tools where relevant, including the KICA and Good Spirit, Good Life resources in the IAT.
- Ensure assessments are welcoming, respectful, safe, inclusive, flexible, collaborative and support the older person's choice and control (*Chapter 12, Supporting diverse experiences and needs, My Aged Care Assessment Manual Version 8.3).*

"Continuous improvement is better than delayed perfection." — Mark Twain

Coming Soon

Insights from targeted reviews of Support Plan Reviews and assessments for the End-of-Life Pathway.



Your continued engagement helps us enhance the quality and relevance of each issue.

We look forward to sharing more insights and updates in future newsletters and forums.

Have a great idea or want to share your own best practice? Let us know—we love hearing from you!

Questions or feedback? Contact us at: s47E(d) @health.gov.au

- The Assessments Assurance Team

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Support at Home (SaH) Classifications 7 and 8 - Targeted Quality Review

Recent internal monitoring identified s47C , alongside concerns regarding consistency of assessment practice. In response, a targeted quality review of 250 comprehensive assessments (125 SaH Classification 7 and 125 SaH Classification 8) was undertaken to examine alignment between Integrated Assessment Tool (IAT) scoring outputs, supporting narrative evidence, and reviewer judgement.

Overall, the review found that most of SaH Classification 7 and SaH Classification 8 outcomes were supported by recorded evidence. Alignment between structured responses and narrative fields in the IAT was generally high, particularly for PHQ4.[1]

Where misalignment was identified (36% of reviews), it most commonly related to Functional and Needs Met domains.[2]

Importantly, misalignment was typically reflective of documentation and interpretation rather than disagreement regarding client complexity or inappropriate classification outcomes. Functional selections may vary from Needs Met selections, and the rationale for this difference may not be clearly articulated in the assessment. Correcting individual misaligned items in the IAT would be unlikely to materially change the final SaH classification.

Hospital based assessments showed more detailed information input by the assessor particularly in complex assessments with worsening medical condition necessitating hospital care, exacerbations of a chronic condition or a rapid health decline resulting in hospitalisation. This means that while the classification may appropriately capture needs at the time of assessment, it may not reflect ongoing need.

Purpose and scope of the review

The review was designed to:

- test alignment between IAT selected fields and narrative evidence;
- understand the drivers within each assessment resulting in the SaH Classification 7 and 8 outcomes;
- determine whether misalignment occurred between departmental assessor and assessment organisation IAT outcome.

The outcomes of this review may be used to inform future guidance, system design, and quality assurance activity.

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[1] Patient Health Questionnaire-4 (PHQ4) a short mental health screening tool comprised of 4 questions which screens anxiety and depression.

[2] Function domain looks at how well a person is functioning in daily life and it Includes areas such as mobility, self-care, communication, social participation, and ability to carry out usual activities. The Needs Met domain assesses whether a person's identified needs are being adequately supported.

Dataset and methodology

- 250 assessments reviewed that were finalised between 3 November 2025 to 31 December 2025.
-
    - 125 SaH Classification 7
    - 125 SaH Classification 8
    - The data extract provided included IAT Functional score, Needs Met score the age of the older person, and the number of assessments previously undertaken.
- Coverage across multiple Assessment Organisations and jurisdictions.
- Assessment modes included face-to-face, telephone, and a small number via tele health.
- The desktop review considered:
    - Functional score
    - Needs Met score
    - PHQ-4
    - Narrative fields and assessors comments

Alignment findings

Across the full dataset, alignment between structured scoring and narrative evidence aligned in a significant proportion of the reviews particularly for PHQ-4. Functional and Needs Met domains accounted for the majority of misalignment. Findings in this review are limited to the level of information and detail input by the assessor into the IAT.

Throughout this report, misalignment refers to differences between structured IAT selections and supporting narrative evidence and does not equate to an assessment error or an inappropriate classification outcome.

Alignment rates (all 250 cases):

- Functional: 184 aligned / 66 not aligned
- Needs Met: 176 aligned / 74 not aligned
- PHQ4: 220 aligned / 30 not aligned

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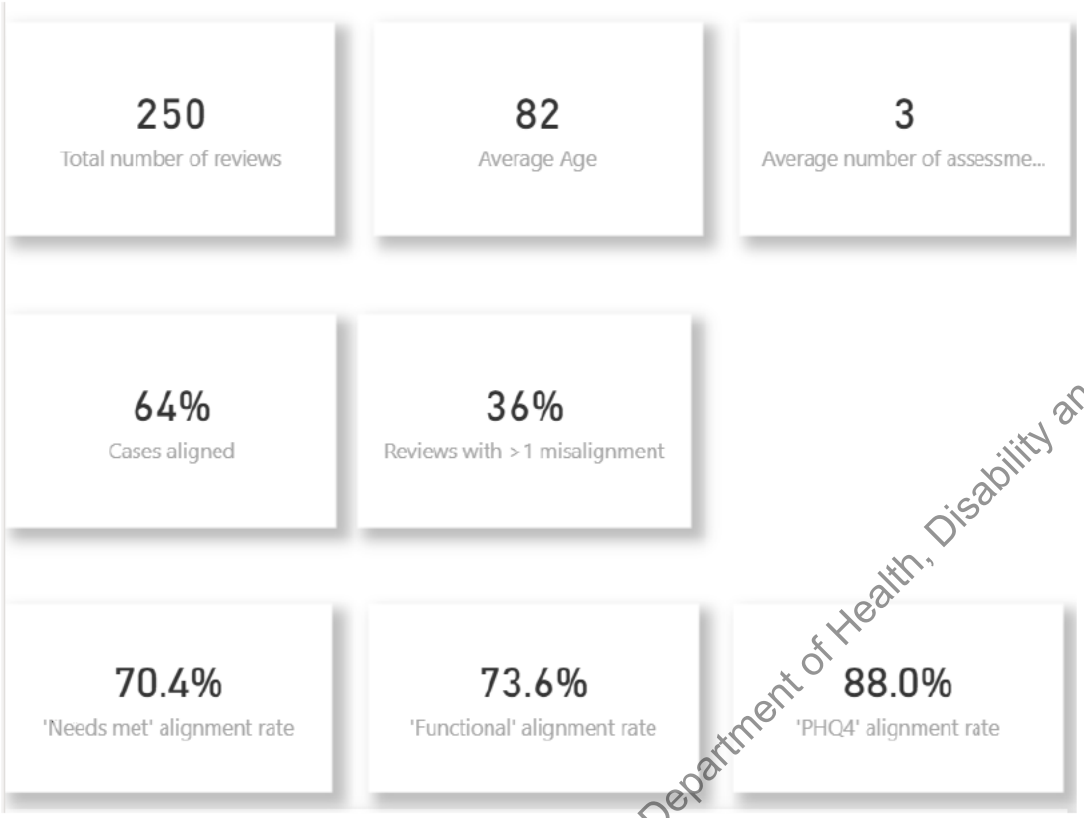

Misalignment flags most commonly relate to how functional and unmet needs are described in free text, rather than changes in underlying older person complexity.

Alignment by classification (SaH 7 vs SaH 8)

Both SaH Classification 7 and SaH Classification 8 outcomes demonstrated a 64 percent alignment across all domains. Misalignment was somewhat more frequent in SaH Classification 8, particularly for Functional and Needs Met, which may be consistent with the greater complexity typically captured in the SaH 8 assessments (e.g. hospital discharge, carer stress and carer sustainability concerns).

SaH Classification	Functional		Needs Met			PhQ4	
	Aligned	Not aligned	Aligned	Not aligned		Aligned	Not aligned
SaH 7	76%	24%	73%	27%		86%	14%
SaH 8	71%	29%	67%	29%		90%	10%

Departmental reviewers applied the IAT User Guide definitions consistently when forming assessment judgements across the review sample.

What is driving misalignment?

Departmental reviewer comments indicate that misalignment was not driven by disagreement with the evidence supporting the older person's complexity or level of need. Instead, it primarily reflected inconsistencies in documentation, particularly where tick-box selections were not clearly supported by the accompanying narrative.

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Key misalignment themes (Across both SaH Classification 7 and SaH Classification 8 outcomes)

1. Domestic tasks and daily activities
Tick-box selections were often marked as “completely unable” or “completely unmet” despite narrative evidence of existing family or service supports (e.g. cleaning, shopping, meal preparation, showering).

2. Community access and transport
Some assessments recorded inability to travel beyond walking distance while free text described transport provided via carers, taxis, or community transport.

3. Carer role, strain, and sustainability
Narrative frequently described extensive informal support as meeting needs; however, concerns regarding carer strain or the sustainability of these arrangements were not consistently reflected in the ‘Needs met’ scoring. In some cases, information captured in the Carer Profile indicated limits to a carer’s ongoing capacity, while structured scoring in the ‘Function’ section of the IAT continued to indicate needs as met through ‘Informal carer(s)’ support, suggesting a disconnect between sustainability risks identified in the narrative and their representation in structured fields.

4. Hospital and inpatient context
Assessments conducted during hospital admissions often captured acute functional limitations in structured IAT fields, while narrative sections described anticipated recovery and baseline needs. As the IAT records care needs at a point in time, structured responses may reflect higher care requirements associated with short-term or acute circumstances, with narrative fields used to explain when these needs are temporary and expected to reduce as recovery occurs, resulting in differences between structured responses and narrative context.

5. Cognitive decline
This theme captures assessments where information was provided primarily by a proxy (such as a carer or family member), often due to cognitive impairment. Departmental reviewers noted that where explanations for scoring decisions were limited, reliance on proxy input made it more difficult to determine alignment between tick-box selections and supporting narrative evidence.

It is noted that the use of proxy input is appropriate and expected in circumstances where the older person is unable to participate fully in the assessment, and the challenges identified relate to documentation clarity rather than the appropriateness of relying on proxy information.

6. Documentation gaps
A small number of cases involved limited narrative detail or systems issues, reducing reviewer confidence in confirming alignment.

Interpreting misalignment: impact on outcomes

While misalignment was identified—particularly in Functional and Needs Met domains—it was often granular, involving one or two items rather than inconsistencies throughout the assessment. In many cases:

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- the older person still presented with high overall need, and/or
- carer strain or sustainability concerns were material, and/or
- hospital context complicated baseline scoring

As a result, the review found that it was often unclear whether correcting individual misaligned items would materially alter the final classification outcome.

Assessment context matters

Building on the hospital-based assessment context outlined above, the review identified the additional complexity that arises where structured IAT responses capture temporary functional impairment, evolving discharge arrangements, and uncertainty between short-term and baseline needs. This highlights the importance of the need for clear guidance and consideration of IT system prompts to support assessors to clearly distinguish between acute temporary health issues from longer-term care needs when recording structured responses. An example of common misalignment scenarios identified during the review is provided in Appendix B.

Implications

s47C

Recommendations

s47C

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Appendices

Appendix A – s47C

s47E(d)

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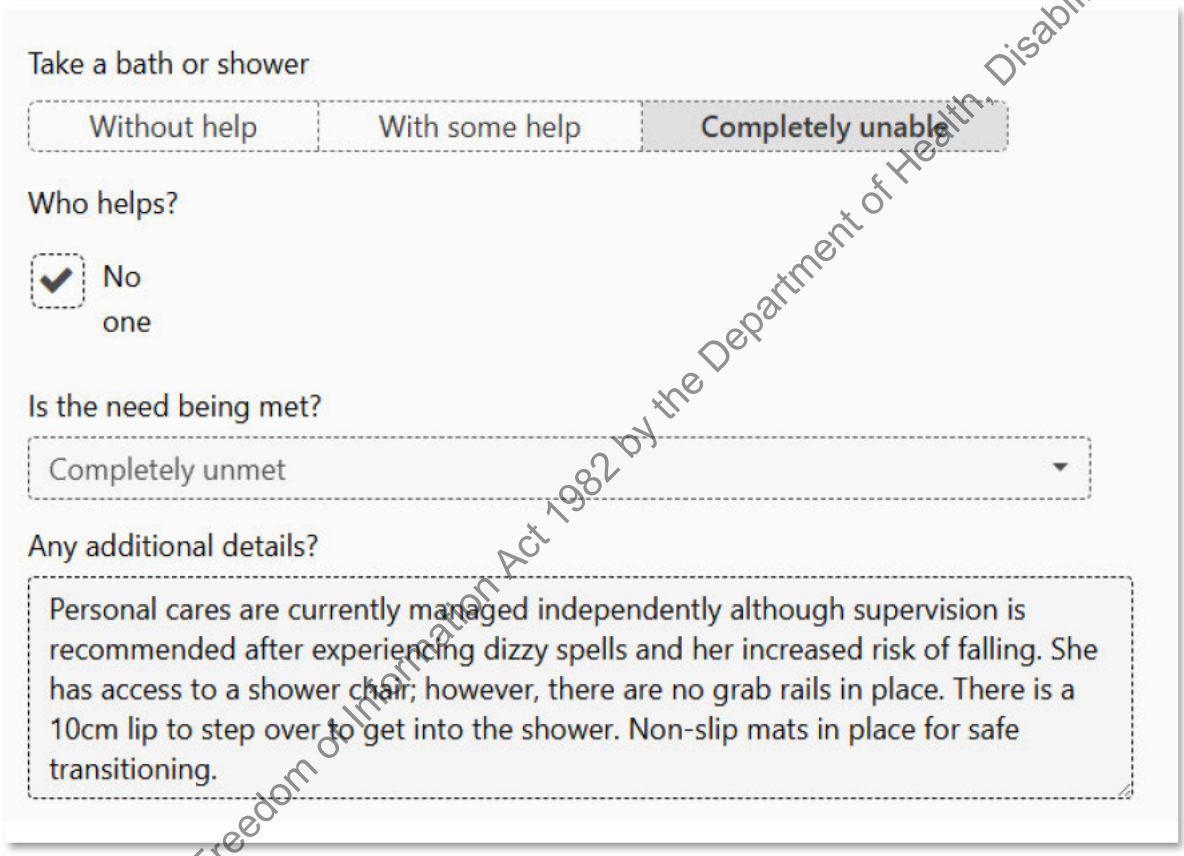
Appendix B – Worked example of common misalignment scenarios.

This example illustrates a functional domain misalignment identified during the review. The item *"Take a bath or shower"* was recorded as "completely unable," while the supporting free text describes the client as requiring supervision rather than total assistance.

Under the IAT User Guide, "completely unable" applies where the client *requires total assistance with preparing and washing or drying themselves, and utilises bed sponges only*. Where narrative indicates partial independence, supervision, or environmental risk measures, this threshold is not met.

This type of misalignment reflects differences in how structured responses and supporting narrative are recorded, rather than disagreement regarding overall client complexity, and was a recurring source of functional domain misalignment across the review sample.



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Appendix C - Jurisdictional Distribution of Reviewed SaH Classification 7 and 8 Assessments

Outlet Name	Review Count	Algorithm Outcome	
s47G(1)(a), s47E(d)		SaH 7	SaH 8
	1		1
	2	1	1
	3	2	1
	3	2	1
	1		1
	2	1	1
	3		3
	1		1
	2	2	
	2	1	1
	5	3	2
	3	3	
	2		2
	9	6	3
	2	2	
	1	1	
	4		4
	4	1	3
	50	25	25
	1	1	
	3		3
	2	2	
	26	12	14
	4	1	3
	1	1	
	5	3	2
	4	2	2
	4	3	1
	50	25	25
	2	1	1
	2	2	
	9	5	4
	2	1	1
	7	2	5
	6	2	4
	1		1
	1	1	
	4	1	3
	3	1	2
	6	3	3
	2	1	1
	4	4	
	1	1	
Subtotal	50	25	25

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s47G(1)(a), s47E(d)			
	2		2
	2	1	1
	5	2	3
	1		1
	1	1	
	1		1
	4	2	2
	3	2	1
	3	1	2
	3	1	2
	3	2	1
	4	3	1
	6	3	3
	1	1	
	10	6	4
	1		1
Subtotal	50	25	25
s47G(1)(a), s47E(d)			
	1		1
	1		1
	2	2	
	14	5	9
	5	3	2
	3	2	1
	2	1	1
	2	2	
	8	2	6
	2	1	1
	10	7	3
Subtotal	50	25	25
Grand Total	250	125	125

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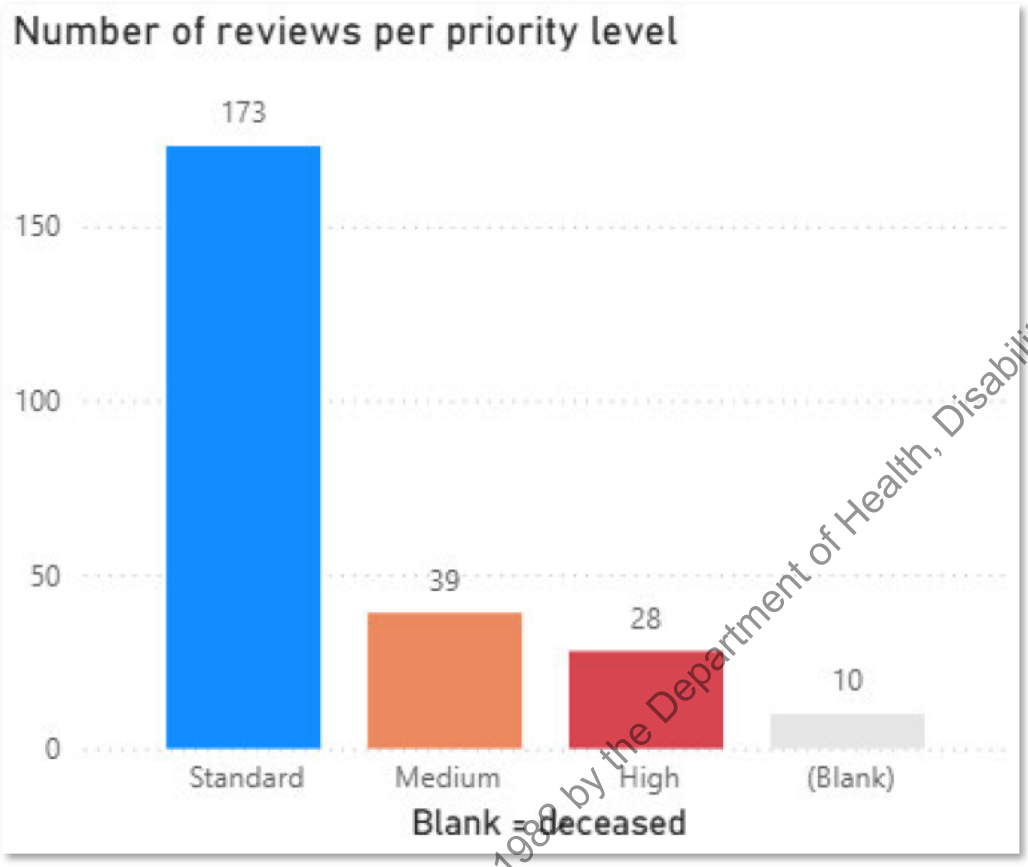
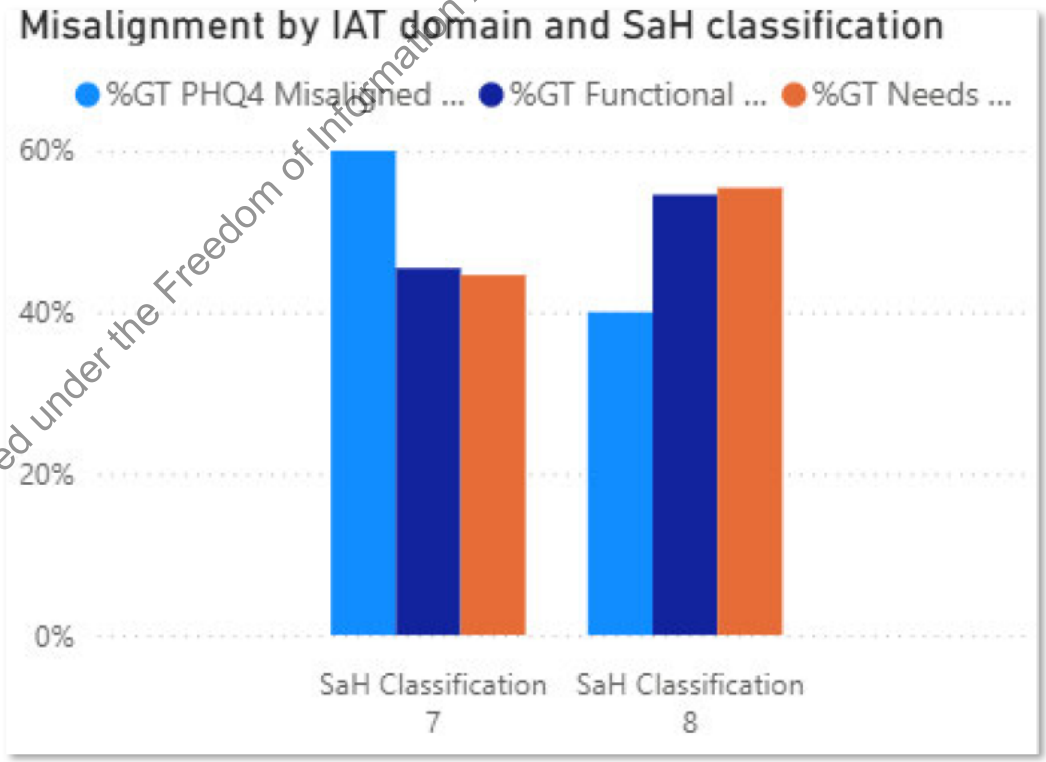
Appendix D – Sample Review Characteristics





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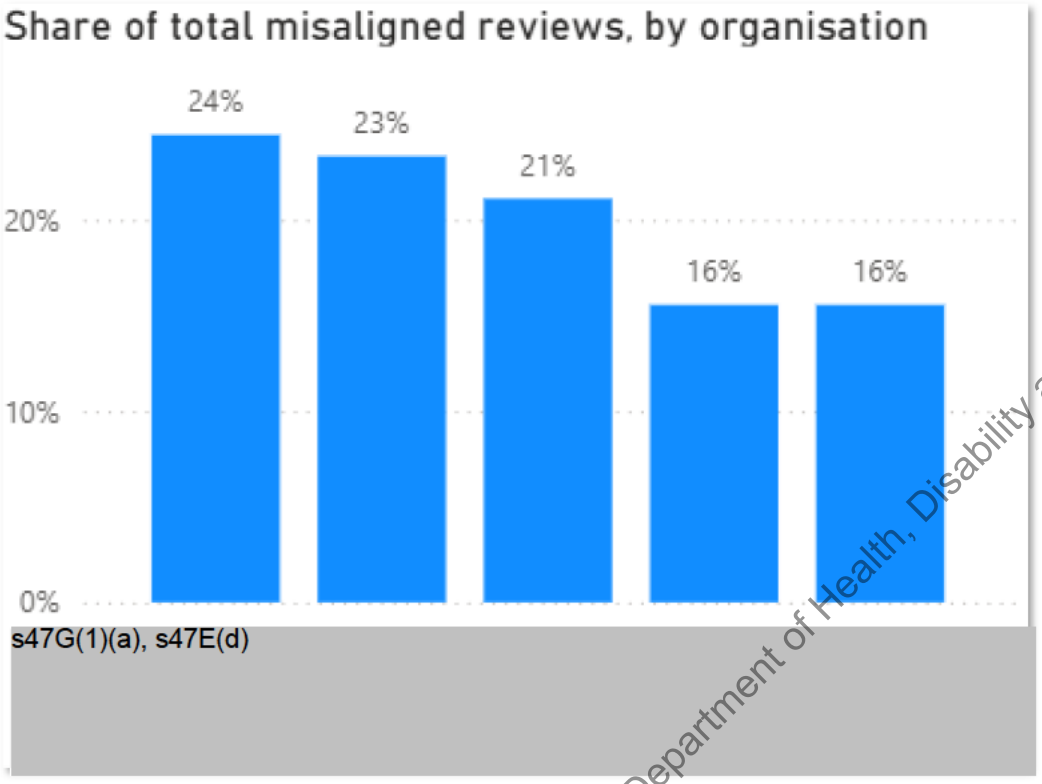
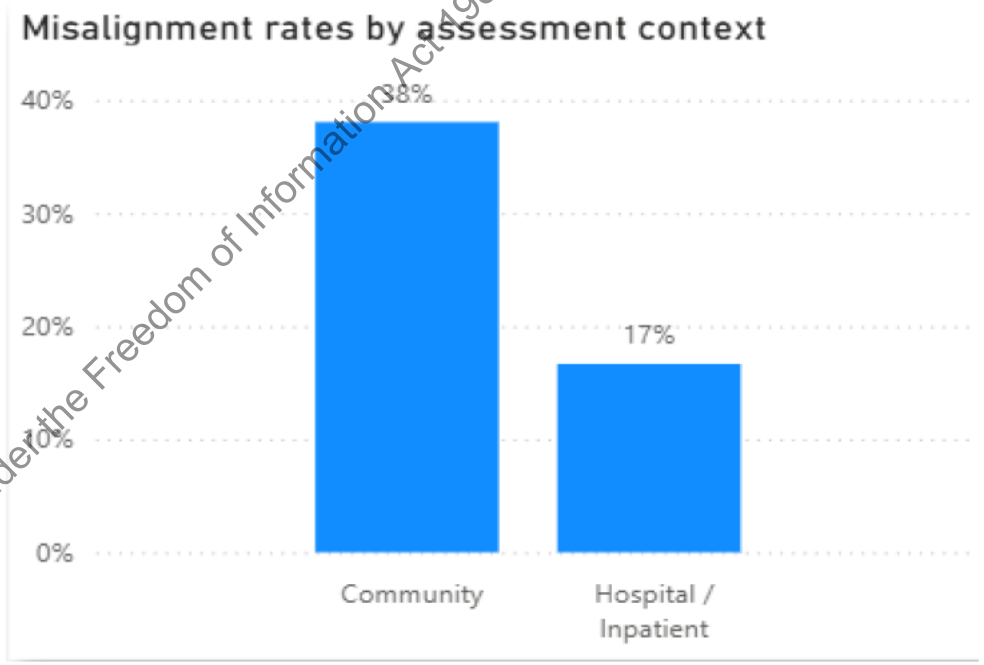


Percentages reflect each organisation's share of the misaligned reviews (36% of 250 cases); shown for organisations with more than 10 reviews.



Breakdown of misaligned reviews (36% of 250 assessments) by assessment context.

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FOI 27-3556
Document 4

Assessment Assurance Newsletter

Quarterly Update – April 2026 | Edition 2

Welcome back, Aged Care Assessors — back with another *coffee-break read*.

The Assessments Assurance Section continues to deliver a program of assurance activities across the Single Assessment System. These activities focus on how assessments are completed, documented and actioned, and how consistently department guidance, system and procedural requirements are being applied across assessment organisations.

This newsletter outlines key findings from desktop reviews, targeted quality reviews and focused assurance activities undertaken to date, and recognises the central role of the Integrated Assessment Tool (IAT) classification with a focus on ongoing home support assessment outcomes and the IAT classification algorithm outcomes.

Overall Assessment Themes

What we are seeing

Across assurance activities, we observed variation in how assessment information was documented and linked to IAT responses. In some assessments, the information recorded in free-text narrative fields did not clearly explain or support selected IAT responses, particularly within the Functional Status and Needs Met domains. In other cases, information already available on the assessment record was not consistently used to inform IAT inputs. Where narratives were brief and descriptive detail was limited, it was more difficult to understand how the recorded information aligned with structured IAT selected responses.

We also observed instances where key assessment records were incomplete or missing, including Support Plans and delegate Notice of Decision letters.

Key assurance insight

Where assessment documentation was clear, comprehensive and consistently aligned across narrative fields, structured responses and supporting records, IAT assessor inputs were generally appropriate and well supported. Instances of concern most commonly reflected gaps in explanation or misalignment between narrative evidence and system inputs, rather than errors in the application of the IAT classification algorithm.

Why this matters

Across all assurance activities, the quality of documentation consistently emerged as a key determinant of overall assessment quality and supported decision making. The accuracy of the IAT classification algorithm outcome relies on information that has been entered into the IAT during the assessment. Assessors continue to play a critical role in accurately capturing an older person's assessed needs in the IAT so that the IAT classification algorithm outcome reflects the person's assessed needs.

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"Quality is not an act, it is a habit" - Aristotle

Recent Desktop Review Findings

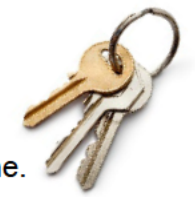
A targeted desktop review examined cases where an older person received an IAT outcome as ineligible for Commonwealth Home Support Program (CHSP) and Support at Home (SaH), yet CHSP services were added subsequently by generating a Support Plan Review (SPR). Importantly, any addition of CHSP services following an ineligible outcome is not permitted.

While SPRs are a valid mechanism to review changing needs for individuals already receiving funded services, an SPR pathway is not a valid mechanism to add CHSP services for client's who do not meet the eligibility requirements under the *Aged Care Act 2024* (the Act) to receive these services. This action is unlawful.

This review reinforces the importance of adherence to the IAT User Guide and the Aged Care Assessment Manual, including appropriate consideration of eligibility criteria under the Act. Accurate documentation ensures assessment decisions are compliant, transparent, and appropriately justified.

Why this matters

The IAT classification algorithm generates an IAT outcome that determines whether a person meets the eligibility threshold for ongoing home support, or results in ineligible for CHSP/SaH. Approving services where the IAT outcome does not support eligibility is not permitted and undermines consistency, equity and confidence in the Single Assessment System.



Key reminder

- Approved ongoing home support classification levels must align with the IAT outcome.
- An SPR pathway must not be used to override an eligibility decision.
- If an individual is not satisfied with the decision of 'Ineligible for CHSP/SaH' they may contact their assessment organisation to discuss their concerns and/or submit a written reconsideration request, within 28 days of receiving the decision notice.

Section 81.10 of the Aged Care Rules 2025 prescribes the eligibility criteria for ongoing home support under CHSP and Support at Home, which are implemented through the IAT classification algorithm and must be met before services can be approved.

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Quality happens when consistency becomes standard practice in the workplace – Attributed to Henry Ford

Targeted Quality Review of Classifications 7 and 8

Building on insights shared at the recent Assessment Organisation Forum, the Assessments Assurance Section undertook desktop reviews focused on SaH Classification 7 and 8 outcomes. Assessments were drawn from multiple Assessment Organisations and service areas, providing broad coverage across settings and contexts. Delivery modes included face-to-face, telephone, and a small number of telehealth assessments.

The 250 comprehensive assessments examined alignment between:

- Functional and Needs Met sections in the IAT
- Patient Health Questionnaire-4 (PHQ-4)
- The desktop review assessed consistency and alignment between structured scoring and explanatory notes provided by the assessor.

Departmental assessors looked at:

- IAT entries
- Narrative fields in the assessment record
- Service type recommendations
- Notice of decision letters
- Support Plans

Key insights included

- The majority of SaH Classification 7 and 8 outcomes were supported by recorded evidence
- Alignment between structured IAT responses and narrative fields was generally strong
- Where misalignment occurred, it most commonly related to Functional and Needs Met domains

The findings highlight the importance of assessors entering clear and accurate information into the IAT as this directly informs the IAT classification and priority algorithm outcomes.

Targeted Quality Review Classification Algorithm Overrides

As part of our continued monitoring of cases involving overrides of the IAT classification algorithm, assurance reviews identified patterns that have been observed across multiple assessments:

- Override reasons were not always clearly documented
- Recorded rationale did not consistently align with department guidance and permitted override pathways
- Incomplete IAT data reduced transparency and decision-making defensibility

In addition, it was noted in some instances reassessments occurred within short timeframes, resulting in variable recorded information and varied IAT outcomes.

For ongoing home support, algorithm-generated outcomes work within strict legislative and system parameters that limit override discretion. Assurance activity therefore prioritises compliance, documentation quality, and correct system use to ensure decisions are transparent, consistent, and aligned with the legislative framework.

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"A high-quality assessment experience adds value to the older person's My Aged Care journey; assists with navigation to effective service delivery; and ultimately builds community trust in the My Aged Care system." - Aged Care Quality Framework

Where We are Seeing Strong Practice

Across assurance activities, stronger outcomes were consistently observed where assessors:

- Accurately and fully completed IAT fields
- Used Validated Assessment Tools to support the assessment
- Used narrative sections to clearly explain functional need, unmet needs and risks
- Ensured consistency between evidence, narrative, and structured IAT selections
- Recorded older people's goals and circumstances in clear, plain language
- Avoided making assumptions not supported by recorded evidence

Assurance-Informed Quality Tips

When completing assessments, consider asking:

- Do the structured fields, narrative and recommendations tell the same story?
- Is decision-making rationale clearly documented?
- Does the Support Plan reflect the older person's perspective, goals, and priorities?
- The need for reassessments should be clearly reflected noting the older persons change in circumstances

Documentation practices can make a significant difference to assessment quality and consistency.

Given the system-led nature of outcomes

- The accuracy of the IAT classification algorithm outcome relies on information that has been entered into the IAT during the assessment
- Incomplete or unclear data inputs increases the risk of misalignment of outcomes
- Narrative fields play a critical role in supporting structured, supported IAT selections

Quality assurance in this instance is about improving information quality, consistency, and clarity.

What's Next?

As part of its current program of work, the Assessments Assurance Section is undertaking targeted reviews of Support at Home (SaH) Classification 1 and 2 outcomes, alongside reviews of End-of-Life Pathway approvals.

In addition to these priority assessments, the Assessments Assurance Section will continue to undertake desktop assurance activities, including:

- Ongoing sample desktop assessment reviews across all assessment organisations carried out by both non- clinical and clinical assessors, including an upcoming assurance activity, with a focus on Support Plan Reviews.
- Targeted quality reviews responding to emerging trends as highlighted in data
- Using assurance insights to inform guidance, communication, and system improvement activity

Where system-wide issues are identified, updates and guidance will continue to be shared with you to support consistent, lawful and high-quality assessment practice.

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"Quality is everyone's responsibility" – W. Edwards Deming

DEMMI-modified Train the Trainer Workshops

The Assessments Assurance Section will continue to deliver DEMMI-modified Train the Trainer workshops to eligible assessors throughout 2026 to support consistent application of the tool across the sector.



Upcoming sessions:

- June 2026 (TBC)
- September 2026 (TBC)
- December 2026 (TBC)

To support full engagement, the maximum number of participants for these sessions is limited to 15. Organisations are asked to nominate no more than 2 trainers per session when submitting an Expression of Interest.

Eligibility:
Participants must:

- Hold a relevant health, allied health, or specialist clinical qualification
- Be a Clinical Needs Assessor
- Be formally appointed by your assessment organisation to deliver DEMMI-modified training

Further details, including confirmed dates, will be communicated closer to each session.

Staying Connected

Thank you for reading!

Your engagement helps strengthen assessment quality across the single assessment system.

We look forward to sharing more insights and updates in future newsletters and forums.

If you have a great idea or want to share your own best practice? Let us know—we love hearing from you.

Questions or feedback feel free to contact us at: s47E(d) @health.gov.au

The Assessments Assurance Team

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Australian Government
Department of Health and Aged Care

Assessment Organisation Forum

12 March 2026

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Assessment quality assurance update

- Desktop reviews comprising of SaH Classification 7 and 8. Assessments were drawn from multiple Assessment Organisations and service areas, providing broad coverage across settings and contexts. Delivery modes included face-to-face, telephone, and a small number of telehealth assessments.
- The desktop review examined Functional and Needs Met sections in the IAT, PHQ-4, and captured assessor comments. The desktop review assessed consistency and alignment between structured scoring and explanatory notes provided by the assessor.
- Departmental reviewers noted misalignment in documentation, particularly where tick-box selections were not clearly supported by the accompanying narrative.

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Assessment quality assurance update

- A recent targeted desktop review examined cases where an older person received an IAT outcome as ineligible for CHSP/SaH, yet CHSP services were added subsequently by generating a Support Plan Review (SPR). Importantly, any addition of CHSP services following an ineligible outcome is not permitted.
- While SPRs are a valid mechanism to review changing needs for individuals already receiving funded services, the Manual does not permit SPRs to be used to override or circumvent eligibility outcomes determined through the IAT.
- This review reinforces the importance of adherence to the Assessment Manual, a need for clear understanding of eligibility settings, and accurate documentation to ensure assessment decisions are compliant, defensible, and transparent.

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IAT Algorithm Overrides Review

Purpose

This report provides a summary of algorithm override activity across assessment organisations, based on three recent review datasets. A total of 337 unique reviews were conducted on finalised assessments undertaken between 3 and 26 November 2025. Each review is uniquely identified by an Aged Care ID (ACID), ensuring that the analysis reflects individual assessment events. The report covers override rates, misalignment between structured and narrative data, and review volumes, with the aim of supporting ongoing quality improvement and transparency.

Key Findings

s47E(d), s47G(1)(a)



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2. Drivers for Overrides

s47E(d), s47G(1)(a)

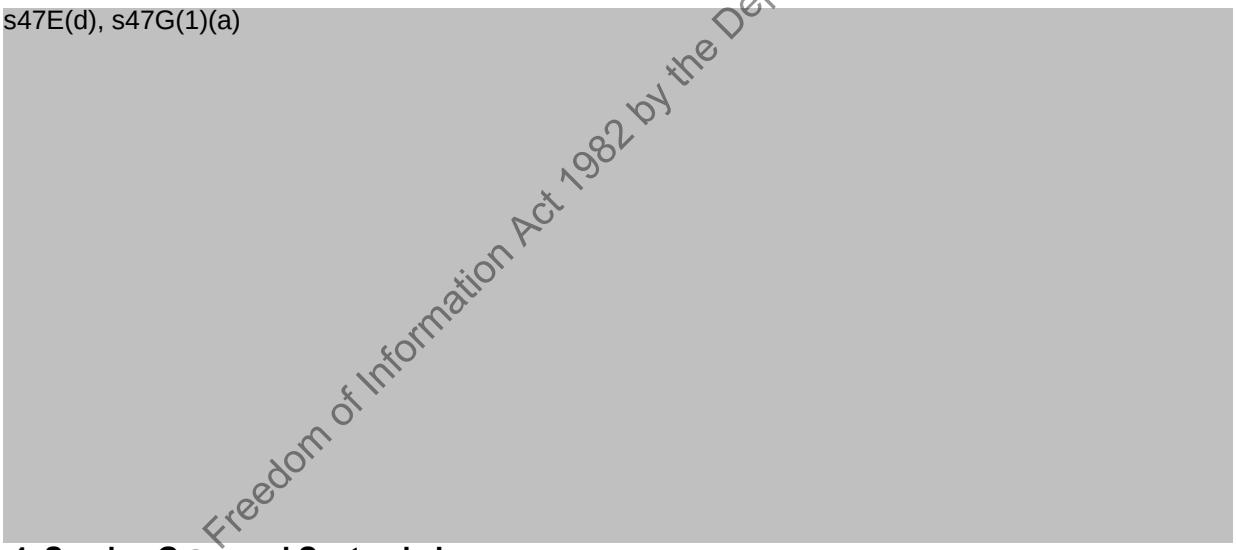


s47E(d), s47G(1)(a)



3. Assessment Quality and Consistency

s47E(d), s47G(1)(a)



4. Service Gaps and Systemic Issues

s47E(d), s47G(1)(a)



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s47E(d), s47G(1)(a)

Opportunities

s47C, s47E(d), s47G(1)(a)

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Common Themes

Several cross-cutting themes emerged from the review:

- **Human Judgement Remains Critical:** Despite the use of structured algorithms, assessors' professional judgement was essential in ensuring that client needs were met—particularly in complex or rapidly changing situations.

- **Documentation & Data Integrity:** The reliability of override decisions was closely linked to the quality and completeness of assessment documentation. Review data frequently showed missing or incomplete records, with inconsistencies between IAT selection tick boxes and free-text narrative entries. These misalignments may significantly affect the accuracy of IAT algorithm outcomes, as incomplete or conflicting information can lead to recommendations that do not fully reflect the client's needs or circumstances.

- **Carer Stress & Sustainability:** Carer burnout and the sustainability of informal support arrangements were recurring themes, often driving overrides to higher support levels.

s47C

- **Alignment with Policy & Practice:** There were instances where practice diverged from policy guidance, particularly in the justification and documentation of overrides.
- **Repeated Assessments in Shot Time-Frames**: A number of older people underwent multiple assessments within short periods, sometimes with inconsistent outcomes or documentation.

Conclusion

While variation between organisations is to be expected, the findings suggest that ongoing efforts to support documentation consistency, assessor training, and regular review of override decisions may be beneficial. Monitoring override and misalignment rates, particularly in organisations with higher rates or greater variability, could help to identify areas for further support or standardisation. Ultimately, the data underscores the importance of human judgement and the need for robust, consistent documentation to ensure quality and equity in aged care assessments.

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Attachment A - Override Breakdown by Assessment Organisation

This breakdown highlights that override rates, misalignment, and VAT usage vary considerably between organisations. These differences may be influenced by case complexity, local service availability, documentation practices, and assessor judgement.

Organisation	% of Overridden Assessments Reviewed	Override Rate (%)	% CHSP→SaH (of overrides)	% SaH Level Increase (of overrides)	IAT Misalignment Rate (%)	VAT Usage Rate (%)	Total	Overrides	IAT Misalignment (count)	Observations
s47G(1)(a), s47E(d)	23.1	89.3	0	0	14.8	82.1	28	25	4	High override rate, strong VAT usage, low misalignment; may reflect robust documentation.
	15.7	94.7	38.9	50	29.4	68.4	19	18	5	Very high override rate, many CHSP→SaH and SaH increases; higher misalignment may reflect complexity.
	14.0	100	0	0	18.8	52.9	17	17	3	All cases overridden, moderate misalignment, lower VAT usage; may reflect local practice.
	10.7	92.3	8.3	25	30.8	46.2	13	12	4	High override and misalignment rates; lower VAT usage may reflect documentation/resource issues.
	7.4	100	44.4	11.1	33.3	77.8	9	9	3	All cases overridden, high CHSP→SaH, high misalignment; may reflect complex needs.
	5.8	100	0	14.3	14.3	71.4	7	7	1	All overridden, moderate VAT usage, low misalignment; may reflect consistent documentation.

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s47G(1)(a), s47E(d)	5.0	100	0	50	0	66.7	6	6	0	All overridden, half SaH increases, no misalignment; may indicate strong alignment in records.
	4.1	80	0	0	0	40	5	4	0	Lower override and VAT usage, no misalignment; may reflect less complex or straightforward cases.
	3.3	75	0	0	0	75	4	3	0	Most overridden, high VAT usage, no misalignment; may indicate effective documentation.
	3.3	100	25	25	50	75	4	4	2	All overridden, notable CHSP→SaH and SaH increases, high misalignment; may reflect documentation challenges.
	2.5	33.3	0	0	0	0	3	1	0	Few overridden, no misalignment or VAT usage; may reflect straightforward assessments.
	1.7	100	50	0	50	0	2	2	1	All overridden, half CHSP→SaH, high misalignment; may indicate documentation challenges.
	0.8	100	0	0	100	100	1	1	1	Single case, overridden, full misalignment and VAT usage; may reflect unique/complex scenario.
	0.8	100	0	0	0	100	1	1	0	Single case, overridden, full VAT usage, no misalignment; may

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s47G(1)(a), s47E(d)										indicate strong documentation.
	0.8	0	0	0	0	0	1	0	0	Single case, not overridden, no misalignment or VAT usage; may reflect straightforward case.
	0.8	100	0	0	100	0	1	1	1	Single case, overridden, full misalignment, no VAT usage; may reflect a complex or exceptional case.

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Assessment Assurance Newsletter

Sector Update – December 2025 | Issue 1

Quality Snapshot

The Assessments Assurance Section has completed approximately 1,320 desktop reviews using an extension of the IAT self-audit tool, across all 22 aged care needs assessment organisations. While these reviews were a snapshot, not a scorecard, they reveal recurring sector-wide issues and patterns.

With the Aged Care Act 2024 now in full effect, the Department is focused on practical timely updates. This newsletter shares key assessment assurance desktop review findings.

Think of this as your "coffee break read" – short, sharp, and sector-focused!



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Assessment Quality: Performance Snapshot

Growth Opportunities:

Documentation Gaps:
Nearly half of all assessments (47%) did not include an end/review date or rationale for ongoing CHSP services—a widespread issue, especially for CHSP referrals *(for guidance refer to Table 23 in the My Aged Care Assessment Manual).*
Missing or incomplete support plans and delegate letters remain a challenge *(for guidance refer to section 5.7.5, Recording assessment information, My Aged Care Assessment Manual).*

Validated Assessment Tools (VATs):
Only 36% of assessments confirmed VATs were appropriate and results included. Many assessments did not consistently apply, or document validated tools, especially in remote settings *(for guidance refer to section 2.11.1 Validated Assessment Tools, My Aged Care Assessment Manual).*

Person-Centred Planning:
33% of support plans did not record concerns or goals from the older person's perspective, showing a significant opportunity to strengthen person-centred care *(for guidance refer to section 5.7.6, Adding concerns and goals, My Aged Care Assessment Manual).*

Assessment Alignment as Decided by Triage:
In 8.11% of assessments, there was a misalignment between triage recommendations and assessment type *(for guidance refer to section 5.3 Conducting triage, My Aged Care Assessment Manual).*

Where We're Strong:

Respectful and Objective Communication:
89% of assessments used tactful, objective language (For further guidance refer to section 5.7.2, Table 21 – Aged care needs assessment best practice tools and techniques, My Aged Care Assessment Manual).

Thorough Descriptions:
85% provided comprehensive descriptions of the older person's situation, issues, and strengths *(for guidance refer to section 5.7.6, Adding concerns and goals, My Aged Care Assessment Manual).*

Procedural Compliance:
Wallet checks were completed in 87% of cases. Wallet checks are essential to reconfirm age eligibility under the Aged Care Act. For operational guidance (*For guidance refer to Assessment Manual section 5.6.2.*).

Timely Assessments in Many Cases:
Several organisations progressed efficiently from triage to assessment within recommended timeframes *(for guidance refer to Attachment B to the Contract for the provision of Services to Support the Single Assessment System, Table 1 – Aged Care Needs Assessment Key Performance Indicators).*

Appropriate Recommendations for Act-Based Services:
Most support plans provided well-evidenced and aligned recommendations for care needs (*My Aged Care Assessment Manual).*

'A high-quality assessment is personal, effective, connected, and safe – ensuring respect, choice, and cultural safety throughout the process' – Aged Care Assessment Quality Framework.

Let's embed the above principles in every interaction.
Ask yourself: * Are we delivering assessments that feel this way?*
Together, we can raise the bar for quality across the sector.

What's Next?

While the sector demonstrates strong foundations in communication and compliance, targeted training and process improvements in documentation and person-centred assessments could deliver significant quality gains. Let's focus on closing these gaps to ensure every assessment is both thorough and truly person-centred.

We are undertaking targeted assurance activities, reviewing cases and processes, and will provide further updates and guidance to support continuous improvement across the sector.

What's New?

We're reviewing the IAT Self–Audit Tool following desktop review insights and feedback from you.

Why? To make sure it's in line with the new *Aged Care Act,* the updated My Aged Care Assessment Manual, and the Assessment Quality Framework.

Action:
Please continue using the current tool until further notice!

Highlighting Best Practice in Assessments

As part of our ongoing desktop reviews, the Assessment Assurance Section has identified strong performance by assessment organisations in addressing Question 11 of the IAT:

"Have the older person's strengths and motivations been considered in setting goals?"
A key strength observed is the thoughtful inclusion of each older person's strengths and motivations when developing meaningful, personalised goals. This approach demonstrates a deep understanding of individual circumstances and supports more responsive, empowering care planning—ensuring older people remain genuinely at the centre of their care.

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IAT algorithm overrides must comply with the Aged Care Rules 2025 and follow the guidance in the Assessment Manual (Section 5.7.7, pp. 139–141).

Classification Algorithm Overrides – Key Insights

The Assessment Assurance team has commenced a review of cases where the IAT classification algorithm was overridden for ongoing home support services. We are currently reviewing these cases and will update the sector on assurance activities and next steps. Early findings highlight several important trends:

- **Frequent Overrides for Higher-Level Service Needs:** Most overrides were due to "higher level service needs," often linked to cognitive decline, complex medical conditions, neurodegenerative disorders, unsafe environments, or high carer stress. However, overriding for higher service needs is not permitted under section 81-10 of the Aged Care Rules 2025.
- **Data and Documentation Gaps:** There were instances where override reasons were missing or did not align with permitted categories. Some assessments lacked proper documentation or had inconsistencies between IAT data and assessor notes.
- **Repeated Assessments:** Some older people underwent multiple assessments within a short period (often a day or two) with inconsistencies in the information recorded in the IAT and resulting in different outcomes.
- **Other Quality Concerns:** Issues included missing records, absent support plans, and incomplete Notice of Decision letters.

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Delivering Quality Assessments – Every Step Counts

- **Make It Personal:** Use the Aged Care Assessment Quality Framework—focus on assessments that are personal, effective, connected, and safe.
- **Talk, Don't Tick:** Have real conversations, not just checklists. Listen actively and respect cultural preferences.
- **Document Everything:** Capture all relevant information and rationales in your assessment records—don't leave gaps! Upload all documentation to the portal. Ensure Delegate decision letters are fully completed, and write support plans in clear, simple language so they are easy to understand. Fully complete the IAT to support accurate algorithm outcomes and maintain compliance.
- **Use Validated Tools:** Apply and document validated assessment tools.
- **Centre on the Person:** Write goals and concerns from the older person's perspective for truly person-centred care.
- **Highlight Strengths:** Consider each person's strengths and motivations when setting goals.
- **Stay Compliant:** Follow procedures and align recommendations with care needs.
- **Support Communication:** Use interpreters or support persons when needed and simplify language for older people with cognitive impairments.

**For further guidance refer to section 5.7.2, Table 21 – Aged care needs assessment best practice tools and techniques, My Aged Care Assessment Manual.*

Assessment Assurance Newsletter

Sector Update – December 2025 | Issue 1

"Quality is never an accident; it is always the result of intelligent effort." – John Ruskin

Thanks for reading!

Your engagement helps us make each issue better.

Stay tuned for more insights, updates, and maybe a few more surprises in future newsletters/forums.

Have a great idea or want to share your own best practice? Let us know—we love hearing from you!

Questions or feedback contact us at: s47E(d) @health.gov.au

- The Assessment Assurance Team.

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Support at Home (SaH) Classifications 1 and 2 - Targeted Quality Review

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The HSA pathway is intended to support access to the Commonwealth Home Support Programme (CHSP) for clients with lower level home support needs. However, for some HSA assessments, Integrated Assessment Tool (IAT) algorithm outcomes resulted in SaH Classification 1 or 2.

Purpose and scope of the review

A review of a sample of 100 HSAs with an accepted SaH Classification 1 or 2 was undertaken. The review was designed to:

- examine whether information recorded at triage aligned with the assessment pathway undertaken, including whether triage documentation supported a HSA pathway or suggested comprehensive assessment needs;
- assess whether assessment documentation and information aligned with a SaH classification outcome, rather than CHSP-level support, including identifying any instances where structured fields and narrative evidence did not align;
- consider relevant assessment processes, including clinical oversight, triage that may have occurred via desktop, same-day triage, assessment mode, and time between triage and assessment; and
- clarify whether CHSP assessments that resulted in SaH Classification 1 or 2 were influenced by triage practices, documentation and interpretation issues, or potential algorithm limitations, noting the inherent constraints of desktop review based on recorded evidence.

Review data set

The dataset for this review comprised a sample of 100 assessments across 18 assessment organisations, the sample was taken proportionally against assessment volume from all organisations where the assessment was triaged to the HSA pathway but resulted in an accepted outcome of SaH Classification 1 or 2, as determined by the IAT classification algorithm. The reviews were finalised between 11 February 2026 – 28 February 2026. Of 100 assessments, 55% were SaH Classification 1 and 45% were SaH Classification 2.

The average time between triage and assessment was 39 days, based on a range of 0 (occurring on the same day) to 104 days. Clinical oversight was recorded as sought in 65% of records, this was recorded alongside the relevant trigger questions in the IAT. Triage supervision was recorded in 9% of records. Same day triage was recorded in 3% of records.

Assessment modes included 74% face-to-face, 25% over the phone, with 1% telehealth. The average number of assessments per record was 1.56, indicating that some older people underwent more than one assessment.

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Number of Assessments	Number of Older Persons
1	60
2	28
3	9
4	2
5	1

Overall findings

Based on available evidence, the review found the SaH classifications determined following the HSA assessments were appropriate, noting in many instances there was insufficient evidence recorded on client records to support the HSA pathway that was chosen at triage.

Consistent with this, in 42% of reviewed records, the information recorded at triage was assessed as not clearly justifying the assessment pathway chosen and undertaken. It was also noted that there was limited or absent triage free text in a smaller number (6%) of cases.

The key improvement opportunity is therefore to strengthen triage information entered to support decisions made by clearly documenting the triage rationale and how the available evidence supports the assessment type.

Alignment Findings

Did triage information justify the pathway and assessment type?

- **58%** of records indicated that triage information justified the assessment type conducted noting a reliance on structured selections without narrative explanation.
- **42%** of records indicated that triage information did not justify the assessment type conducted or limited or absent triage free text information entered.

Triage justification gaps were consistent across SaH both classification 1 and 2 outcome groups:

- **SaH 1**: 41.8% triage not justified (23 of 55)
- **SaH 2**: 42.2% triage not justified (19 of 45)

The distribution of triage justification across both classification levels suggests that documentation challenges are not concentrated in one outcome group and are more reflective of broader triage documentation practices.

The review also found instances of:

- limited or absent triage free text;
- reliance on structured selections without sufficient narrative explanation; and
- triage information appearing more consistent with a comprehensive assessment pathway.

Timing between triage and assessment

Delays between triage and assessment may be contributing to defensibility issues. Across the reviewed records, the average time from triage to assessment completion was 39 days, with a maximum of 104 days. Longer delays may reduce the clarity of the original triage delegate rationale, increase the likelihood of changed circumstances between triage and assessment, and make narrative linkage between triage, conversion triggers and outcome harder to confirm via desktop review.

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Triage information indicating comprehensive assessment

Assurance officer comments included recurring references that triage information may have been more consistent with a comprehensive assessment pathway. Where triage documentation does not clearly articulate the distinction between CHSP level needs and SaH level complexity, later conversion and SaH outcomes can be more difficult to explain and describe with decision confidence.

Assessment documentation: structured fields and narrative

Assurance officer comments frequently referenced situations where:

- structured tick box selections made by assessors were not supported by narrative text;
- clinician oversight during the assessment was not consistently recorded within the IAT, on occasion clinical oversight appeared to have been provided but the system drop down field/s was not triggered despite opening of a clinical question. This may be due to an assessor using an offline form or a possible system fault at the time.

Reassessments and documentation completeness

- Reassessments were recommended in 2% of reviewed records (n=2).
- Missing documentation (e.g. Notice of Decision Letter and/or Support Plan) was identified in 4% of records (n=4), limiting confidence in confirming the recorded rationale in those assessments.

Implications

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[redacted]

System-level data Summary

Data records between 11 February 2026 – 28 February 2026

- 1,714 assessments had an accepted algorithm recommendation of SaH Classification 1 or 2, where an HSA was recommended at triage.
- In comparison, 3,004 assessments that were triaged and undertaken as comprehensive assessments generated an IAT algorithm classification outcome of CHSP or ineligible for aged care.

Data records between 21 November 2025 – 11 March 2026

- 6,128 assessments received an accepted algorithm outcome of SaH 1 or 2 where HSA (non- clinical) assessment type was recommended at triage, noting that assessment organisations are paid for assessment type chosen at triage.
- In comparison, 12,893 comprehensive assessments generated an algorithm classification of CHSP or ineligible for aged care, noting that assessment organisations are paid for assessment type chosen at triage.

This provides context that, during this period of data reviewed the assessments triaged and workforce resourced as comprehensive requiring a clinical assessor were more frequently associated with IAT outcomes of CHSP rather than the expected ongoing SAH classification

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outcome. In comparison assessments triaged as needing an HSA (non clinical assessor), which resulted in a SaH classification 1 or 2 were less than half in number. The difference in volume in this data is notable and important alongside the concerns raised by assessment organisations and the potential declining need for non-clinical assessors in their workforce. This data may suggest assessment organisation are not adequately conducting triage or driving more assessment toward the comprehensive assessment pathway than is required.

Recommendations

s47C

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Appendices

Appendix A – Assessment pathway algorithm outcome data summary

Timeframe	Assessment pathway at triage	Algorithm outcome SaH 1 or 2	Algorithm outcome CHSP/Ineligible
1 Feb – 28 Feb	Home Support Assessment / non-clinical	1,714	—
1 Feb – 28 Feb	Comprehensive assessment	—	3,004
1 Nov – 11 Mar	Home Support Assessment / non-clinical	6,128	—
1 Nov – 11 Mar	Comprehensive assessment	—	12,893

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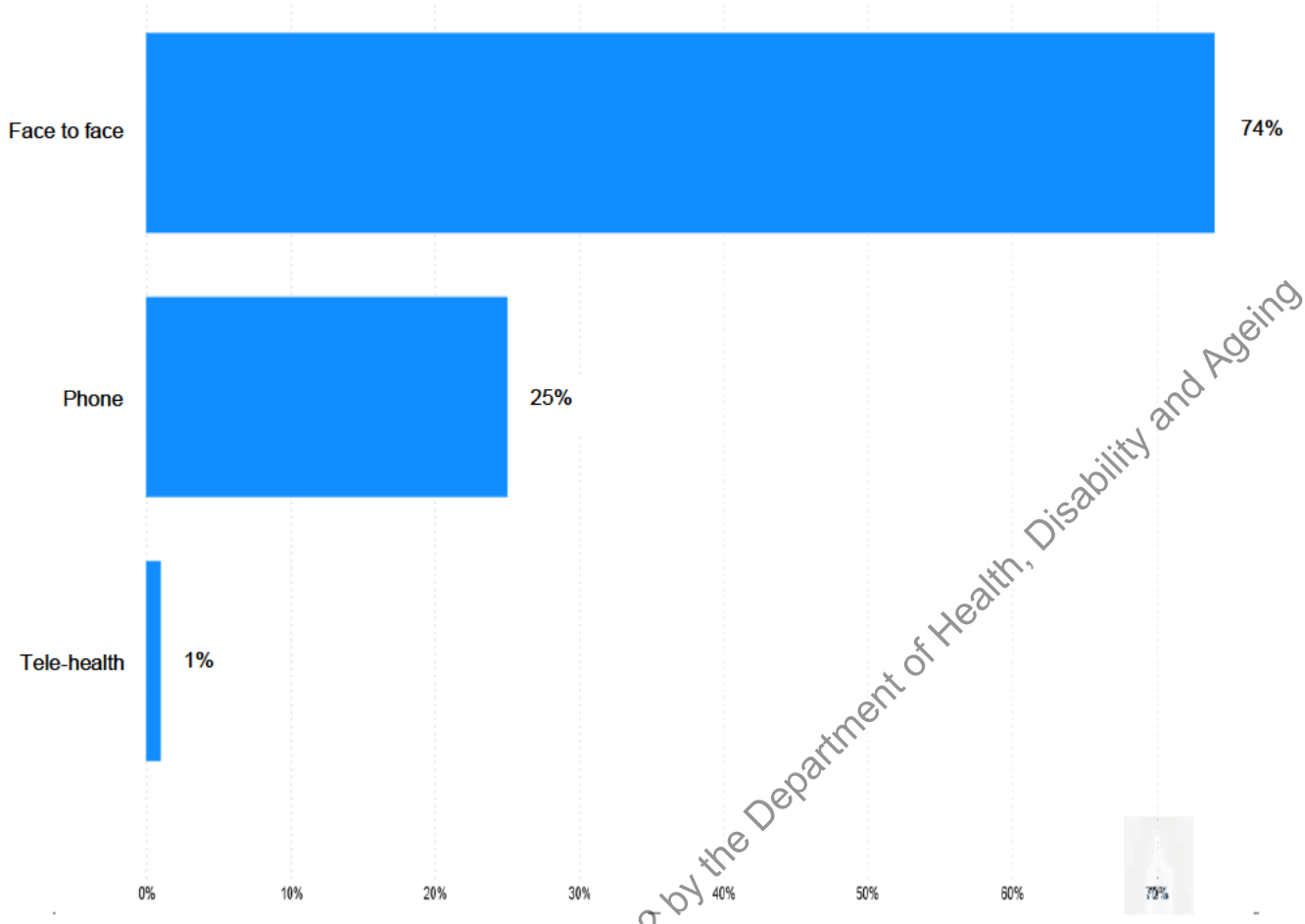
Appendix B – Summary of Assessment mode



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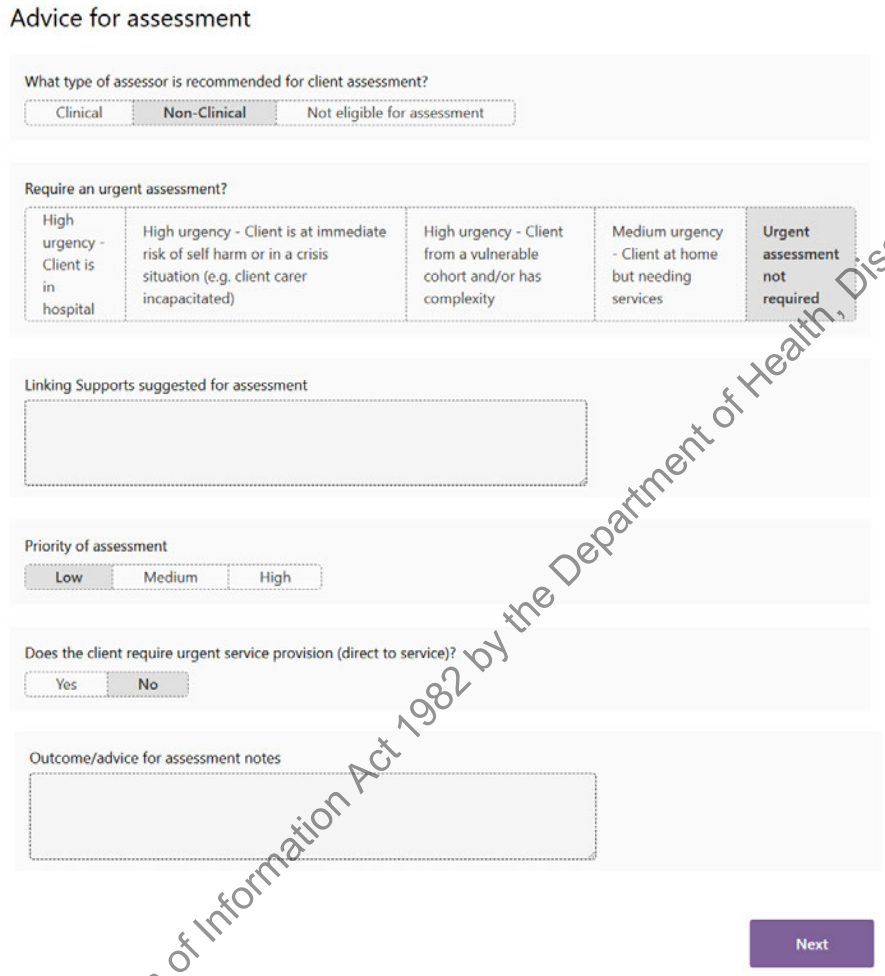
Appendix B – Example of insufficient triage information to support a decision

This example of the triage field highlights insufficient level of information recorded at triage to support the assessment pathway.



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Appendix C - Jurisdictional Distribution of Reviewed SaH Classification 1 and 2 Assessments

Outlet Name	Review Count	Algorithm Outcome	
s47G(1)(a)		SaH 1	SaH 2
	3	2	1
	1	1	0
	1	1	0
	1	1	0
	2	1	1
	2	2	0
Subtotal	**10**	8	2
s47G(1)(a)			
	1	1	0
	4	1	3
	1	0	1
	1	1	0
	1	1	0
	1	0	1
Subtotal	**9**	4	5
s47G(1)(a)			
	2	1	1
	1	1	0
	1	1	0
	1	1	0
	1	0	1
	1	0	1
	1	1	0
	1	0	1
	1	0	1
Subtotal	**10**	5	5
s47G(1)(a)			
	1	0	1
	1	0	1
s47G(1)(a)			
	1	0	1
Subtotal	**1**	0	1
s47G(1)(a)			
	1	0	1
	1	0	1
	1	1	0
	1	0	1
	1	1	0
	1	1	0
Subtotal	**6**	3	3
s47G(1)(a)			
	1	1	0
	1	1	0
	1	0	1
	1	1	0
	1	0	1
Subtotal	**5**	3	2

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s47G(1)(a)			
	1	1	0
	2	1	0
	1	1	0
Subtotal	**3**	3	0
s47G(1)(a)			
	1	0	1
	3	2	1
	2	0	2
	1	0	1
	1	0	1
	1	0	1
Subtotal	**9**	2	7
s47G(1)(a)			
	1	0	1
	1	1	0
	2	1	1
s47G(1)(a)			
	2	1	1
	1	0	1
Subtotal	**3**	1	2
s47G(1)(a)			
	4	4	0
	1	0	1
	2	0	2
	2	2	0
Subtotal	**9**	6	3
s47G(1)(a)			
	1	1	0
	1	0	1
Subtotal	**2**	1	1
s47G(1)(a)			
	1	0	1
Subtotal	**1**	0	1
s47G(1)(a)			
	1	0	0
	1	1	0
	6	6	0
	1	1	0
	1	0	1
	1	1	0
Subtotal	**11**	9	2
s47G(1)(a)			
	3	3	0
	2	2	0
	1	1	0
Subtotal	**6**	6	0
s47G(1)(a)			
	2	0	2
	2	1	1
Subtotal	**4**	1	3

s47G(1)(a)			
	3	1	2

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s47G(1)(a)	1	1	0
	1	0	1
	1	0	1
	1	0	1
	1	0	1
Subtotal	**8**	3	6
Total	**100**	**55**	**45**

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End-of-Life Pathway alongside Commonwealth Home Support Program Integrated Assessment Tool outcomes – assessment assurance desktop review

Overview

This report outlines findings from a targeted desktop quality assurance (QA) review of 12 comprehensive assessments initiated to provide access to an End-of-Life (EoL) pathway. In each instance, these assessments resulted in the Integrated Assessment Tool (IAT) classification algorithm generating a Commonwealth Home Support Program (CHSP) outcome.

The review examined the appropriateness of CHSP outcomes in the context of EoL eligibility, the sufficiency of EoL Pathway Form documentation, and the impact of structured IAT data and documentation visibility on algorithm generated classifications. All assessments were accepted as EoL with a Support at Home (SaH) classification at finalisation, including where an override was applied.

Key cohort metrics and documentation indicators are summarised in the Key findings section and Appendix B, with case level indicators provided in Appendix C.

These findings provide early, indicative insights to inform assessment guidance, documentation processes and system workflow settings, and to support the design of a broader QA review of an additional quality review of 250 EoL pathway finalised assessments.

Background and rationale

Internal monitoring and escalations to the department from assessment organisations identified a cohort of EoL assessments where the IAT classification algorithm generated CHSP outcomes. This raised questions about whether the outcomes reflected how assessments were completed and documented, how the IAT classification algorithm applied the recorded information, or whether CHSP was appropriate based on the older person's needs at the time of assessment.

To explore these questions, a targeted quality desktop review was undertaken.

EoL trajectories vary significantly between individuals and diagnoses, and in some cases functional decline may not become evident until the later stages of illness, including the final weeks or days of life. However, where an older person is assessed as meeting EoL pathway criteria, it would generally be expected that assessed needs may exceed those typically associated with a CHSP outcome. Accordingly, CHSP outcomes within this cohort warranted further examination.

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Review scope and methodology

This section explains, in plain terms, what was reviewed and how the review was conducted.

Scope

This review examined 12 EoL assessments that met all of the following criteria:

- EoL pathway flag recorded.
- IAT classification algorithm-generated outcome of CHSP; and
- accepted as EoL with a SaH classification at assessment finalisation.

Method

A two-stage approach was used:

1. **Desktop review:** Examination of completed IAT records, including structured responses input by the assessors, narrative fields, and supporting documentation visible in Siebel at the time of review.
2. **TRN[1] (Training) parallel assessment, where feasible:** Assurance officers aligned structured IAT responses to narrative evidence and provided documentation, in accordance with the IAT User Guide, to review whether an alternative SaH classification outcome could be reasonably supported.

Assessments occurred across multiple assessment organisations (AOs), jurisdictions, assessment modes (face-to-face and over the phone), and settings including both the home and hospital.

Evidence captured

For each assessment, department assurance officers recorded the information needed to compare the IAT's classification algorithm outcome with the assessment delegate accepted outcome to understand why differences may have occurred, including:

- the IAT classification algorithm and accepted outcome (SaH alongside EoL pathway);
- availability, completeness and verification status of EoL pathway documentation in Siebel;
- whether a Support Plan Review (SPR) was used to progress or confirm a SaH EoL pathway classification outcome;
- alignment between narrative evidence and structured selections (including Functional domains, Needs Met and Carer Profile); and
- Where the IAT parallel assessment (TRN) was undertaken, the specific structured changes applied and the comparative IAT classification outcome.

Limitations

This was a targeted review and is not intended to estimate prevalence or rates across all EoL pathway classifications approved. Findings should be interpreted as early, indicative insights rather than representative estimates (see Appendix B for cohort-level summaries

[1] **TRN:** A simulated training version of the My Aged Care Assessor Portal and IAT using test data. TRN activity supports training and assurance and does not affect live assessment records or accepted outcomes.

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and Appendix C for individual indicators).

Desktop review findings are limited to information recorded in the IAT and documentation visible in Siebel at the time of review. Where an older person was recorded as deceased, their assessment IAT record was no longer accessible, limiting retrospective validation of structured responses, outcomes and supporting documentation.

An IAT parallel assessment was feasible for 92% of assessments and was undertaken only where the original record contained sufficient narrative and documentation to support evidence based adjustments. In practice, “feasible” meant the original record contained enough narrative detail input from the assessor and accessible supporting documentation to justify structured changes in a defensible way during the TRN parallel assessment.

Policy context and implications for assurance

Consistent with the My Aged Care Assessment Manual v8.2, EoL pathway assessments are designed to prioritise timely and sensitive access to care. For EoL cases, all triage questions are optional, and assessors may record only the minimum information required to progress access. See Key findings (documentation gaps) and Appendices B and C. A full reassessment is not required simply to recognise EoL status. For existing SaH participants, an urgent SPR may be carried out without the need for a full reassessment.

High-priority assessments and SPRs can be requested through the My Aged Care Contact Centre. For existing SaH participants, providers may request an SPR to support progression to the EoL pathway.

For older people already receiving Support at Home services, referrals can also be initiated by a Nurse Practitioner or Medical Practitioner using the “Make a referral” online function in My Aged Care. Alternatively, the EoL Pathway Form may be submitted by the older person’s medical practitioner via the GP e-referral option.

The EoL Pathway Form can be submitted at multiple points in the process, prior to triage, during triage, or during assessment. If submitted in advance, the form can be uploaded directly to My Aged Care. A representative may also upload the form online.

Once the EoL pathway is flagged in the system, assessment delegates are responsible for reviewing the submitted EoL Pathway Form and confirming eligibility. This review step supports the accepted classification outcome (for example, acceptance as EoL Pathway alongside a SaH classification) where the IAT algorithm outcome generated in the IAT may initially be CHSP.

It also means that, by design, structured IAT data and attached documentation may be limited at points in the workflow. For QA purposes, this can constrain desktop assurance activity and influence IAT classification algorithm generated outcomes. As the IAT is operating on a reduced structured dataset, assessors are often not providing additional information to support the broader needs of the older person. This reduces visibility for departmental assessors to complete comprehensive assessments in the TRN.

Because the EoL pathway is time limited (up to 12 weeks, with the ability to continue using

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remaining funds for an additional 4 weeks), timely transition to an ongoing SaH classification outcome becomes important where an older person lives beyond this 16 week period, to avoid gaps in important service continuity. In this context, reliance on “minimal necessary assessment” records may increase the likelihood that additional time sensitive comprehensive assessment is required, or a further high-priority SPR is needed to establish ongoing needs and an appropriate SaH classification. The absence of a complete IAT assessment and use of Validated Assessment Tools also limits assessors' ability to address the sometimes complex care needs at EoL and the evidence to support the required service recommendations to support the older person. The potential duplication of an assessment or a SPR creates an additional burden for the assessment workforce and for supporters and the older person as they near the end of life.

Key findings

This review identified consistent patterns across assessment records, TRN parallel assessment activity, and observed documentation and recording practices. The findings below summarise the most relevant evidence to understanding why CHSP outcomes were generated for older people flagged for the EoL pathway and why, in many cases, those outcomes were overridden to higher SaH classifications.

Summary of findings

- **SPRs predominantly used to enable EoL pathway classification, not add services.**
  SPRs were used to enable or confirm a SaH EoL pathway classification outcome in 83% of assessments. By contrast, only 8% recorded a subsequent SPR specifically to add services following EoL pathway approval. This pattern suggests that, within this cohort, SPR activity was more closely associated with achieving a SaH EoL pathway outcome than with post-approval service additions.
- **IAT parallel assessment activity indicates outcomes may be sensitive to completion quality.**
  A TRN parallel assessment was feasible in 92% of assessments subject to this review. Where a parallel assessment was able to be undertaken, 73% of assessments produced a different classification outcome, most commonly shifting from CHSP to SaH. In the remaining cases, the CHSP outcome persisted, reflecting either limited narrative evidence, incomplete records constraining defensible adjustment, or CHSP being an appropriate outcome based on the information available.
- **IAT classification algorithm-generated and accepted classifications frequently diverged.**
  The original IAT classification algorithm generated classification was CHSP in 100% of assessments within this cohort. However, the accepted classification recorded at the time of assessment was typically a higher SaH level, most commonly SaH 4 (58.3%) or SaH 3 (25.0%). Higher accepted SaH classifications were also observed.
- **Documentation gaps limited assurance and alignment confidence.**
  Across the cohort, EoL Pathway Forms were frequently not visible in Siebel attachments, incomplete (for example missing pages or key elements such as AKPS scores or clinician details), or not verifiable at the time of review. For this QA review,

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"met requirements" was assessed as whether the form was visible/attached, complete (including AKPS score and clinician details), and verifiable against the assessment record. On this basis, only 25% of assessments had an EoL Pathway Form that met requirements. In several cases, assessment notes indicated that forms had been sighted, verified and uploaded, despite the form not being visible in attachments at the time of review, suggesting potential system or attachment visibility issues rather than assessor non-compliance.

- **Services recorded alongside the EoL pathway were varied.**
  Service recommendations alongside the EoL approvals varied across assessments to include residential care, assistive technology, home modifications, clinical services, and CHSP services, with multiple service types often recorded within a single assessment (see Appendix C for case-level service information where recorded).

Taken together, these findings suggest that variation in CHSP outcomes for older people flagged for the EoL pathway in this sample is associated with how limited information is captured in structured IAT fields and whether supporting documentation is visible to departmental assessors at the point outcomes are generated and reviewed. The findings do not suggest non-compliance; rather, they highlight how record completeness influences IAT algorithm outcomes and reduce interpretability during desktop assurance. Subsequent sections provide further details on alignment issues, documentation quality, TRN alignment findings, and likely drivers of misalignment.

Review Findings

Across the review cohort, some level of misalignment or missing information between structured IAT responses and supporting narrative evidence was observed in 92% of assessments. Such misalignment does not in itself indicate assessment error or an inappropriate outcome. In some instances, narrative descriptions and structured selections reflected different interpretations of functional ability, for example, where narrative described mobility with supervision or prompting, but structured responses indicated complete inability. Misalignment was most commonly observed in the following areas:

- **Functional domains**: particularly where narrative evidence indicated inability or significant dependence, but structured selections recorded the client as able.
- **Needs Met scoring**: where informal care arrangements or carer input were described in narrative but not reflected in structured responses; and conversely, where narrative described higher or escalating care needs but structured selections indicated lower levels of need, with carer strain or sustainability concerns not captured in structured fields.
- **Hospital or acute assessment context**: assessments captured acute functional decline during hospitalisation without clearly distinguishing baseline functioning from acute needs.

IAT TRN parallel assessment findings

Where feasible, assurance officers undertook an IAT TRN parallel assessment to test whether structured IAT responses were consistent with recorded narrative evidence and supporting documentation, in accordance with the IAT User Guide. This involved, where supported by evidence:

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- updating Functional responses and Needs Met scoring where narrative described unmet or unsustainable needs;
- updating the Carer Profile to reflect carer strain or sustainability concerns described elsewhere in the assessment; and
- adjusting Support Considerations, Patient Health Questionnaire-4 (PHQ 4) responses and urgency indicators where supported by free text evidence.

Across completed TRN parallel assessments, classification outcomes changed where structured responses could be aligned to recorded evidence in the assessment record.

Where the record contained sufficiently detailed and accessible evidence, improving alignment between structured responses and that evidence resulted in outcomes shifting from CHSP to higher SaH classifications. In this sample, the TRN parallel assessment provides moderate confidence that completion and documentation practices can materially influence IAT-generated outcomes.

Interpreting misalignment and impact on outcomes

Where misalignment was identified, it was often limited to a small number of structured items rather than across the whole assessment. In many cases, overall complexity and level of need remained high, carer sustainability concerns were material, and assessment contexts involved rapidly changing health status.

Individually, correcting a small number of misaligned items did not always materially alter the final classification outcome. However, within this EoL cohort, cumulative misalignment across several key items appeared sufficient to influence final IAT classification algorithm generated classification.

Due to the need of assessors to override the CHSP outcome to enable EoL to be added in most cases, the override classification selected exaggerated the older persons' needs in accordance with other assessment detailed information.

Implications

Quality and consistency

Variation in completion and assessor recording practices can produce different IAT outcomes for similar EoL-flagged cases.

System confidence

When narrative evidence, structured scoring and EoL documentation are not aligned, outcomes are harder to explain and confidence in IAT classification algorithmgenerated outcomes and the EoL pathway may reduce over time.

Recommendations

s47C

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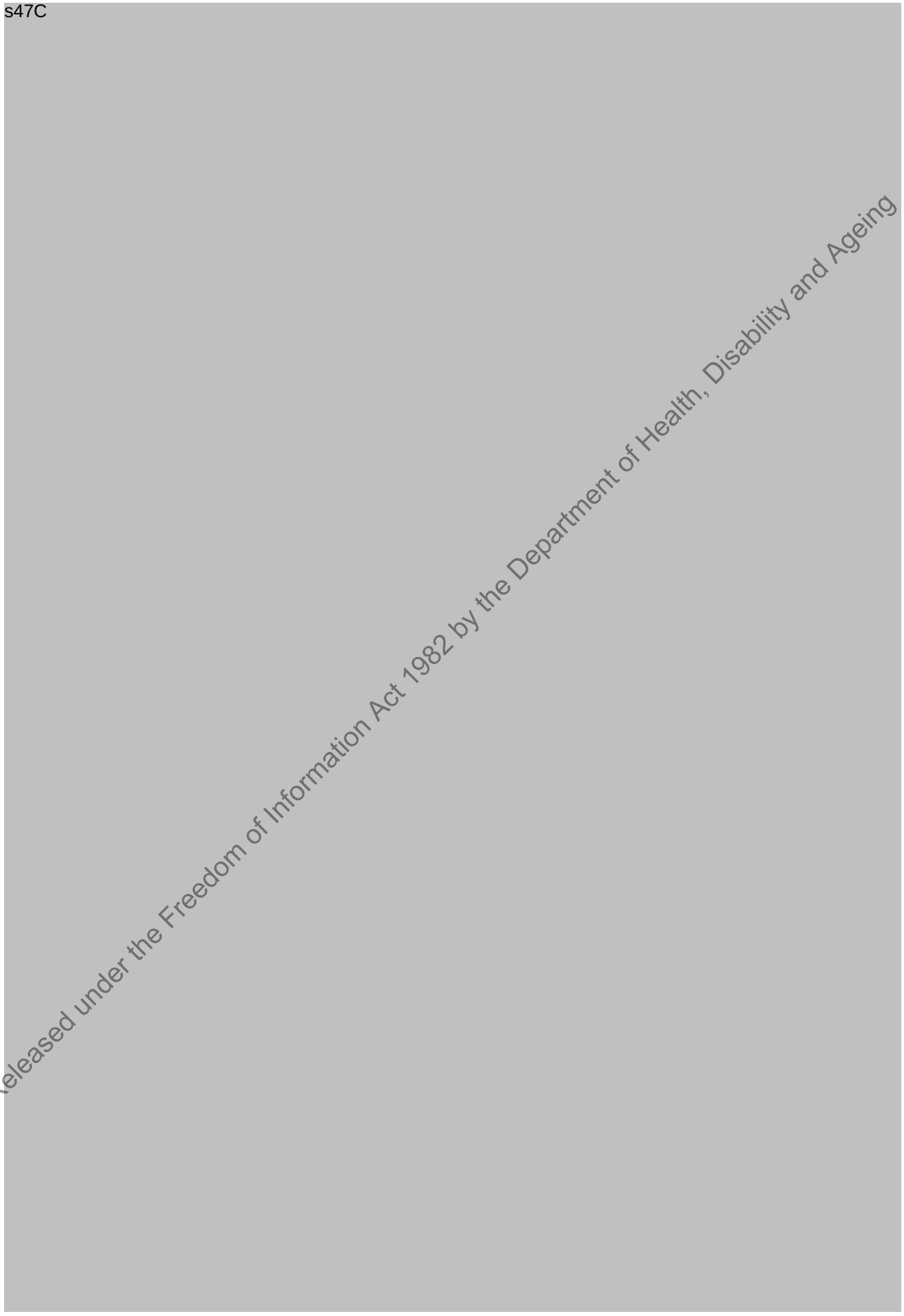
s47C



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Appendices

Appendix A – Acronyms

Acronym	Meaning
AKPS	**Australia-modified Karnofsky Performance Status:** The Australia-modified Karnofsky Performance Status (AKPS) is a functional status scale used in palliative care to describe how an older person is functioning and the level of assistance they require. Scores are recorded in steps from 0 to 100, where higher scores indicate greater functional independence. In the EoL Pathway Form, the AKPS score is one of the fields used to support EoL pathway assessment and verification; where the form references an AKPS threshold (for example, ≥50), this should be interpreted in line with the form guidance and supporting clinical documentation. An AKPS score ≥50 is required to be considered eligible for an EoL pathway.
AO	**Assessment Organisation**
CHSP	**Commonwealth Home Support Program**
EoL	**End-of-life** (End of Life pathway flag **EoL**)
IAT	**Integrated Assessment Tool**
PHQ-4	**Patient Health Questionnaire-4:** The Patient Health Questionnaire-4 (PHQ-4) is a brief 4-item screening tool that captures recent symptoms of anxiety and depression. Each item is typically rated from 0 (not at all) to 3 (nearly every day), producing a total score from 0–12. In this review, PHQ-4 information was used only as an indicator of whether psychosocial factors were recorded and aligned with the narrative; it is not used on its own to determine eligibility or classification outcomes.
SaH	**Support at Home**
SPR	**Support Plan Review**
TRN	**Training environment:** The training (TRN) environment is a simulated or “sandpit” version of the My Aged Care Assessor Portal and Integrated Assessment Tool (IAT). It mirrors the structure and functionality of the production (live) system but uses training data and test user accounts. The TRN environment is used for workforce training, quality assurance activities, and testing scenarios where changes or adjustments can be explored without affecting live assessment records, client outcomes or funding decisions. Any activity undertaken in the TRN environment does not amend the original assessment record or alter the accepted classification recorded in the production system.

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Appendix B – EoL Review Summary Metrics

Measure	Result (review sample)
Assessments reviewed	12 comprehensive assessments EoL referrals
EoL Pathway Form available, complete and met requirements	28/34 (82%)
Form referenced as submitted/verified but not visible or missing key elements	49/250 (20%)
SPR used to enable/ EoL access	10/12 (83%)
TRN parallel assessments where classification outcome changed.	8/11 (73%), typically shifting from CHSP to SaH classifications

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Appendix C – Accepted Classification vs TRN Replication Outcomes and Documentation Indicators

Assessment Organisation	Accepted Classification	TRN Replication Outcome (Assurance Review)	IAT Alignment Actions (Assurance Review)	End-of-Life Pathway Form attached	End-of-Life Pathway Form completed by	End-of-Life pathway evidence referenced	AKPS Score ≥50
s47G(1)(a)	CHSP → SaH 4 (End-of-Life Pathway)	SaH 2	• **Function:** Updated from *partially met* to *completely unable* where supported by narrative; no change to Needs Met. • **Medication:** Updated to 8–14 medications based on documented medication list. • **Support Considerations:** Updated to Yes – need for urgent services. • **PHQ-4:** Responses updated to *several days* across three domains, consistent with narrative. • **Carer Profile:** Updated to reflect assumed carer strain, recorded as a consideration.	No	Unavailable	Yes – Support plan	40
	CHSP → SaH 4 (End-of-Life Pathway)	SaH 3	• **Function / Needs Met:** Updated to align with narrative and unsustainable carer arrangements as per IAT User Guide	Yes	GP	Yes	40
	CHSP → SaH 4 (End-of-Life Pathway)	NA	• IAT unavailable – Older person deceased	Yes	Medical Practitioner	Yes	40
	CHSP → SaH 4 (End-of-Life Pathway)	SaH 1	• **Function:** Mobility updated to align with IAT User Guide	Nil	Unavailable	Yes - Triage	40
	CHSP → SaH 4 (End-of-Life Pathway)	SaH 1	• **Carer Profile:** Carer added; care sustainability factor recorded (narrative-aligned) • **Medical / Medications:** Angina added (referenced elsewhere in IAT)	Partially	Missing pages	Yes – photo of form with missing pages	Unknown

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			• **Mental Health:** Reported in Support Considerations; insufficient detail to reflect in TRN				
s47G(1)(a)	CHSP → SaH 2 (End-of-Life Pathway)	SaH 1	• **Carer Profile:** Daughters added; full-time work and competing caring roles noted; carer factors updated • **Function / Needs Met:** Updated per narrative and IAT User Guide to reflect carer unsustainability (transport, housework)	Yes	Medical Practitioner	Yes	40
	CHSP → SaH 8 (End-of-Life Pathway)	CHSP	• **Limited changes:** IAT missing key (including mandatory) fields • **Function:** Needs Met updated (housework, transport) to align with narrative and IAT User Guide	No	Unavailable	Yes – notes in Siebel	Unknown
	CHSP → SaH 8 (End-of-Life Pathway)	SaH 1	• **Carer Profile:** Care sustainability factors added (previously not recorded), noting Support Plan evidence that care arrangements are not sustainable. • **Function:** *Needs Met* for housework and meals updated from *partially met* to *completely unmet* in line with care unsustainability and IAT User Guide; PADLs remain independent.	No	Unavailable	Yes – notes in Siebel	50 later updated to 40
	CHSP → SaH 8 (End-of-Life Pathway)	SaH 1	• **Carer Profile:** Updated to record daughters as carers and to capture factors affecting care sustainability (previously incomplete). • **TRN changes:** No further changes made due to insufficient narrative in the IAT and insufficient detail in the Support Plan to support additional adjustments.	No	Unavailable	Yes – notes in Siebel	Unknown
	CHSP → SaH 6 (End-of-Life Pathway)	CHSP	• **Function / Needs Met:** Updated per narrative and IAT User Guide to reflect older person's documented needs (housework – Heavy moderate, Meals, Walking) • **Home maintenance**: Concern updated to Yes, noting support required for garden maintenance.	No	Unavailable	No	Unknown
	CHSP → SaH 4 (End-of-Life	CHSP	• Narrative largely aligned; minor adjustments made; CHSP outcome unchanged	No	Unavailable	Yes - triage	Unknown

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s47G(1)(a)	Pathway), Residential care/respite		• **Function / Needs Met:** Updated per narrative and IAT User Guide (meals, shopping, walking, stairs, dressing, transfers) • **Health / Other:** updated to capture major skin conditions (bilateral leg ulcers) • **Support:** Urgent service provision updated (as per IAT User Guide)				
	CHSP → SaH 8 (End-of-Life Pathway),	SaH 2	• Limited supporting information available; SaH 8 not supported by available evidence. • **Carer Profile:** Updated to record additional care activities provided, based on free-text notes and Support Plan information. • **Function / Needs Met**: Updated per narrative and IAT User Guide to reflect documented needs (handle money, dressing, eating, grooming, upper body strength – added as functional need) • **Health / Other considerations**: Updated to record additional issues noted, based on free-text notes and Support Plan information (pain management, sleep difficulties, frailty, mood – PHQ-4 not completed limited supporting detail beyond triage notes). • **Home maintenance:** Added as a concern (not previously recorded as other consideration). • **Administrative:** Financial and legal section completed.	No	Unavailable	Yes - triage	Unknown

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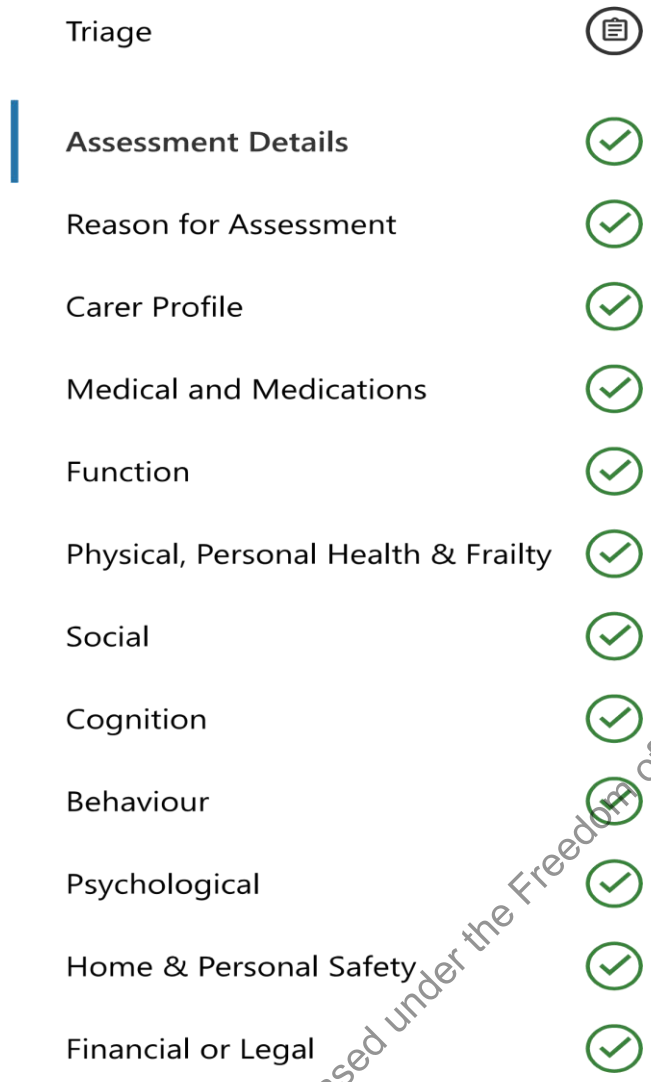
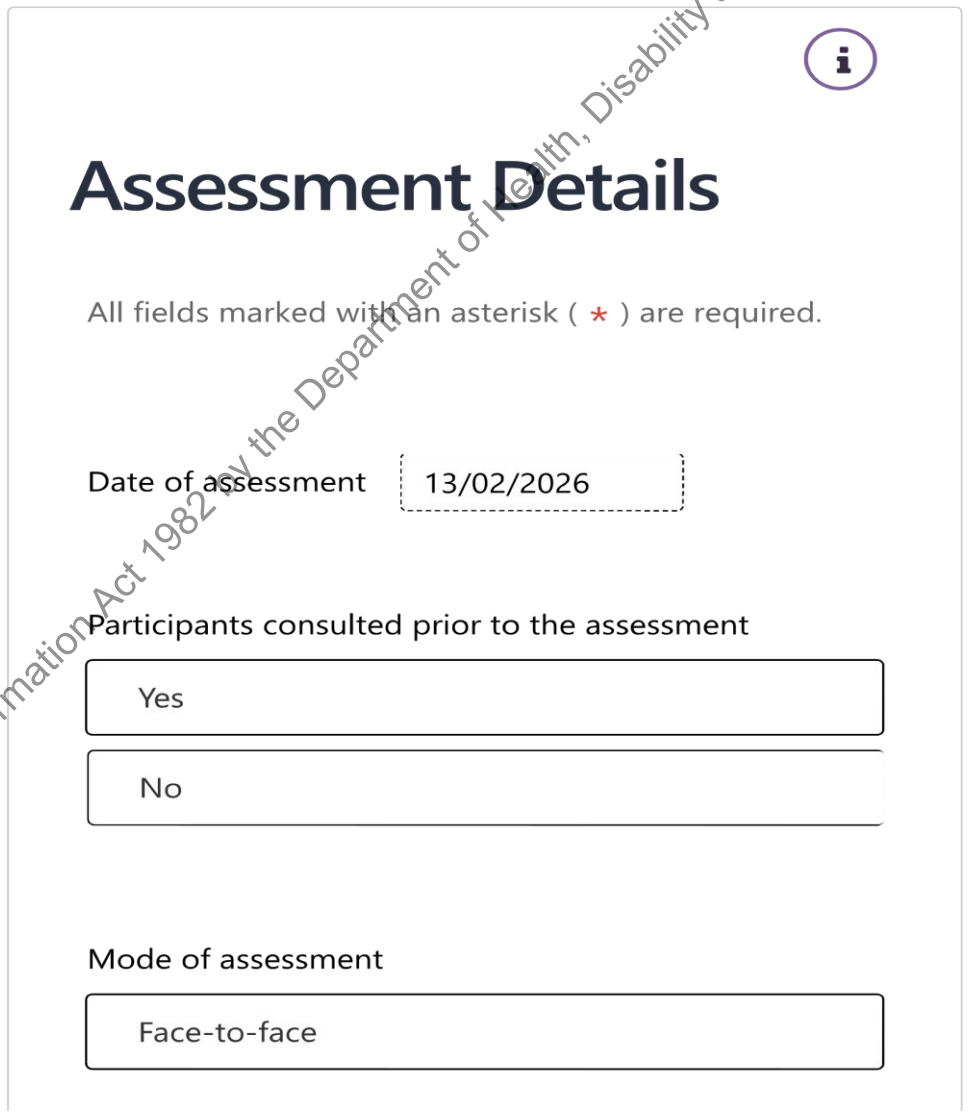
Appendix D – Worked example of EoL IAT with minimal justification notes





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Support Considerations

Over-the-phone

Via tele-health

Assessment setting

Please select...

Details

[redacted]

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- [ ] Health professional
- [ ] Aboriginal Liaison Officer
- [ ] Aged care connector and co-ordinator
- [ ] Care finder
- [ ] Via interpreter
- [ ] Agent
- [ ] Other

Details

[redacted]

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- [ ] Geriatrician
- [ ] Psychogeriatrician
- [ ] Psychiatrist
- [ ] Rehabilitation specialist
- [ ] Other medical practitioners

Nursing Professionals

- [ ] Nurse manager
- [ ] Nurse educator and researcher
- [ ] Registered nurse
- [ ] Registered mental health nurse
- [ ] Registered development disability nurse
- [ ] Other nursing professional

Health Professionals

- [ ] Occupational therapist

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- [ ] Physiotherapist
- [ ] Speech pathologist/therapist
- [ ] Podiatrist
- [ ] Pharmacist
- [ ] Aboriginal health worker
- [ ] Other health professional

[redacted]

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Assessor notes

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

Next

Close

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- Triage
- Assessment Details
- **Reason for Assessment**
- Carer Profile
- Medical and Medications
- Function
- Physical, Personal Health & Frailty
- Social
- Cognition
- Behaviour
- Psychological
- Home & Personal Safety
- Financial or Legal

Reason for Assessment

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

What is the key circumstance that has triggered client/supporter seeking assessment for aged care services?

- [ ] Referral from a health professional
- [ ] Hospital discharge
- [ ] Fall(s)
- [x] Medical condition(s)
- [x] Difficulties with activities of daily living
- [ ] Change in caring arrangements

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Support Considerations

- [ ] Change in care needs
- [ ] Change in living arrangement
- [ ] Change in cognitive status
- [ ] Change in mental health status
- [ ] Experiencing social isolation/loneliness
- [ ] Other

How long has the client experienced this circumstance?

Gradual increase in needs over time

What is the main reason for seeking assistance?

Please select...

- [ ] I have reviewed the information on this page and I confirm that it is correct.

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- Triage
- Assessment Details
- Reason for Assessment
- **Carer Profile**
- Medical and Medications
- Function
- Physical, Personal Health & Frailty
- Social
- Cognition
- Behaviour
- Psychological
- Home & Personal Safety
- Financial or Legal

Carer Profile

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

How many people excluding the client live in the same household as the client?

Carer

Is the client receiving help from a carer, family member, friend or someone else?

Yes

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Support Considerations

No

Respite and Emergency Care

Are there formal and/or informal respite arrangements in place?

Yes

No

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☐ *Add as Other Consideration*

Is there emergency care plan in place?

Yes

No

☐ Add as Recommendation

Assessors notes about caring relationship

s47F has no children and has no family that are providing support to her at this time.

Client as a Carer

Client is providing support to someone else

- Yes
- No

Assessor note

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