7.10.3. Period of effect of priority categories

A priority category for a classification type for a service group determines the level of priority for accessing those services.

An individual's priority category for a classification type for a service group takes effect immediately from when the prioritisation decision is made and remains in effect until either:

- The individual is allocated a place for that classification type and service group (under section 92), or
- A new priority category decision is made for that classification type for that service group following a reassessment of the individual (as per subsection 86(1) and paragraph 61(1)(b)).

7.11. Reassessment of a classification level

Depending on the classification type for service group, an individual or a registered provider acting on behalf of the individual may have the right to apply for a reassessment of a classification level under section 82. Section 82 of the Act outlines who may apply for a classification assessment for each classification type for a service group and when an application may be made. This is outlined in the table below.

Table 45. Circumstances when a classification reassessment can be sought

Classification type for a service group	Who can apply for a classification reassessment	When can a classification reassessment be sought
Ongoing or short-term for home support, assistive technology or home modifications	The individual	If: • the classification type is in effect for the individual; and • the individual considers a different classification level in the classification type for the service group should be approved; and • the funded aged care services are not being delivered under a specialist aged care program; and • you consider the circumstances (if any) prescribed by the rules apply.
Ongoing for residential care	The individual A registered provider on behalf of	If: • The registered provider is delivering ongoing funded aged care services to the individual through the service group in an approved residential care home; and • the applicant considers a different classification level in the classification type for the service group should be approved for the individual; and

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Classification type for a service group	Who can apply for a classification reassessment	When can a classification reassessment be sought
	the individual	• the funded aged care services are not being delivered under a specialist aged care program; and • either of the following apply: o if the rules prescribe a time period—not more than the number of applications prescribed by the rules have been made for the individual under subsection 82(2) of the Act in that time period; o you consider the circumstances (if any) prescribed by the rules apply.
Short-term for residential care	The individual The registered provider on behalf of the individual	If: • the applicant considers a different classification level in the classification type for the service group should be approved for the individual; and • an access approval is in effect for the individual for the classification type for the service group; and • if the application is made by the registered provider: o the registered provider is delivering short-term funded aged care services through the residential care service group to the individual in an approved residential care home; and o those funded aged care services are not being delivered under a specialist aged care program; and • either of the following apply: o if the rules prescribe a time period—not more than the number of applications prescribed by the rules have been made for the individual under subsection 82(3) of the Act in that time period; o You consider the circumstances (if any) prescribed by the rules apply.
Hospital transition (for any service group)	A registered provider on behalf of an individual	All of the following apply: • the registered provider is delivering hospital transition funded aged care services to the individual through the service group; and • the registered provider or the individual considers that an extension of the period of effect for the classification level that is in effect for the individual

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Classification type for a service group	Who can apply for a classification reassessment	When can a classification reassessment be sought
		for the classification type for the service group should be approved for the individual.

When a reassessment is needed (for all classifications except those for the residential care service group), triage delegates will review the application, considering the individual's current care needs and whether they still meet the requirements for a classification reassessment.

If the application meets the necessary criteria, a reassessment will be carried out, and a new recommendation will be prepared and presented to the assessment delegate. Assessment delegates are responsible for deciding whether to approve a different classification level for the classification type for a service group or an extension of the classification level (if relevant) under section 78 of the *Aged Care Act 2024* (the Act). All new decisions must be documented in a new Notice of Decision letter which must be made in accordance with the requirements of section 79 of the Act.

Note that a classification reassessment for ongoing residential care is commonly known as an AN-ACC reclassification and is the responsibility of Residential Aged Care funding assessors.

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7.12. Summary of assessment delegate responsibilities under the Act

The table below summarises all of the decisions that assessment delegates are empowered to make or actions they are empowered to take under the Act, assessment delegate responsibilities include notifying the older person (and their registered supporter/s, if applicable) of the outcome of their assessment; this is explained in detail in the following chapter.

Table 46. Summary of decisions and actions Assessment Delegates are empowered to undertake

Decision Type	Section	Decision/Action
Access Approval Decisions	65(1)	An assessment delegate receives and considers an individual's support plan, deciding whether the individual requires access to funded services

Decision Type	Section	Decision/Action
	65(2)	An assessment delegate must decide whether to approve one or more service groups and the classification types for the service groups In making this decision, the assessment delegate must be satisfied that all the requirements prescribed in s 65(3) is met.
	65(2)	If the service group is home support, assistive technology or home modifications and the individual is not an Aboriginal and Torres Strait Islander person, an assessment delegate must decide: • Whether to approve one or more service types in that group • If the service type is allied health therapy or therapeutic services for independent living whether to approve one or more funded services in that type
	65(4)	In exceptional circumstances an assessment delegate can approve access for an individual who has not undergone an assessment if: • The assessment delegate is satisfied exceptional circumstances apply that justify making the decision without an assessment. • An individual, or a registered provided on behalf of the individual makes an application in an approved for. • Any circumstances prescribed by the rules do not apply.
	70(1)	The assessment delegate must give written notice of a decision under subsection 65(1) or (2) to the individual within 14 days after the decision is made
	71(2)	The access approval date (which is specified in the notice of decision) may be a date earlier than the access approval/notice is given. This can occur if you (as the assessment delegate), are satisfied than an individual: • needed urgent access to funded services and there was a significant risk of harm if services were not provided before an approval was given; or • is an Aboriginal or Tores Strait Islander person and at the time they were seeking services there was a lack of available assessors to undertake a culturally safe assessment; or

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Decision Type	Section	Decision/Action
		• commenced receiving services through a specialist program before an approval was given and at the time the individual was seeking services there was a delay in the availability of a needs assessor It is also necessary that the criteria under s71(2) is met.
Classification Decision	78(1)	An assessment delegate must approve a classification level for the classification type and service group they have approved for the individual. The classification level decision for ongoing home support (i.e., CHSP or Support at Home 1-8) is an automated decision and is determined by the ongoing home support classification algorithm.
	79(1)	Section 79(1) requires than individual is given written notice of a classification decision made under section 78 for the individual within 14 days after the decision is made. The notice must comply with the requirements set out in s 79(2) and (3).
	80	Section 80 prescribes the period of effect for a classification level that has been established under section 78, with the maximum period of effect being prescribed under the Rules. The Rules also allow for a registered provider to apply for an extension to the maximum period of effect. The assessment delegate must consider the application and decide if a longer period should apply. Extensions can be sought for a classification level or the classification type hospital transition for the following service groups: • Home support • Assistive technology • Residential care One or more additional periods, together totalling not more than 42 days, for the classification level for the individual may be granted if the assessment delegate is satisfied that the individual requires access to funded aged care services for that level for the additional periods. The Rules also allow a registered provider to apply for an increase in the number of days for the classification level for the classification type short-term for the service group

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Decision Type	Section	Decision/Action
		residential care, classification type short-term. An assessment delegate must consider the application and decide whether to approve an additional 21 days for the classification level. The assessment may delegate (you) may increase the number of days where you are satisfied it is necessary because of any of the following: • Carer stress • Severity of the older person's condition • Absence of the older person's carer • Any other relevant matter
Registration and cancellation of a supporter	37(1)	A decision to register a person as a supporter of an older person seeking or receiving aged care services. For Assessment Delegates, this responsibility does not include the registration of a person as a supporter without the consent of the older person, nor where the prospective supporter has declared a conflict or there is anything else to suggest they may not be able to comply with the supporter duties (e.g., the prospective supporter is currently suspended or had a previous supporter relationship cancelled). In these circumstances, the Assessment Delegate should progress the request to register the supporter relationship to the departmental delegate team responsible for supporters.
	37(7)	The assessment delegate may make a registration under section 37(1), in the circumstances described, verbally or in writing.
	52	Cancellation of a supporter's registration upon request of the registered supporter. This applies to supporter, supporter lite and supporter guardian relationships.
	53(1)(a)	Cancellation of a supporter's registration upon request of the older person, where the registered supporter is not also an active, appointed decision maker for the older person (that is, a person captured by section 28(2)) – meaning it is **not** a supporter guardian relationship).

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8. Chapter 8: Delegate decisions in practice

What you'll find in this chapter:

This chapter includes guidance for assessment delegates covering:

- how to make sound, evidence-based decisions
- step-by-step processes for approving aged care services across the service groups
- other approvals (including giving approvals after a service has commenced and approving a service without an assessment).

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8.1. Decision-making fundamentals

Effective decision-making requires sound judgment, evidence-based reasoning, and a commitment to fairness and accountability.

8.1.1. Essentials of good decision-making

Delegates need to exercise independent judgment when determining whether an individual is eligible to be approved for funded aged care services. Delegate decisions must be based on all relevant information obtained through the assessment process. Delegates are considered to possess the necessary skills and expertise to fulfil this delegated role with honesty, integrity and accuracy.

To minimise the risk of errors and ensure consistency in decision-making, Delegates should adhere to the following key principles:

- **Identify all material facts:** Delegates must establish all material facts that are essential to the decision. Only facts supported by reliable evidence should be taken into account.
- **Base decisions on evidence:** Avoid making decisions based on unsubstantiated facts. Every finding must be backed by relevant and logical evidence that clearly supports the conclusions.
- **Ensure reasonable judgement:** Delegate decisions must be reasonable and not be based on findings that are manifestly unreasonable. This means that the conclusions should be rational, defensible, and clearly justifiable.
- **Observe natural justice:** Delegates must respect the principles of natural justice throughout the decision-making process. In essence, this means ensuring that individuals are given a fair opportunity to explain their circumstances before a decision is made.
- **Comply with legal requirements:** Delegates must comply with any statutory obligations, including understanding the important new eligibility criteria for approvals and the requirement to provide a written statement of reasons when necessary.