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When is a NoD required?

A NoD must be issued following an initial assessment, reassessment, and (in most cases) a support plan review (SPR). A NoD is required after all SPRs, except when the SPR:

- leads to a referral for a full reassessment, or
- only approves a second concurrent unit of funding for the Restorative Care Pathway[7], or
- transitions the person back to a previously approved ongoing Support at Home classification after an End-of-Life Pathway finishes, or
- is adding a service that is within a service type[8] that has already been approved *from the perspective of the Act*[9] unless the service is within one of the prescribed service types ('Allied health and therapy' or 'Therapeutic services for independent living').

Triage, alternative entry provisions and the NoD

If the older person does not meet eligibility requirements to receive an aged care needs assessment under Section 58 of the Act (i.e., at triage), the triage delegate should prepare a **Notice of Decision – Not eligible for assessment** letter and complete it in line with the instructions within the letter.

If a triage delegate makes a referral for urgent services through the alternative entry provisions under Section 71 of the Act (refer to section 3.2 of this manual), they do not need to generate a NoD at that point in the process. Once the assessment is complete, the assessment delegate will generate the NoD covering approvals for these services.

If the older person does not meet the eligibility requirements under Section 65 of the Act, they are not eligible to receive the service provided through an alternative entry pathway under section 71 of the Act. The assessment delegate must apply the Act's eligibility criteria when making their decision and, if required, not approve the service at the time of assessment.

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9.3.2. Notice of Decision templates

NoD templates can be generated in the My Aged Care Assessor Portal after assessment delegate decisions have been made and recorded. Much of the critical information is pre-populated and the templates include detailed guidance on how to complete a legally compliant letter.

[7] A separate letter is required in this instance – see section 9.3.2 below for more information
[8] The Aged Care Service List in Chapter 1, Part 3 of the *Aged Care Rules 2025* lists all the service types and services
[9] The older person's Support Plan may not list all of the services the older person is actually approved for under the Act. For example, if the older person's support plan shows they are only approved for the service 'Laundry services', they are actually approved under the Act for *all* the services in the service type 'Domestic assistance' – including 'General house cleaning' and 'shopping assistance'.

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There are two NoD templates:

i. **Approval letter**:
   - Used when the Assessment Delegate is approving access to any services – even if some of the services recommended have not been approved.

ii. **Non-approval letter**:
   - Used after initial assessment, when the assessment delegate is not approving the older person for access to *any services at all.*
   - After Reassessment or SPR when the assessment delegate is not approving the older person to access *any additional services.*

If a reassessment does not add any new approvals and existing approvals remain unchanged, the system will prompt the delegate to generate a non-approval letter only. This does not affect the client's current approvals. The non-approval letter simply confirms that no additional services were approved during the reassessment or a SPR.

Refer to section 9.3.6 for details on the approval letter for a second unit of RCP.

9.3.3. Completing an NoD

To ensure the NoD is tailored to the individual and includes all required legal information, assessment delegates must:

- generate the letter from the My Aged Care Assessor Portal
- save the letter locally and make the necessary edits following the guidance text in the template
- clearly set out the reasons for their decisions (see following sections for further guidance)
- include the Commonwealth Coat of Arms and the My Aged Care logo
- **not** include any co-branding – logos of individual assessment organisations must not be included, as specified in the contractual agreements between the Department and individual assessment organisations.

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To ensure the NoDs remain legally compliant, assessment delegates must follow the guidance provided in the Notice of Decision templates and associated departmental guidance materials.

Assessment delegates may only remove or amend text where explicitly directed by the department.

9.3.4. Reasons for decisions

Assessment delegates must consider and record reasons for approval and non-approval decisions relating to service groups, service types or services. Assessment delegates must turn their mind to these reasons when making approval decisions and then record them in the NoD.

Delegate decision reasons must:

- demonstrate how the individual meets or does not meet the criteria for approval under the relevant sections 65–68 of the *Aged Care Act 2024* (the Act),
- be tailored to the person's specific circumstances, drawing on the information provided in the IAT, support plan and assessment report,
- clearly explain (for approvals) how the individual satisfies the relevant eligibility criteria under the Act and the rules, with reference to their unique situation.
- The NoD templates provide detailed guidance on how to record reasons that fulfil these requirements. Chapter 8 provides a comprehensive explanation of the eligibility requirements set out under sections 65-68 of the Act and the relevant rules.

For a comprehensive explanation of the eligibility requirements set out in sections 65–68 of the Act, the relevant rules, and guidance on which reasons apply, refer to:

- Section 7.6 'Delegate decisions under the *Aged Care Act 2024'* of *Aged Care Assessment Manual v8.3*

The NoD templates provide detailed guidance on how to record reasons that fulfil these requirements. All reasons included must be relevant, accurate, and clearly linked to the decision made. Assessment delegates must not draft their own reasons or edit the wording of prescribed reasons. Assessment delegates must only amend the reasons section where directed in the template or by the Department.

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Reasons for decisions: approvals

Reasons for approval decisions are recorded in NoD approval letter. The reasons for decision for approval outcomes are automated in the template. The templates will:

- automatically pre-select a set of 'likely reasons' based on the approvals recorded in the system.
- include a list of 'other possible reasons' for the delegate to consider.

The system will automatically generate a list of **likely reasons**. Any reasons that do not meet these criteria will be included in a secondary list as **other possible reasons** for consideration.

Reasons for decisions: non-approval

If one or more approvals were recommended by the assessor and/or requested by the older person but were **not** approved, an assessment delegate must provide reasons why they did not to approve access to the service group, service type or service. Relevant situations are summarised in the following table.

Table 52. Summary of situations relevant to non-approval of recommended and/or requested approvals

Situation	Applicable Notice of Decision template
An initial assessment or reassessment/Support Plan Review where some of the services recommended or requested have not been approved (while others have been approved).	**Approval Letter**
A first assessment where the older person has been found ineligible to access to any services. A reassessment/Support Plan Review where no **additional** services have been approved.	**Non-Approval Letter**

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For non-approval reasons an assessment delegate must: consider how the individual's circumstances relate to all the relevant eligibility criteria set out in the *Aged Care Act 2024* and the *Aged Care Rules 2025* for the particular service.

For an older person to be considered eligible for a particular service group, service type etc, an assessment delegate must be satisfied that **all** of the relevant eligibility criteria apply. If they do not meet all of the criteria – they cannot be approved.

The assessment delegate must use the free text sections in the NoD template to provide a brief summary of the reasons why the older person does not meet the eligibility criteria.

An assessment delegate must refer to the individual's unique circumstances and information in the assessment report (support plan). The assessment delegate must include details of how the individual's circumstances related to the eligibility criteria and therefore informed the decision not to approve.

The instructions in the NoD templates prompt the delegate when free text description is required.

Reasons for decision – Transition Care Program

An approval for TCP is an approval for three service groups under the Act: home support, assistive technology and residential care. An approval for TCP is always an approval for all three service groups, regardless of which TCP services are used. The NoD will automatically populate the required reasons for decision sections.

The system generated NoD templates account for the scenarios that are most likely to occur in practice. If the Assessment Delegate encounters a scenario that is not covered in the template, their Operational Manager can contact the department at myagedcare.assessment@health.gov.au for further guidance

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9.3.5. Uploading and sending the NoD

Once the NoD letter is finalised and signed, assessment delegates must upload it to the assessor portal (all documents must be uploaded in PDF format) for record-keeping purposes, and then post, email, or notify the individual the NoD is available via the MAC online portal (and their registered supporter/s and/or appointed decision maker/s, if applicable) using their preferred communication method/s.

> Important:
>
> The Support Plan needs to be included as an attachment whenever the NoD is sent. The Support Plan lists any approved service types and services, so it is legally considered part of the NoD.
>
> The Referral Code letter also needs to be attached whenever approvals for CHSP services are given.
>
> **NoD attachments**: If the client receives a NoD Approval letter for ongoing home support, include **NoD Attachment 1**. If the client identifies as **Aboriginal and/or Torres Strait Islander** and receives a NoD Approval letter for ongoing home support, include **both NoD Attachment 1 and NoD Attachment 2.** Ensure the relevant attachments are included, as they provide additional information that supports and complements the Notice of Decision Approval letter. The attachments are available on the Department's website (see below for links).
>
> Providers can view the NoD and support plan via the My Aged Care Service and Support Portal.
>
> Older people can also view their NoD, Support Plan and Referral Code letter (for CHSP approvals) via their My Aged Care Online Account. An older person's registered supporter/s (if any) may also be authorised to access this information.

Where an assessment delegate determines that no funded aged care services are required, the delegate will also need to send a NoD to the older person to formally advise them of this outcome.

> Note:
>
> Older people who request/are recommended for the End-of-Life Pathway but are not approved *do not* receive a 'Non-approval letter.'

NoD Attachment 1

NoD Attachment 2

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NoD delivery time frame

The Act requires the NoD to be given to the individual within 14 days of the delegate's decision.

To mitigate potential issues in meeting the timeframe for giving the notice, assessment delegates should:

- obtain agreement of the older person for **electronic delivery** of notices (email or portal) where possible
- upload the NoD promptly to the client's **My Aged Care Online Account**
- confirm client and supporter contact details before dispatch and send the notice as soon as possible to the designated postal or email address

Postal delays are outside the control of assessment organisations. Where a notice is to be given by post, **Assessment Delegates must**:

- send the notice as soon as possible by **pre-paid post**, properly addressed to the individual at their **last known postal address**, and
- **record the date** on which the notice was sent.

Requirements for electronic delivery

When the notice is provided to the client via their My Aged Care Online Account the assessment delegate must notify the client that the notice has been uploaded and can be retrieved. Delegates should use the notes tab on the client's record to document that this notification has occurred and the date it happened.

If providing the notice electronically to an address that has not been designated by the client, the notice is given when it is capable of being retrieved. Assessment delegates should clearly communicate to a client which address the notice has been provided to so it can be retrieved within the 14-day period.

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Note: If a client is unable to readily access their emails or My Aged Care Online Account, the notice **must be sent via pre-paid post.** Assessment Delegates should confirm this with the client when obtaining their agreement for electronic delivery of the notice.

9.3.6. Notice of outcome of application for second concurrent unit of restorative care funding

If a support plan review is being conducted and a second concurrent unit of restorative care funding has been requested, a letter must be sent to the older person (and their registered supporter/s and/or appointed decision maker/s, if applicable) notifying them of the outcome of the application for the additional funding.

The decision to approve additional funding to the Restorative Care Pathway episode is made under section 195-3 of the *Aged Care Rules 2025.*