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The Approval for RCP second unit of funding letter can be generated via the portal the same way as the NoD Approval and Non-approval letters are generated.

When the outcome of the support plan review for a second concurrent unit of restorative care funding is not approved, the notice needs to be updated using the appropriate template which can be found under the 'Forms' tab in 'Reports and Documents' tile in the Assessor Portal.

Once finalised, the letter must be signed and uploaded to the assessor portal for record-keeping purposes, and then post or email it to the individual (and their registered supporter/s and/or appointed decision maker/s, if applicable) using their preferred communication method/s.

9.3.7. Registered supporters who are authorised to receive copies of letters

If an older person has a registered supporter/s who is authorised to automatically receive certain information or documents about an older person, they must be given a copy of the information or document. Registered supporters can access these documents if they have arranged their own login to the client portal via My Aged Care. If an older person has multiple registered supporters who are all authorised to receive copies of an information or document, each registered supporter must receive a copy. This includes a Notice of Decision.

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Section 29 of the *Aged Care Act 2024* (the Act) provides that any information or document that is required or authorised under, or for the purposes of, the Act to be given to an older person must also be given to their registered supporters if:

- the older person has consented to sharing this kind of information with their registered supporter, or
- regardless of whether the older person has consented, the registered supporter is a person covered by subsection 28(2) of the Act. That is, they are a registered supporter who relied on their authority as an active appointed decision-maker for the older person in becoming registered.

These registered supporters are called 'supporters' and 'supporter guardians' in the assessor portal and app.

A registered supporter who is recorded as a 'supporter lite' cannot automatically be given information or documents about an older person. This is because the older person has not consented to that registered supporter receiving their information and documents under section 29 or the registered supporter is not a person covered by subsection 28(2) of the Act. That is, they are not a registered supporter who relied on their authority as an active appointed decision-maker for the older person to become registered as a supporter.

For example, assessors must not send a supporter lite a Notice of Decision. If a request has been made by a supporter lite to access a Notice of Decision letter, this should be escalated to the departmental team responsible for supporters.

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9.3.8. Using electronic signatures

Under Section 10 of the *Electronic Transactions Act 1999*, electronic signatures can be used when a Commonwealth law requires a person's signature. Assessment Delegates can use an electronic signature instead of a handwritten one.

However, before using an electronic signature, Assessment Delegates need to make sure that all legal requirements have been met under Section 10 of the Electronic Transactions Act 1999.

To do this effectively, follow these practices:

1. **Monitoring Use:** Set up procedures to track when their electronic signature is applied, so Assessment Delegates are always aware of its use.
2. **Administrative Assistance:** Assessment Delegates can get help from administrative staff to attach their electronic signature, but they should remember that the final responsibility for the notification remains with the Assessment Delegate. Administrative staff do not have the authority to apply the signature on their own.

Acceptable forms for an electronic signature include a typed name, personal mark, signature image, personal email, clicking an 'I accept' box, or using a digital signing platform, provided they clearly demonstrate the person's identity and intention. Please see link below for further advice from the Attorney-General's Department regarding types of electronic signatures that can be used.

Electronic Transactions Act 1999

Attorney-General's Department - Types of electronic signatures that can be used

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9.4. Referral and support for service access

9.4.1. Referral codes

A referral code is a unique reference number used to connect an older person with a provider, enabling them to begin receiving services. Referral codes will be generated at different stages and through different mechanisms depending on the program recommended during the aged care needs assessment.

9.4.2. When to share referral codes

From 1 November 2025, all Australian government-funded aged care services fall under the *Aged Care Act 2024*. This includes CHSP services, which were not under the *Aged Care Act 1997*. This means that for all service approvals (including for CHSP), referral codes cannot be issued to the older person or service providers until the Assessment Delegate has completed and signed a Notice of Decision.

This is an important change that assessment organisations must adhere to, to ensure compliance with the *Aged Care Act 2024*. If referral codes are given to the older person

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and/or provider(s) and a Notice of Decision is ultimately *not* issued, risks invalidating the assessment outcome. The Notice of Decision is the key legal mechanism that records a decision by the System Governor for the client to receive a funded aged care service.

The Notice of Decision does **not** include the referral code(s) for the recommended service(s). Referral codes displayed in the Support Plan can be used to reach out to as many service providers as preferred. The Support Plan must be sent as an attachment to the Notice of Decision. For CHSP service referrals, the referral code letter must also be sent as an attachment to the Notice of Decision.

> Note: Providers should not be asking older people to provide them with a copy of the Notice of Decision (NoD). Team leaders in service provider organisations are able to access the NoD through the Provider Portal both before and after accepting the referral.

9.4.3. Generating referrals/recommendations

An assessor must ensure that older people are referred to service providers according to service availability and the older person's needs and preferences. The assessor should ensure they have delegate approval prior to issuing a referral.

Assessors may send referrals electronically to one or more government-funded service providers of the older person's choice or provide the older person with a referral code for the older person to self-manage the referral. The client can also ask for the code to be broadcast to several local providers to find availability.

Prior to sending the referral, the assessor must ensure that the older person (or their appointed decision maker recognised under the Act, regardless of whether they are a registered supporter):

- consents to the My Aged Care referral method (broadcast, preference, or referral code)
- consents to the department providing information from the older person's My Aged Care online account to the provider for the purposes of the provider actioning the referral (including to provide the agreed service recommendation on the Support Plan.

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9.4.4. Support at Home referrals

A single provider will oversee and deliver all Support at Home services (including ongoing services, short-term services through the Restorative Care Pathway, End-of-Life Pathway and AT-HM scheme) for a participant.

Under this model, registered providers will be required to hold registration that covers all services the participant will receive.

> Note: Some providers may not be able to deliver all services a participant needs. Providers can choose to engage a third-party (associated provider) to deliver services on their behalf, however the provider remains responsible for delivery of services and compliance with relevant obligations.

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If an older person prefers a particular service provider who does not have availability, the older person can elect to be referred to that service provider's waitlist on the system (if a waitlist is available). Older people can be on multiple waitlists at any one time.

A participant can change Support at Home providers at any time. Once a participant has chosen their provider, the provider will receive a referral in the My Aged Care Service and Support Portal.

Where a service provider is not available to meet the needs of the older person and the older person does not want to be put on a waitlist, the assessor should have a further conversation with the older person to consider other alternative options for support. Other options may include:

- a different service provider that could meet the need (on an interim or ongoing basis)
- non-Commonwealth-funded services; or
- the older person and/or their carer, registered supporter or other person who supports the older person being able to address their need.

Where required, the assessor is to provide short-term assistance to the older person for the purpose of implementing the Support Plan. This may include monitoring referrals or discussing options with service providers for the provision of alternative services if necessary, or in cases of providing for vulnerable older people, linking support or care coordination.

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Referrals for Restorative Care Pathway, the AT-HM scheme and End-of-Life Pathway

If a participant receiving ongoing Support at Home services is referred to a short-term pathway (Restorative Care, the AT-HM scheme and End-of-Life), and their current registered provider does not deliver services under these pathways, the participant will be required to change providers to access their short-term pathway.

Assessors should ensure the individual is aware of this and confirm referral needs with the individual.

For further information see the Support at Home Program Manual.

Support at Home referral codes

The same referral code will be issued for every Support at Home (SaH) classification level (this includes ongoing and short-term services). This referral code will apply to all services approved under that classification level. The older person can present the referral code directly to their preferred provider or alternatively they can request assistance from the contact centre or the assessor for assistance in issuing a referral to a provider(s).

Referral codes are not listed in the Notice of Decision letter. Referral codes are generated and listed in the support plan in circumstances where a referral code is needed.

For an individual approved for an ongoing SaH classification or AT-HM, the referral code is generated once the individual has been allocated a place (and therefore funding) through the Support at Home, Assistive Technology or Home Modifications Priority Systems. A separate Funding Assignment Notice with the corresponding referral code will be sent to the older person.

In circumstances where a participant is already receiving services from a SaH provider (for example, moving from the End-of-Life Pathway back to ongoing services), a referral code is not generated. In these circumstances a referral code is not required as the connection with a provider and access to the participant's record is already established through the initial use of the referral code.

For new Support at Home participants approved for the End-of-Life Pathway or Restorative Care Pathway:

- if a service referral has been made, the provider will contact the participant
- if no service referral has been made, the referral code will be displayed in the support plan.

If a participant is already receiving services and wants to change providers, they will need to contact the My Aged Care Contact Centre to reactivate their referral code, enabling it to be used to connect with a new provider. Alternatively, if the participant indicates during their assessment that they want to change providers and have the assessor make the service referral, the referral code can be found in the assessor portal.

9.4.5. CHSP referrals

Assessors cannot issue CHSP referral codes until *after* the assessment delegate has approved the recommendation.

For CHSP services, a Support Plan may contain recommendations for multiple services within the same service type (e.g. Laundry, General House Cleaning and Shopping assistance services under the Domestic Assistance service type). **The assessor will generate a separate referral code for each service type** recommended. This is necessary because not every CHSP provider can offer all service sub-types, so codes for each sub-type under each service type are needed to ensure clients have access to all recommended services.

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If a service aligns with the older person's assessed needs and goals, assessors can issue more than one referral code for the same service type – allowing the person to access two services (sub-types) from two different providers, provided there is no duplication of service. For example:

- if an older person wishes to access services under the Social Support and community engagement service type from two different providers (e.g. individual social support and group social support), **the assessor should create two separate** service recommendations using the 'Add a service recommendation' function. Each recommendation will generate a distinct referral code, ensuring that each provider receives a unique referral code
- Allied Health and Therapy services and Therapeutic Services for independent living service types - the assessor should always generate a separate referral code for each service recommended such as Physiotherapy and Occupational Therapy.

Reissuing CHSP referrals – Grandfathered CHSP clients

Certain CHSP clients were 'grandfathered' into the CHSP with service referrals but have not undergone an assessment through My Aged Care.

- These referrals are not valid under the *Aged Care Act 2024*.
- These clients must undergo an aged care assessment to comply with the Act.

- If found eligible, assessors must **generate new referrals** for any CHSP services that are approved following an assessment and delegate approval.

Reissuing CHSP referrals – Urgent services

All clients who have accessed urgent services are required to complete an assessment, *and* new referrals must be generated for any approved ongoing CHSP services.

- CHSP providers will continue to deliver urgent services until an assessment is completed.
- When ongoing CHSP services are approved, the *urgent service referral should end*.
- **New CHSP referrals are required** for the provider to continue delivering services on an ongoing basis.
- Where a delegate **does not approve** the urgent service:
    - If the service has not commenced, the direct-to-provider referral will be recalled.
    - If the service has commenced, the provider will be notified that the urgent service is not approved and should cease urgent service provision.

9.4.6. Residential care referrals

For residential care (including through Multi-Purpose Service Program (MPSP)), the assessor can issue a referral code following the assessment and approval of services to enable the older person to take time to look for a suitable residential facility. Referral codes are contained within the client's support plan.

When selecting a residential aged care service provider to issue a referral to, assessors can use Star Ratings to help compare the quality of aged care facilities (not applicable for MSPS and National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP)). Star Ratings are available via the 'Find a provider' tool on the My Aged Care website. All aged care facilities receive an overall Star Rating and ratings against Compliance, Residents' Experience, Staffing and Quality Measures).

Assessors can share a client's referral code with as many providers as the client chooses. A provider will use the referral code to view the client's approved services and specific needs in the service and support portal. If the provider and client agree they will take a bed in the residential care home, a formal agreement will be exchanged between the parties, and the referral will be formally accepted in the My Aged Care portal. Once a provider accepts a referral and payments commence from Services Australia, all other open referrals will close.



My Aged Care - 'Find a provider' tool

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9.4.7. Generation of referral codes for different programs and pathways

The table below provides further details regarding referral codes across the different approval pathways and programs.

Table 53. Guide for generation of referral codes for aged care programs

Aged care program	Pathways	Generation of a referral code
Support at Home program	SaH ongoing	Once the older person is allocated a place through the Support at Home Priority System, they will be sent a funding assignment letter containing their recommended services and the referral code for ongoing SaH services classifications 1 - 8. If a participant is reassessed to a higher ongoing classification the upgrade notice letter will contain a referral code. However, the participant does not need to take any action as the referral code will already be active with their provider. To change providers, they will need to contact the My Aged Care Contact Centre to reactivate their referral code which can then be used to connect with a new provider. This follows the same pathway previously used in the Home Care Packages Program. Note: If the older person has previously been approved for the End-of-Life Pathway, a referral code is not generated
Support at Home	End-of-Life Pathway (EoL)	Referral code is generated into the Support Plan attachment provided to clients (if no service referral has been made AND the older person has not been approved for an ongoing Support at Home classification previously)
Support at Home	Restorative Care Pathway (RCP)	Referral code is generated into the Support Plan attachment provided to clients (if no service referral has been made and the older person has not been approved for an ongoing Support at Home classification previously). **Note:** If the current provider does not provide Restorative Care the older person will need to change providers. To change providers, they will need to contact the My Aged Care Contact Centre to reactivate their referral code which can then be used to connect with a new provider.

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Aged care program	Pathways	Generation of a referral code
Support at Home	Assistive Technology and Home Modifications (AT-HM) scheme	Once the older person is allocated a place through the Assistive Technology and/or Home Modifications priority system/s, they will be sent a funding assignment letter containing their recommended services and the referral code for their AT and/or HM classifications. This is the same referral code used for SaH ongoing, EoL and RCP classifications. If the participant is already receiving services from a Support at Home provider, they do not need to take any action as the referral code will already be active with their provider. Note: For the below circumstances, where AT-HM funding is allocated immediately, the participant does not receive a funding assignment letter. 1. Approval for a higher AT or HM short-term tier through an SPR. If the participant is not already receiving services from a Support at Home provider, the referral code is generated into the Support Plan attachment.
Commonwealth Home Support Program (CHSP) National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) Multi-Purpose Service Program (MPSP)	CHSP, NATSIFACP and MPSP services will require assessment, delegate approval, and a Notice of Decision (letter outlining their decision) to be issued. The Support plan attachment provided to clients will include the referral code(s) for CHSP, MPSP and NATSIFACP (if no service referral has yet been made). For CHSP services, a Support Plan may contain recommendations for multiple services within the same service type (e.g. Laundry services, Shopping assistance and General house cleaning under the CHSP Domestic Assistance service type) **Note:** Allied health and therapy services and Therapeutic services for independent living Service types, referral codes should be generated and display at the service level in the Support Plan e.g. Allied health and therapy - Podiatry. For any CHSP referrals, these codes will also be contained in a separate Referral Code Letter which is sent to the older person for ease of access. **Note:** if older person consents to electronic notifications, the Assessment Delegate can send these letters via email.	

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Aged care program	Pathways	Generation of a referral code
Transition Care Program (TCP)	The hospital discharge staff will identify and liaise with a TCP provider to access these services using the referral code.	
Residential Care	For residential (including through MPSP), the assessor can issue a referral code following the assessment and delegate approval of services to enable the older person to take time to look for a suitable residential facility. Referral codes for residential care will be contained within the Support Plan attachment.	

9.4.8. Steps an assessor must take

An assessor must:

- Check availability of service providers in the older person's region. Commonwealth funded service provider contact details can be accessed in the My Aged Care Service Finder. Service providers will find the name of an older person's assessing outlet in the 'Plans' tab of the older person's record.
- If required (e.g. for vulnerable older people) contact providers on behalf of the older person when referring.
- Add additional documentation in the 'Notes' to ensure all pertinent information is available to service providers.
- Consider all referral options (through portal by broadcast, preference, direct referral, or issue referral code) and the service priority (excluding support at home).
- Consider referrals/recommendations to services not listed in My Aged Care.
- Where service availability is limited, work with the older person to explore alternative options of support to meet their areas of concern and goals.
- Discuss and record carer information and advise older people and/or their carers of carer support options available including requesting a call back for carers from a local Carer Gateway service provider or the National Dementia Helpline.

Assessors must ensure they are aware of appropriate care options within and outside Commonwealth funded aged care, such as local supports, health, community services and private services. To offer a broad range of strategies to assist the older person to achieve their goal, the assessor builds and maintains effective working relationships with service providers and extends connections with services and organisations in their local community, including those not listed in My Aged Care.

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9.5. Corrections process

Assessment delegates are responsible for ensuring that all recorded decisions are accurate and complete. Diligent quality checks are essential to minimise the need for corrections and maintain accurate records.

Despite thorough quality checks, errors may occasionally occur. If an assessment delegate identifies an administrative or typographical error after submitting a decision, it is essential to initiate the correction process promptly.

When an error is identified, assessment delegates must submit a correction request within 42 days of the original decision. The correction request will be forwarded to the department for consideration.



See Chapter 11: Reviewable decisions, revoking eligibility or approval decisions and complaints for more information about the corrections process

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10. Chapter 10: Support plan reviews and reassessments

What you'll find in this chapter:

This chapter provides guidance around the circumstances for conducting a support plan review (SPR) or a reassessment for each aged care program.

10.1. Reassessments under the *Aged Care Act 2024*

Section 64 of the *Aged Care Act 2024 (the Act)* provides for aged care needs reassessments. A reassessment may be required when an individual's circumstances have changed.

In the Act the term 'reassessment' is used as an umbrella term to describe both SPRs and reassessments. An individual may request a reassessment if they believe their aged care needs have changed, or it may be identified through a scheduled SPR.

> Note:
>
> In this manual, the term 'reassessment' is used to describe an assessment that occurs after an older person has already been assessed at least once.

SPRs are used as a mechanism to adjust an older person's aged care services without needing to undertake a reassessment. In some cases, the Assessment Delegate may approve access to services based on updated information through the SPR process.

A reassessment will be required when there are *significant* changes to a client's needs or circumstances.

Significant changes in care needs and circumstances require higher-level of care or different types of care (and/or changes to priority).

For example, an older person approved for ongoing Support at Home at the Classification 4 level who requires a higher classification level of package (e.g. Level 5) due to increased care needs or a change in priority for home care service must first undertake a reassessment by an assessor and approved by an Assessment Delegate.

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Significant change is referenced in section 64 of the *Aged Care Act 2024* and defined in the *Aged Care Rules 2025*:

- a carer for the individual has permanently ceased to provide some or all care to the individual;
- the individual has experienced an event, or a decline in their condition, that is likely to mean that they will require:
    - more frequent access to a service they are already receiving, or
    - access to a service they have been approved for but are not currently receiving, or
    - access to new services not covered in the older person's access approval.

A triage delegate will determine whether an individual is eligible for a reassessment.

All reassessment requests begin through the SPR workflow in the assessor portal. A reassessment will be requested if required.

When a client undergoes a reassessment, the system will prompt assessors to review and update the client's urgency category, even if care needs have not changed.

For more information, refer to the user guide on how to conduct SPRs within the My Aged Care portal.



10.1.1. Support plan reviews (SPRs)

The introduction of Support at Home expanded the circumstances in which an SPR can be undertaken.

SPRs are most likely initiated by the older person's provider (with the older person's consent), who can submit a request through the My Aged Care service and support portal. When requesting SPRs, providers must attach supporting documentation about the participant's current care arrangements, such as their quarterly budget and/or care plan.

Alternatively, an older person or provider can ask for a SPR when:

- the older person's needs, goals or circumstances have changed,
- they need additional services that are not on their support plan, or
- a time limited service has ended.

An older person can request a SPR through My Aged Care, from a Services Australia Aged Care Specialist Officer or with assistance from a Care Finder or ECS worker. A SPR may lead to:

- no changes to the support plan as it meets the person's needs
- updates to the support plan to address changed needs; or
- a reassessment due to significant changes.

Where someone has made a request on behalf of the individual receiving the aged care service, it is important that the assessor confirms that the individual has consented to this occurring when beginning the SPR.

Team leaders are responsible for reviewing and prioritising SPRs, accepting an SPR and assigning it to an assessor. Urgent SPRs should be prioritised, particularly those for clients requiring access to the End-of-Life Pathway.

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The assessor will review the information provided and determine whether the older person's updated needs can be addressed through a SPR or if a reassessment is required.

> Important: The current system functionality does not allow team leaders to identify Support Plan Reviews for the End-of-Life Pathway through the same mechanisms (team leaders will be able to filter by urgency, but they will be unable to see the visual indicator or filter specifically for End-of-Life). Instead, upon receiving urgent requests for Support Plan Reviews, it is important that team leaders click the double arrow icon to expand the referral card, verify whether it relates to the End-of-Life Pathway and prioritise it accordingly. This must be done for all incoming referrals for Support Plan Reviews to ensure older people seeking access to the End-of-Life Pathway are prioritised. A temporary workaround is available via Qlik, refer to the *Identification of End-of-Life clients Via Qlik – Guidance* on the *Assessment Hub* for more detailed guidance.

If the SPR is valid, any proposed changes to the Support Plan will require a decision by an Assessment Delegate. If a reassessment is required, the referral will proceed through the standard triage and assessment process, with new recommendations subject to delegate approval.

A key change which aims to reduce the need for SPRs is the flexibility of service recommendations in the IAT for any Support at Home classification. When an assessor accepts the Support at Home recommendation for a client, all services in the list will be pre-selected, with the exception of *Allied Health and Therapy* and *Therapeutic Services for Independent Living* service types. This is due to the specific nature of these services and should only be recommended if an older person has a need for those services.

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10.1.2. Key principles of a support plan review

An assessor may set a review date on the support plan at the time of the assessment or initiate the review on an ad-hoc basis. Unplanned/ad hoc reviews may be requested by the service provider or through the contact centre or ACSOs.

- The SPR may be completed over the phone with the older person, their appointed decision maker, or in line with the older person's known will and preferences, their registered supporter.
- Assessors are best placed to make the decision as to whether an older person requires a reassessment following a review. This decision is supported by the information provided by the older person, the contact centre, service providers and health professionals.
- All SPRs are required to go through a delegate for approval.
- The My Aged Care contact centre has the ability to issue a direct referral to the assessment organisation for an urgent comprehensive assessment for residential care, residential respite care or transition care.
- If appropriate to the older person's aged care needs, a non-clinical assessor can create an assessment referral after starting the SPR.
- If an older person is admitted to hospital, it is best practice for an SPR to be conducted once the older person is discharged from hospital and there is a clear picture of the care needs and type and level of support that will be required.
- If an urgent referral is required before discharge, the SPR can be conducted in the hospital setting. This may mean that the referral needs to be transferred to an assessment organisation that is contracted to conduct assessments in a hospital

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setting (limited to State and Territory Governments). Alternatively, the assessor may contact the state or territory assessment organisation to self-refer directly.

- Where there is a significant change in an older person's needs or circumstances which affect the objectives or scope of the existing Support Plan, a reassessment may be undertaken.
- If the assessor has enough clear evidence to determine that a reassessment is required (due to a significant change in older person's circumstances), they can bypass the SPR process and refer direct to a new assessment by clicking the 'recommend new assessment' button in the 'before you start the Support Plan Review' window.

If not already scheduled earlier, a SPR may be routinely scheduled 12 months from the last assessment for older people with ongoing CHSP services in place. A reassessment is only required for significant changes in care needs or circumstances since the last assessment. The service provider is responsible for reviewing client services at least every 12 months.

- When conducting an assessment, assessors should be considering the current needs of the older person and not recommending services that aren't supported by the assessment.
- An unplanned SPR will replace the scheduled review in the system, and if necessary, can be re-scheduled at the completion of the unplanned review.
- An older person can have multiple reviews of their Support Plan linked to the same assessment.
- If new WHS information is recorded on the Support Plan following a SPR for an existing older person, the assessor should advise the provider of the new information so the provider can make the appropriate risk-based determination of how best to support the older person's service delivery.

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Once a support plan review has been commenced, an assessor will be able to make changes to information in the following sections of the older person's Support Plan:

- Assessment summary
- Older person motivations
- Goals & recommendations, including recommendations for linking support & reablement.
- Manage services & referrals
- Associated People
- Review

It is important for the assessor to keep in mind that generated support plans can include goals and concerns from all previous assessments. The assessor should remove and/or update previous goals to ensure the focus remains on the older person's current goals and aspirations as per their most recent assessment and/or SPR.

Prioritising Urgent SPRs

While no priority category for SPRs exists as it does for assessment referrals (outlined in Chapter 4: Referral for assessment) assessors should prioritise SPRs where there is an identifiable urgent need. In particular, assessors should prioritise:

- **End-of-Life SPRs,** completing them as soon as possible. These will be marked 'urgent' in the system. Team Leaders can locate these in the Assessor Portal by filtering for urgency, then expanding the boxes to locate the EoL clients.

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- Referrals where referral information indicates a significant event has occurred or the older person has a rapidly deteriorating condition, all of which will likely result in a reassessment. This will help ensure prompt review by a Triage Delegate.
- Requests for **a second unit of restorative care,** particularly those where there is a need for continuity of services

Otherwise, all other SPRs should be completed within calendar 15 days from the date the SPR referral is accepted.

10.1.3. Outcome of the SPR

After conducting the SPR, the assessor should consider possible outcomes, including: determining that no changes to the Support Plan are required (as it meets the older person's needs), updating the current plan, or conducting a reassessment.

The assessor can record the outcome to 'complete' the SPR and 'finalise' the SPR when it has been completed. If the SPR outcome is a reassessment, then the assessor is prompted to issue the assessment referral.

If the assessor assigns the referral to myself/my organisation, then they can start triage and should enter as much information as they can while conversing with the client at the end of the SPR. Note, a triage delegate must review the information entered by the assessor and complete the triage. The SPR referral will appear above the Assessment Summary Information in the older person's Support Plan.

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Note:

A SPR should accurately reflect the review details, including date, attendees, mode, assessor name, reason for SPR and the outcome of the review (up to 1000 characters).

Assessors must ensure the older person or active, appointed decision maker recognised under the Act (whether or not a registered supporter) agree to the details entered in the outcomes field as these comments will automatically appear on the older person's Support Plan.

The Assessment Summary section of the Support Plan has a 5000-character limit which can also be updated with the SPR. All past versions of the Support Plan are retained on the My Aged Care system and are a record of any deleted content.

After selecting 'complete & finalise support plan review' no further changes can be made. Where applicable (e.g. if new services have been added or if a decision has been made to not approve a specific request), a Notice of Decision will be required to be prepared for Delegate approval and shared with the older person.

The assessor may determine that the older person's needs or circumstances have changed significantly since their original assessment, and a reassessment is required.

10.1.4. Reassessments

An older person may require a reassessment following a SPR in the following instances:

- the older person has multiple new needs or significantly increased needs
- the older person requires a different service group (i.e. client receiving CHSP needs to move to Support at Home) the My Aged Care assessor portal allows a reassessment referral where:
    - the SPR request meets one of the four defined scenarios only (transition care, residential care, residential respite care and older person relocation) or
    - if the request does not meet the defined scenarios and the SPR clearly needs to be converted to a reassessment, the assessor can issue a reassessment referral where they select 'A reassessment required' as the outcome of the SPR or
    - after the full SPR is completed and finalised, the assessor has the option to start a reassessment referral if this is appropriate.

Where the SPR outcome does not indicate a reassessment is necessary, but the person (or their active, appointed decision maker, whether or not a registered supporter) continues to request a reassessment, assessment organisations should be aware that making a decision not to proceed with a reassessment process is a reviewable decision under the Act.

If the triage delegate's clinical opinion (based on guidance materials and evidence) is that a comprehensive assessment is not required, the assessment organisation must ensure the older person:

- is aware of, understands and accepts this decision.
- is provided with the updated support plan which details the outcome of the SPR and if applicable, references the reason/s to the older person why the requested reassessment is not required at this stage; and
- is provided with information on how to request a further SPR should the older person's care needs or circumstances change.

If the older person does not accept the decision, then the assessment should proceed.

Reassessment of a classification level

Depending on the classification type for the 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 of the *Aged Care Act 2024.* Section 82 outlines who may apply for a classification reassessment for each classification type for a service group and when an application may be made. This is outlined in the table below.

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Table 54. 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 • it is considered the circumstances (if any) prescribed by the *Aged Care Rules 2025* (the Rules) apply.
Ongoing for residential care	The individual A registered provider on behalf of the individual	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 • the funded aged care services are not being delivered under a specialist aged care program; and • either of the following apply: • 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; • it is considered 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

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Classification type for a service group	Who can apply for a classification reassessment	When can a classification reassessment be sought
		• if the application is made by the registered provider: • 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 • those funded aged care services are not being delivered under a specialist aged care program; and • either of the following apply: • 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; • it is considered 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 for the classification type for the service group should be approved for the individual.

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When a reassessment is needed (for all classifications expect 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, the assessor will complete a reassessment. The assessment delegate will decide 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 Act. All new decisions will be documented in a new Notice of Decision letter.

Note:

Individuals who are reassessed and approved for a higher classification level while awaiting funding in the Support at Home Priority System will have their position in the queue for their priority category based on their original approval date. If a new priority category is assigned, the individual's record in the system will be moved to that new priority category and their position in the queue is based on the original approval date.

10.1.5. Criteria for SPRs and reassessments by program

The table below describes the circumstances in which a SPR is required versus a reassessment.

Table 55. Circumstances when an SPR is required versus a reassessment

Program	Support plan review	Reassessment
Ongoing Support at Home 1-8	Approval for additional service types, or for additional services within the prescribed service types that have already been included in the support plan and is within the current SaH classification. This can be submitted by the older person's Support at Home provider.	An older person's circumstances have changed significantly that is likely to mean that they will require a higher classification level, with more frequent or a different type of funded aged care service. e.g. the individual's caring arrangements have ceased, permanently, to provide some or all care to the individual; or the individual has experienced an event, or a decline in their condition.
Restorative care	Approval for additional service types, or for additional services within the prescribed service types that have already been included in the support plan during the restorative care episode, or to provide evidence that a second unit of funding is required (may consider availability of units).	To meet changing needs of the older person which may include needing an ongoing service type after an episode of restorative care has finished (or during the period if circumstances change).
AT-HM	Changes to existing AT and/or HM funding tiers AT funding tier to access repairs or maintenance of an item listed on the AT-HM list. Addition of new AT and/or HM funding tiers for transitioned HCP recipients with insufficient HCP unspent funds (from November 2025).	Where there has been a significant change in needs which may include the individual requiring a higher ongoing Support at Home classification level or a different type of funded aged care service including a new need for AT and/or HM.

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Program	Support plan review	Reassessment
End-of-Life Pathway	Request an urgent SPR to be assessed for End-of-Life Pathway if the person already has a Support at Home classification. Request an urgent SPR to move to an ongoing SaH. classification if the person needs services beyond the End-of-Life Pathway funding period.	A person who does not have a Support at Home classification will need a reassessment to be approved for the End-of-Life Pathway.
Residential care- (permanent)	N/A	Clients needing residential care who have not had residential care added as a care type to their support plan.
Residential care- (respite)	N/A	Clients needing residential care who have not had residential care added as a care type to their support plan.
TCP	N/A	If the client receiving other aged care services enters hospital and needs TCP, a reassessment is required.
CHSP	To meet changing needs which may require additional CHSP services. To close off a period of reablement support and/or meet changing needs which may include needing an ongoing service type after episode of reablement has finished.	If a CHSP participant needs access to a different service type that they are not currently approved for. For example, Support at Home or residential respite care, a reassessment is required.
MPSP	If a client is receiving other aged care services and an MPSP service recommendation needs to be added.	New MPSP clients will require an assessment from 1 November 2025. If an existing MPSP client who had not previously been assessed (who were deemed across under transitional arrangements) needs to move to mainstream services, a reassessment should be undertaken.
NATSIFACP	If a client is receiving other services and a NATSIFACP service recommendation needs to be added.	New NATSIFACP clients will require an assessment from 1 November 2025. If an existing NATSIFACP client needs to move to mainstream services and

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Program	Support plan review	Reassessment
		hasn't been assessed before, a reassessment should be undertaken.

10.1.6. SPRs for Aboriginal and Torres Strait Islander assessment organisations

SPRs will usually be reallocated to the assessment organisation that completed the previous assessment. As Aboriginal and Torres Strait Islander assessment organisations commence, an Aboriginal and Torres Strait Islander client may wish to transfer their SPR to one of these organisations. In such case, the current assessment organisation is expected to support a warm transfer of the assessment referral. This approach ensures continuity of care, respects client choice, and supports culturally safe aged care assessment delivery.

10.1.7. SPRs for AT-HM

Participants accessing assistive technology (AT) or home modifications (HM) through Support at Home can request an SPR:

- to seek a higher AT or HM funding tier
- to seek AT funding to meet their assistive technology repair or maintenance needs
- to seek allocation of an AT or HM funding tier if they are a participant with a transitional Support at Home classification (from November 2025).

The following will require a reassessment:

- to allocate an AT or HM funding tier for the Restorative Care Pathway
- to allocate an AT funding tier for End-of-Life Pathway

If an SPR is requested for a higher AT or HM funding tier or for repair and maintenance of assistive technology providers will be required to submit evidence, along with the SPR request, for the aged care assessor to review:

- a valid prescription (if applicable) and
- a quote indicating costs of AT repairs or maintenance needs

10.1.8. SPRs for Restorative Care Pathway (RCP)

Restorative care partners can submit a SPR for several reasons related to the RCP including:

- Request approval for additional services which were not approved at assessment but are required to meet goals identified in the Goal Plan
- Request approval for additional unit of RCP funding to be accessed concurrently
- Request a reassessment due to changing needs

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Like other classifications, a provider can submit a SPR requesting additional services to ensure goals can be met.

Second unit of funding for Restorative Care Pathway

Under paragraph 195(3) of the Act, a provider may submit a SPR to request a second concurrent unit of Restorative Care Pathway (RCP) funding for a person already approved for, and accessing, the RCP. To approve the SPR, an assessment delegate must confirm that the person is entered into services and consider the evidence provided outlines sufficient justification of higher needs for multidisciplinary allied health and/nursing services to achieve identified restorative care goals. Assessment delegates may also consider the availability of RCP funding units for allocation.

Where an initial RCP place has been withdrawn due to the person not entering care within the required take up period (56 days, with a possible 28-day extension), a second unit must not be approved via an SPR. In these circumstances, an SPR should not be used to attempt to approve a second unit RCP but may be used to assess and approve alternative supports (including the need for a reassessment), based on the person's needs. Access to a second unit of funding is requested through a SPR. A clinical assessment delegate will need to consider written evidence provided to determine approval (refer to Chapter 6 for information on manual oversight of RCP units/places). Evidence includes written confirmation from a medical practitioner, registered nurse or allied health practitioner, or restorative care partner of the registered provider that the individual requires additional funding to access nursing care and allied health and therapy services to achieve restorative care outcomes as detailed in the goal plan. Further supporting evidence can include the goal plan, clinical assessment tool outcomes, and individualised budget. Where an older person is already receiving ongoing services, information should be provided to demonstrate adjustments to ongoing services is also not sufficient to achieve restorative outcomes in combination with their initial RCP unit of funding. Availability of RCP units may also be considered.

Those with an active Short Term Restorative Care (STRC) approval who did not start STRC before 1 November 2025, had their approvals transferred into an approval for RCP.

Note for this cohort using their STRC approval to access the RCP:

- They can access the RCP units of funding for the first six months from 1 November 2025.
- A second unit of funding to use within a single RCP episode can be requested via a SPR request. However, assessors will need to self-refer this for reassessment to grant access to a second unit of funding. This is because the ability to add a second unit via SPR will not be available on the assessor portal for those with STRC approval.
    - The reassessment can be one over the phone and does not require queuing for face-to-face assessment.
    - The decision to approve second unit will be informed by evidence submitted by the provider with the SPR request.
- When a request for a second unit of RCP is received assessors should confirm if there is approval for STRC and RCP on the client's record. If there is approval for both, the assessor will need to confirm with the client if the client entered care under the RCP after 1 November 2025 using the STRC approval. If this is the case, then the assessor must not approve a third unit of RCP funding.
- If the participant is eligible to access an additional RCP unit, they must wait at least 12 months before accessing another episode.

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Important: There are certain number of places available during the financial quarter for RCP units. Assessors and delegates should monitor departmental communications regarding RCP unit availability, particularly where a second unit is being considered. Requests for second RCP unit contribute to the overall management of available RCP units and should only be made where clinically appropriate and supported by evidence,



For more information on the Restorative Care Pathway please refer to the Support at Home Manual.

Recommending ongoing services after/during a period of Restorative Care Pathway

Assessors should consider any potential needs after exiting from the RCP, it may be necessary to undertake a reassessment for ongoing funding towards the end of the RCP episode.

The intention of RCP is to improve levels of function and delay the need for ongoing or higher levels of ongoing aged care services. This can only be determined after the RCP episode has been completed. The restorative care partner could request a reassessment if it is anticipated ongoing services may be required or there has been a change in circumstances.



10.1.9. SPRs for the End-of-Life Pathway

SPRs are used in the context of the End-of-Life Pathway for the following reasons:

- For existing Support at Home participants, to move from their current ongoing Support at Home classification to the End-of-Life Pathway
- For participants accessing the End-of-Life Pathway who require services beyond the End-of-Life funding period, to move from the End-of-Life Pathway to an ongoing Support at Home classification

In both cases above, the SPR should be marked as an 'urgent' SPR.

Funding under the End-of-Life Pathway can be used for a maximum of 16 weeks. An urgent SPR can be requested any time after 12 weeks if it appears the participant will require services that exceed the End-of-Life funding period. The SPR will enable the participant to:

- Return to their previous ongoing Support at Home classification, if they were already receiving services under Support at Home, or
- Transfer to the ongoing classification that was determined at assessment, in the case of participants who were new to Support at Home when they commenced the End-of-Life Pathway.

It is critical that SPRs to transfer a participant from the End-of-Life Pathway to ongoing services are prioritised in order to ensure there is no break in continuity of service. If a participant is returning to an ongoing Support at Home classification that is considered insufficient for their needs, a reassessment may be needed. However, the SPR to return the participant to their current ongoing classification should be completed first, in order to ensure funding is made available. After this, a reassessment can be requested.

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Where the participant was new or was an existing Support at Home participant prior to accessing the End-of-Life pathway (e.g., was not previously accessing CHSP), when completing the SPR, the assessor must ensure they transfer the participant to ongoing services through the SPR process instead of referring to a new assessment from the SPR process. End-of-Life participants should only be referred for a new assessment through an SPR where they were accessing another program prior to accessing the End-of-Life pathway (such as CHSP).

Department of Health, Disability and Ageing website:

My Aged Care – Assessor Portal User Guide 3 – Managing Referrals for Assessment and Support Plan Reviews

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11. Chapter 11: Reviewable decisions, revoking eligibility or approval decisions and complaints

What you'll find in this chapter:

This chapter provides information on assessment related reviewable decisions in accordance with the *Aged Care Act 2024 (the Act)*. It also details:

- the reviews process
- the corrections process
- options for reviews and revocations
- the pathways that clients can take to submit complaints and raise concerns about their My Aged Care experience.

The primary audience for this section is assessors, team leaders, delegates and operational managers. Assessors should be aware that they are providing a valuable and trusted public role in the delivery of quality aged care assessment services on behalf of the Commonwealth. A necessary part of a quality assessment is having supporting processes that allow the older person the right to complain without fear of reprisal, while also upholding the statement of rights and principles.

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11.1. Reviewable decisions

The Act broadens the scope of reviewable decisions related to the assessment process. It is essential for all delegates to be aware that certain decisions can be reviewed, and to ensure that every decision made is thoroughly documented and supported by evidence.

Section 557 of the Act outlines the decisions made by the System Governor that are subject to review, including those related to assessments and assessment-related activities. This section also identifies the specific entities affected by each reviewable decision.

An affected entity for a reviewable decision is a party that has the right to seek a review of a decision. To find out whether a person is an affected entity in relation to a reviewable decision refer to column 2 of section 557 of the Act.

An older person's registered supporter/s can communicate the decision of an older person to seek a review of a decision. It is not the role of a registered supporter to make decisions for an older person. If an older person has an active, appointed decision maker recognised under the Act, that person may make a decision on behalf of an older person to seek a review of a decision. They may only do this if this decision is within the scope of their legal authority and that legal authority is active.

11.1.1. Reviewable decisions related to assessment

Table 56 is an excerpt of the table in Section 557 of the Act relating to decisions made by the System Governor that relate to assessment.

Table 56: Reviewable decisions made by the System Governor that relate to assessment

Item	Decision	Simplified explanation	Entity
7	A decision under subsection 57(1) not to make an eligibility determination for an aged care needs assessment for an individual	Deciding that an individual is not eligible for an aged care needs assessment	The individual (the older person)
8	A decision under subsection 64(1) that a reassessment of an individual's need for funded aged care services is not required	No need for reassessment: Deciding that an older person does not need a support plan review or reassessment of their aged care needs	The individual (the older person)
9	A decision under subsection 65(1) that an individual does not require access to funded aged care services	No need for aged care services: Deciding that an older person does not need funded aged care services	The individual (the older person)
10	A decision under subsection 65(2) not to approve a service group, or a classification type for a service group, a service type, or a funded aged care service, for an individual	Not approving certain services: Deciding not to approve a service group, service types or services, or classification types for an older person	The individual (the older person)
11	A decision under subsection 65(4) that exceptional	No exceptional circumstances: Deciding not to	Each of the following:

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Item	Decision	Simplified explanation	Entity
	circumstances do not apply in relation to an individual	approve access where an older person has not undergone a needs assessment.	(a) the individual (the older person); (b) the registered provider
12	A decision under subsection 71(2) to not specify an earlier day in a notice of decision under section 70	Not setting an earlier date: Deciding not to backdate the date of approval in the notice of decision for an older person.	The individual
13	A decision under subsection 71(6) to reject an application for a longer period for an individual to make an application	Rejecting a longer application period: Deciding not to give an older person more time to submit an application to have their date of approval backdated	The individual (the older person)
14	A decision under subsection 74(1) to revoke an eligibility determination for an aged care needs assessment for an individual	Revoking eligibility for an assessment: deciding to cancel an older person's eligibility for an assessment	The individual
15	A decision under subsection 74(1) to revoke an access approval for an individual	Revoking eligibility for aged care: Deciding to cancel an older person's eligibility for aged care services	The individual (the older person)
16	A decision under subsection 78(1) to establish a classification level for an individual for	Setting a classification level: Deciding on a classification level for an older person for a specific	Each of the following: (a) the individual; (b) if a copy of the notice of the

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Item	Decision	Simplified explanation	Entity
	a classification type for a service group	classification type in a service group	decision is required to be given to a registered provider under subsection 79(3)—the registered provider
17	A decision under subsection 83(1) to change a classification decision (the original decision) for an individual	Changing a classification decision: Deciding to change a previous classification decision for an older person	Each affected entity for the original decision
18	A decision under subsection 86(1) to assign a priority category for a classification type for a service group	Assigning a priority category: Deciding on a priority level for an older person for a specific service group	The individual
19	A decision under subsection 90(1) to change a decision about an individual's priority category for a classification type for a service group	Changing a priority category: Deciding to change an older person's priority level for a specific classification type for a service group	The individual (the older person)

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11.2. Reconsiderations process

If an affected entity is not satisfied with a decision that is reviewable under the *Aged Care Act 2024* (the Act), they are encouraged to first contact their assessment organisation to discuss their concerns in the first instance. The affected party may also submit a written **reconsideration request within 28 days** of receiving the decision notice:

By Email:

agedcarereviews@health.gov.au

By Post:

The System Governor
Department of Health, Disability and Ageing
Attn: Review of Decisions Section
GPO Box 9848
ADELAIDE SA 5001

Visit for more information: Request for an Internal Review of a Decision Form | My Aged Care

This request must set out reasons why they are seeking a review. The System Governor can allow further time for someone to make a request for reconsideration (see subsection 559(3)(c) of the Act.)

The reconsideration will be conducted by an internal decision reviewer who is different from the original decision-maker, holds equal or higher position and was not involved in the making of the original decision.

The internal decision reviewer will be a departmental delegate of the System Governor and will carry out a comprehensive administrative review of the original assessment organisation's decision.

They will consider all relevant information, including new evidence from third parties before making a determination. They must also, within 14 days of receiving the request, provide the affected entity written notice that the request has been received and when it was received. The notice must also set out that if the internal reviewer has not provided notice of their decision within 90 days of receiving a request, the original decision has been affirmed.

The internal decision reviewer must make a decision within **90 days** after receiving the request. They may:

- Affirm the original reviewable decision.
- Vary the original reviewable decision.
- Set the reviewable decision aside and make a new decision.

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After making their decision, the internal decision reviewer must give written notice of the following to each affected entity for the reviewable decision:

- the reconsideration decision;
- the day the reconsideration decision was made;
- the reasons for the reconsideration decision;
- details of the affected entity's right to apply to the Administrative Review Tribunal for review of the reconsideration decision.

If the affected entity is still not satisfied after the review, they may apply for a further review by the Administrative Review Tribunal.

11.2.1. The role of assessors in reconsiderations

During the reconsideration process, the Departmental delegate may discuss the request with the assessor through the assessment organisation's Operational Manager. This step helps clarify any matters related to the case.

Assessment organisations play a vital role in the reconsideration process. They may be invited to provide additional information in response to the request for review, including the rationale for their decision making. Any additional information will be carefully considered as part of the administrative review.

11.2.2. New point in time assessment

If the Internal Review Officer identifies that there has been a significant change in the older person's circumstances since the original decision, they may discuss with the older person, the option of pursing a reassessment and withdrawing their review request.

If the older person decides to withdraw their review request, the Department will facilitate the reassessment and cease to deal with the matter.

Important: The Department cannot discontinue the review process unless the older person chooses to withdraw their application.

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If the older person decides to pursue a new point-in-time reassessment, the Internal Review Officer will instruct the assessor to conduct a reassessment.

11.2.3. Supplementary off-line assessment by assessment organisation to inform the reconsideration process

When a review officer determines that a supplementary off-line assessment is required to support a review decision, they may request that it be undertaken. This scenario typically arises when it appears that an incorrect decision may have been made, but the Internal Review Officer requires updated information to determine the most appropriate assessment outcome. The outcome of this assessment will contribute to the body of evidence considered as part of the review process. This process is distinct from a reassessment because a reassessment stems from a change in circumstances. In the case of a reassessment, the outcome would not be backdated to the time of the original assessment.

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Requests for off-line supplementary assessments are infrequent and are only made when necessary to support a thorough and fair reconsideration process.

Through the assessment organisation's operational manager, the Internal Review Officer will request the off-line supplementary assessment in writing. It will be necessary to use the paper-based version of the Integrated Assessment Tool (accessible from the My Aged Care assessor portal) or other form as specified by the Internal Review Officer.

The off-line supplementary assessment is usually performed by an assessor who was not involved in the original decision or by a different assessor from the same organisation. To ensure a comprehensive evaluation, the reassessing assessor can collaborate with the original assessors, the original Assessment Delegate, and any other relevant parties as needed.

The assessor must not discuss the supplementary off-line assessment outcome with the older person or any other party in any way after completing the assessment. The outcome of the supplementary off-line assessment is not recorded in My Aged Care by the assessment organisation. Instead, it is shared with the Department through the assessment organisation's operational manager.

11.2.4 Role of Internal Decision Reviewer in relation to Support at Home Reviewable Decisions

Where an older person (or their appointed decision maker) is unhappy with a Support at Home classification or priority decision, they can submit a written request to the Department for the decision to be reconsidered. The older person can be assisted by their supporter to submit the request. The role of the Internal Decision Reviewer is to, standing in the shoes of the original decision maker, consider whether the correct decision has been made in accordance with the relevant legislation and on the basis of the information and evidence provided. The Departmental Delegates conducting the internal review of Assessment Decisions are subject to the same legislative limitations as the original decision maker.

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Where a request to reconsider a classification decision is received by the Department, the Internal Decision Reviewer will consider whether any of the inputs into the IAT are incorrect or need amendment, having regard to all the evidence available to the original decision maker. The Internal Decision Reviewer may also request further information or documents necessary to reconsider the decision. If this process results in the older person receiving a different Support at Home Classification level, then the original decision will be set aside and substituted with the new decision. This process ensures the integrity of the classification algorithm and ensures that program funding is allocated consistently and equitably to all participants based on their needs, in accordance with the criteria described in the Rules.

Similarly, where a request to reconsider the decision to assign a priority category is received by the Department, the Internal Decision Reviewer will consider the evidence relied on by the original decision maker to determine whether the criteria set out in the Rules was appropriately applied. The Internal Decision Maker may also request further information or documents necessary to reconsider the decision. If, on review of the evidence and information before the internal reviewer, it is determined the individual is eligible for a different priority category, the original decision will be set aside and substitute the decision with a new priority category.

As part of the internal review process, the Internal Decision Reviewer will seek additional evidence from the Applicant, and other third parties including the AO, any home care provider or medical practitioners.

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11.3. Further avenues of review

If affected entities remain dissatisfied with the outcome of the review, they can apply to have their reconsideration decision reviewed by the Administrative Review Tribunal (ART).

If an affected entity has concerns about the way a decision was made or the processes involved, they can make a complaint to the Commonwealth Ombudsman.

11.3.1. Administrative Review Tribunal (ART)

If a person who has requested a reconsideration of a decision is not satisfied with the outcome, they may apply to the ART for a further review. It is important to note that there is a cost to the applicant for initiating this process.

Assessment Delegates must ensure that all information used in making approval decisions, including any data gathered during reviews of reviewable decisions is properly maintained and readily available for review by the ART.

Both the Assessment Delegate who made the original decision and the Department delegate who made the review decision may be required to appear before the ART as part of the review process.

11.3.2. Commonwealth Ombudsman

The Commonwealth Ombudsman is responsible for considering the administrative actions and decisions made by Australian Government agencies. The Commonwealth Ombudsman will not make a fresh decision on the matter, rather they will consider the way a decision was made and make recommendations on how the decision or process could be improved.

The Ombudsman's office handles complaints, conducts investigations, performs audits and inspections and carries out specialist oversight tasks to determine whether the actions and decisions of agencies are wrong, unjust, unlawful, discriminatory or unfair.

An older person, or any person supporting them such as their carer, advocate or registered supporter, can contact the Commonwealth Ombudsman through the official website to raise their concerns or file complaints.

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11.4. Revocations

Triage and Assessment Delegates are not delegated the power to consider or decide to revoke an older person's eligibility or approval decisions. These delegated powers are exercised by department delegates (delegates employed directly by the department).

11.4.1. Revocations on the initiative of the System Governor

There are specific circumstances where an approval or eligibility decision may be revoked. One scenario is that during the assessment or application process the individual gave information or documents and those information or documents were false or misleading, omitted any matter or thing that without would make the document false or misleading. This can include situations where key facts presented during the assessment process were inaccurate or misleading, resulting in the approval or eligibility decision being granted

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erroneously. In such cases, it is the departmental delegate's responsibility to assess the evidence and, if warranted, initiate the revocation process to maintain the integrity of the aged care system.

Decisions to revoke an eligibility determination for an aged care needs assessment and access approval for an individual are reviewable decisions under Section 557 of the *Aged Care Act 2024.*

If an assessor or assessment delegate has concerns about the information or documents provided by an older person and/or their registered supporter(s) or appointed decision makers, they should contact the Department at AssessmentRevocations@health.gov.au

Before making a final decision to revoke eligibility or access approval, the Departmental delegate must follow the structured process outlined under the Act. The Departmental delegate must first notify the individual in writing that a decision to make a revocation is being considered. The notice must clearly state the reasons why a revocation is being considered and invite the individual to make written submissions about the matter within 14 days of receiving the letter (or a longer period if specified). Additionally, the notice must inform the individual that the Departmental delegate may proceed with the decision after considering the submissions.

If an individual has made their submission, the Departmental delegate is required to carefully consider them before making a final decision. This ensures that the individual's perspective and any relevant information are taken into account, allowing for a transparent and fair assessment of the situation.

If, after considering the submission, the Departmental delegate deicides to revoke the eligibility determination or access approval, they must notify the individual in writing within 14 days of making the decision. The notification must include the decision itself, the reasons for the decision, and information on how to apply for a reconsideration if the individual wishes to challenge the outcome.

If an eligibility or access approval is revoked, any pending applications related to the individual are automatically withdrawn. This means the individual will need to reapply for access if they wish to receive funded aged care services.

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11.4.2. Requests on the initiative of the individual

Approvals can be revoked if the individual themselves requests it. Under section 72 of the Act, an individual has the right to request the revocation of an eligibility determination or an access approval if it is currently in effect. This option to withdraw an eligibility approval is only available if the individual is under the age of 65 at the time of making the request. The request for revocation must be submitted using the approved form to ensure that the process is formally documented and consistent with legislative requirements. Once a valid request for revocation has been made, the System Governor is obligated under section 73 to revoke the eligibility determination or access approval within 28 days of receiving the request. The decision must be communicated to the individual within 14 days of being made in the form of a written notice. This notice should clearly outline the revocation decision, including any relevant reasons and implications.

> Note:
>
> Once an approval or eligibility determination is revoked, any pending applications related to that individual under section 56 or 64 are automatically considered withdrawn.
>
> This means that no further action will be taken on those applications.

Additionally, approvals lapse automatically if they are superseded by a subsequent decision. This occurs when a new eligibility determination or access approval replaces the existing one, rendering the previous approval invalid. In these cases, the revocation happens implicitly because the new decision takes precedence.

11.5. Corrections process

Assessment delegates are responsible for ensuring their decisions are recorded accurately and completely. Diligent quality checks are essential to minimise the need for corrections and maintaining accurate records.

If an administrative or typographical error is identified after submitting a decision, assessment delegates must promptly initiate the corrections process. As an example, errors could include an omission of funded care types from an individual's approval that were recommended in the Support Plan and the delegate intended to approve; or entering an incorrect approval date of effect (delegation date) that does not match the actual approval date of effect.

Where an error has been identified, an assessment delegate must request a 'correction' **within 42 days of the original decision**. Corrections should be requested via the 'Decision History' tab in the My Aged Care Assessor Portal using the 'Request Changes to care approval decisions' button. Additional information that does not fit in the free text field should be forwarded to the department for consideration, via email at the following address: reviewable.decisions@health.gov.au

The reason for the correction must be recorded when lodging the request. For example, "*Ongoing residential care omitted from online approval process, evidence of an ongoing residential care recommendation in Support Plan*." For the department to agree to the correction, the assessment delegate's intention (as at the time the decision was made) should be clearly evident though assessment documentation and/or other supporting documents on My Aged Care.

If the assessment information is not consistent with the correction request, the department will reject the request. In instances where a client's needs change after the original decision, a reassessment should be undertaken.

In situations where the Assessment Delegate has reconsidered their decision and changed their mind after recording the approval (based on additional information they have received), a correction request is not appropriate, and a reassessment is required. Any correction requests received by the department for this reason will be rejected.

A correction cannot be requested where service referrals have been issued for services. Where a correction is required for an assessment and service referrals have been issued, the assessment organisation must recall all services in an 'issued' state before they can request a correction.

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If it is identified a correction is required after a service referral has been accepted or services have commenced, the correction should be escalated to the department via email at the following address: reviewable.decisions@health.gov.au

11.6. Complaints

Older people (and/or their carer/advocate/registered supporters) have the right to raise their concerns about the information, service or care they have received from My Aged Care, their assessor or service provider.

There are different ways to make a complaint depending on the part of My Aged Care that the concern relates to, such as:

- the My Aged Care Contact Centre
- aged care assessment with an assessor
- the outcome of an aged care assessment
- the care and services received from a service provider; or
- the conduct of a registered supporter.

11.6.1. Concerns about My Aged Care

An older person or registered supporter should discuss their concerns about the service or information they receive from My Aged Care with the contact centre in the first instance.

If they are unable to resolve the issue, My Aged Care will provide a reference number to track the progress of the complaint. A person can make a complaint by:

Calling My Aged Care on 1800 200 422.

Posting their complaint to:

My Aged Care Complaints
PO Box 1237
Runaway Bay QLD 4216

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An assessor can make a complaint or escalate an issue about contact centre services by calling the My Aged Care Service Provider and Assessor Helpline on 1800 836 799.

If an older person, assessor or provider is not satisfied with the response received, they can take further action by sending an email with the detail of their complaint, and their My Aged Care reference number to: myagedcaresupport@health.gov.au

11.6.2. Concerns about the assessment

Assessment organisations are required to have a complaints procedure in place.

If a person has concerns about their assessment, they are advised to contact the assessor or their assessment organisation in the first instance.

If the department receives a complaint through My Aged Care, it will be referred to the relevant assessment organisation for investigation and/or resolution. The assessment organisation will report back to the department on the outcome.

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If the person cannot first resolve the issue with their assessor or their organisation, they are advised to call My Aged Care for assistance on 1800 200 422. Complaints relating to assessment organisations are escalated to the department for investigation.



My Aged Care Complaints

My Aged Care Quality in Aged Care

11.6.3. Complaints about an aged care provider

If an older person (and/or their carer/advocate/registered supporter/appointed decision maker) is unhappy with any aspect of the care or services being received through an aged care provider, they can:

- Speak to their service provider about their concerns
- make a complaint to the Aged Care Quality and Safety Commission (ACQSC):
    - By calling 1800 951 822
    - By completing an online form on the commission's website
    - In writing to:

      Aged Care Quality and Safety Commission
      GPO Box 9819, in your capital city

An assessor can also make a complaint with the ACQSC if they have concerns about an aged care provider.

In addition to the above, complaints about care received from Multi-Purpose Service Program (MPSP) providers or Transition Care Program providers can be referred to the relevant state and territory health department complaints bodies.

MPSP providers also have an obligation, under their MPSP agreement with the Commonwealth, to ensure their respective state or territory is advised when complaints have been made by an individual about the aged care or health services being delivered.

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ACQSC: Aged Care Service Provider Complaints

ACQSC: Lodge a Complaint

11.6.4. Complaints and concerns about registered supporters

Any person or organisation can raise a complaint or concern with the System Governor relating to a registered supporter's conduct, including alleged non-compliance with the duties of a registered supporter. The System Governor can suspend and/or cancel the registration of a supporter. This may occur at the request of an older person or registered supporter, or at the initiative of the System Governor.

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Complaints or concerns can be raised by anyone. This includes an older person, their other registered supporters, appointed decision makers, aged care providers or workers, medical or allied health practitioners, advocates or any other person who is concerned for the welfare or treatment of themselves or the older person.

Assessors have a role in raising or handling complaints, concerns, or requests to cancel the registration of a supporter by escalating any relevant information to the departmental delegate responsible for supporters. This includes any request from an older person or their registered supporter to cancel the relationship where the circumstances mean the registered supporter may be suspended under the *Aged Care Act 2024* (the Act), or any other complaint or information that suggests a registered supporter is not complying with their duties under the Act. This includes anything an assessor notices at an assessment.

Concerns and complaints can be raised using the online form for making a submission to the System Governor responsible for supporters.

Information about the duties of a registered supporter and the complaints process can be found in the policy library for registered supporters.

Complaints about aged care providers, including their engagement with registered supporters, can be made to the Aged Care Quality and Safety Commission.

11.6.5. Complaints about aged care policies

Complaints related to Australian Government aged care policies, guidelines or decisions should be referred to the Department of Health, Disability and Ageing.

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12. Chapter 12: Supporting diverse experiences and needs

What you'll find in this chapter:

This chapter outlines the ways in which the aged care system supports an older person's diverse needs by ensuring they have access to person-centred aged care assessments and services. This includes valuing older people, their identities, cultures, abilities, diversity, beliefs and life experiences.

12.1. Supporting diverse needs during an assessment

The Department of Health, Disability and Ageing, Australian Government agencies, aged care assessment organisations, providers and the aged care workforce must ensure that older people have access to person-centred, culturally safe, trauma aware and healing informed aged care assessments and services. This includes valuing older people, their identities, cultures, abilities, diversity, beliefs and life experiences.

The Aged Care Diversity Framework provides guidance for an accessible aged care system for every older person.

The Statement of Principles in section 25 of the *Aged Care Act 2024* (the Act) provides for an aged care system that offers accessible, culturally safe, culturally appropriate, trauma-aware and healing-informed aged care services, based on the needs of the individual, regardless of their location, background and life experiences. This may include individuals who:

- are Aboriginal or Torres Strait Islander persons, including those from stolen generations
- are veterans or war widows
- are from culturally, ethnically and linguistically diverse backgrounds
- are financially or socially disadvantaged
- are experiencing homelessness or at risk of experiencing homelessness
- are parents and children who are separated by forced adoption or removal
- are adult survivors of institutional child sexual abuse
- are care-leavers, including Forgotten Australians and former child migrants placed in out of home care
- are lesbian, gay, bisexual, trans/transgender or intersex or other sexual orientations or are gender diverse or bodily diverse
- are an individual with disability or mental ill-health
- are neurodivergent
- are deaf, deafblind, vision impaired or hard of hearing
- live in rural, remote or very remote areas.

It is important to understand that individuals may identify across more than one group and may have a variety of special and diverse needs that will need to be recognised and taken into consideration.

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During the assessment process, assessors must consider how they can create a safe assessment setting and ensure older people have a trusted support person present if needed. This may be a carer, partner, registered supporter, friend or perhaps a member from their 'family of choice' (who may or may not include biological family). This will help to build trust and ensure that an assessor can collect all information necessary to develop an appropriate and tailored Support Plan with the older person that considers their diverse needs.

It is important to recognise that many older people with diverse needs, characteristics and life experiences may have experienced exclusion, discrimination and stigma during their lives and may not feel safe to reveal such potentially sensitive information in an assessment.

Aged Care Diversity Framework

12.2. Understanding cultural safety for older Aboriginal and Torres Strait Islander people

The National Aboriginal and Torres Strait Islander Ageing and Aged Care Council's (NATSIAACC) definition of cultural safety (referenced below) was co-designed in 2024 and included in the revised explanatory memorandum accompanying the Aged Care Bill 2024.

All workers in the aged care system, including assessment staff, are expected to critically self-reflect and take responsibility for building an understanding of how they can improve their approach to culturally safe care in their daily practice.

Assessors are required to complete an introduction to cultural safety as part of the induction training through MAClearning to ensure they understand why cultural safety is important in providing safe aged care experiences for older Aboriginal and Torres Strait Islander people. It is also required that assessment organisations provide their staff with additional cultural safety and trauma aware, healing informed training relevant to the customs and protocols local to the area in which they operate.

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Further to this, it is recommended that assessment staff undertake additional training on how to understand and support the Stolen Generations. As of 2022, all Stolen Generations survivors are aged 50 or over and therefore may be eligible to receive aged care services. Many Stolen Generations survivors live in urban and regional locations where there are few, if any Aboriginal and Torres Strait Islander community controlled aged care services and facilities.

When assessing Aboriginal and Torres Strait Islander clients, it is important to be guided by the individual's preferences and observe body language and respond respectfully. If appropriate, assessors are encouraged to tailor their assessment approach to the specific needs of individuals to ensure that their support requirements are accurately reflected in their support plans. This may include:

- using a trusted cultural broker, or advocate, or including contact with an Elder Care Support worker where available
- using supplementary assessment components of the IAT that are best suited for assessing the older person's needs. This may include the use of the Kimberley Indigenous Cognitive Assessment (KICA) assessment tools and the Good Spirit,

Good Life guide in the Integrated Assessment Tool (IAT) for older Aboriginal and Torres Strait Islander people. These have been validated as the most acceptable and reliable instruments for assessing the needs of Aboriginal and Torres Strait Islander people, and/or

- developing relationships that support regular interactions and mentorship with existing and trusted health services and specialist providers located within a local community,
- working with existing Aboriginal Community Controlled Organisations (ACCOs) Aboriginal Community Controlled Health Organisations (ACCHOs) affiliates and other First Nations organisations who specialise in providing aged care services where they are available.

Aboriginal and Torres Strait Islander aged care | Australian Government Department of Health, Disability and Ageing

The KICA and the Good Spirit, Good Life guides are in the IAT User Guide

NATSIAAC definition of cultural safety

'Cultural safety requires understanding of one's own culture and the impact that your culture, thinking, and actions may have on the culture and wellbeing of others through ongoing critical self-reflection.

Only the care recipient themselves can determine whether the service is culturally safe. Ensuring access to a culturally safe, respectful, responsive and racism free aged care system is inherent for the optimal safety, autonomy, dignity, and absolute wellbeing of Aboriginal and Torres Strait Islander Elders, senior and older people, their families and community.

Aged care service providers and workers must take responsibility for building trust and relationships with Aboriginal and Torres Strait Islander service users, and their families, and for creating a new aged care system which centres on their living experience, cultural, and ageing needs, as determined by Aboriginal and Torres Strait Islander service users themselves.

The implementation of a trauma aware, healing informed approach to professional practice, and facilitating a greater understanding and respect for individual and collective cultures, histories, knowledges, traditions, stories, and values of Aboriginal and Torres Strait Islander service users, their families and communities, will greatly support the delivery of a quality and culturally safe aged care system.

Aged care service providers must also firmly commit to continuously measure and improve structures and behaviours necessary for cultural safety and quality support to remain embedded in the Australian aged care system.'

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12.3. Cultural safety for other cohorts

Cultural safety is an important consideration for all culturally distinct groups, for example culturally and linguistically diverse and lesbian, gay, bisexual, trans/transgender, intersex+ communities. It's important for assessors to recognise and respect the identities and customs of all older people who are culturally different from themselves, and have different life experiences, to provide equitable outcomes and quality assessment services.

Respecting a person's identity, culture and diversity in aged care should focus around understanding their individual needs and preferences and providing an assessment that is reflective of and responsive to their social, cultural, linguistic, religious, spiritual, psychological, medical and other needs, including cultural safety.

Assessments for all older people, regardless of culture or background, should be conducted in a way that is:

- **Welcoming and open-minded:** an assessor truly listens to the older person and works from the older person's cultural perspective, rather than their own
- **Respectful:** recognises their cultural identities and customs and does not challenge, assault or deny the identity of the older person
- **Safe, inclusive and flexible:** meets the older person's needs, expectations and rights, and is supportive of diverse characteristics and life experiences
- **Collaborative:** shares meaning, knowledge and experience through meaningful dialogue between the older person and the assessor
- **Self-determined:** provides choice, participation and control to the older person, and allows them to make decisions about matters that affect them

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Delivering inclusive aged care booklet

Aged Care Diversity Framework action plans | Australian Government Department of Health, Disability and Ageing

Partners in Culturally Appropriate Care (PICAC)

Working with Diverse Groups in Aged Care

Australian Migrant Resource Centres

12.3.1. Aboriginal and Torres Strait Islander assessment organisations

As a part of the Single Assessment System, Aboriginal and Torres Strait Islander assessment organisations began being rolled out from August 2025. These assessment organisations provide a choice for older Aboriginal and Torres Strait Islander people seeking access to a culturally safe aged care assessment. A small number of organisations will commence providing these services initially and over time, these services will extend their reach and progressively cover more areas across Australia.

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A culturally safe assessment process will help to improve the experience for older Aboriginal and Torres Strait Islander people and increase their uptake of aged care services. This will support them to maintain their independence at home for longer.

The organisations will help older Aboriginal and Torres Strait Islander people, their families, and carers, to access aged care services across urban, regional, and remote Australia.

Aboriginal and Torres Strait Islander assessment organisations will:

- Take a less formal yarning approach to assessments to make the older Aboriginal and Torres Strait Islander person feel comfortable.
- Undertake face-to-face assessments, where possible. This could be in the older person's home, at a community centre, or outdoors at a place of the older person's choosing.
- In line with the older person's wishes, welcome the presence of the older person's family member, advocate or registered supporters, to be part of the meetings.
- Allow for multiple visits, if required, to build trust and develop a relationship.
- Be embedded within the local community. Connecting with the local community with their knowledge of local services, customs and protocols will allow them to support matching appropriate assessors to the older person's preferences and needs.
- Be supported by connection to community to gather information about the older person's health and wellbeing to understand the aged care services they need prior to meeting them. This will limit the amount of information that the assessor needs to draw from the assessment, which will help to limit the number of times that the older person needs to re-tell their story.
- Maintain a connection with the older person for the whole journey to receiving services, through Elder Care Support workers. This will help to manage any uncertainty or questions throughout the process.
- Work with organisations that support Stolen Generation survivors, such as the Healing Foundation Peak or seek advice from the Link Up organisations on who is best to support Stolen Generation survivors in your state or territory.
- Provide interpreting services when needed.

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Until an Aboriginal and Torres Strait Islander service is available in their area, older Aboriginal and Torres Strait Islander people can receive aged care assessments via an existing assessment organisation. Once an Aboriginal and Torres Strait Islander organisation becomes available, older Aboriginal and Torres Strait Islander people will have the choice to be assessed through either assessment pathway.

More information available at - Aboriginal and Torres Strait Islander Aged Care Assessment Organisations.

12.4. People living with dementia

Under the Statement of Rights in section 23 of the *Aged Care Act 2024* (the Act), an individual has a right to equitable access to an assessment in a manner that is accessible and suitable for individuals living with dementia or other cognitive impairment.

The Australian Government recognises the unique needs of people with dementia and their families, registered supporters or other people who support them. People with dementia can experience communication challenges, which emphasises the need for clear, respectful and effective engagement that is person-centred.