**Department of Health, Disability and Ageing website:** Caring for Forgotten Australians, Former Child Migrants and Stolen Generations Information Package

**Helping Hands website:** Real Care the Second Time Around – Practical Tips

## 12.10. Parents separated from their children by forced adoption or removal

This term refers to the policies and practices that resulted in forced adoptions and the removal of children throughout Australia, particularly during the mid-twentieth century.

Forced adoption practices impacted a large number of Australians and caused significant ongoing effects for many people, particularly mothers, fathers, and adoptees.

Assessors need to be particularly sensitive to those older people who have been adopted or impacted by past forced adoption practices, including interactions with government officials, authorities, and institutional care, as these experiences can have significant personal and psychological impacts. Assessors should emphasise that older people's wishes are taken into account, they can have a support person at the assessment, and they are not obliged to take up any approved care.

**Department of Social Services website:** Families and Children; Forced Adoption Practices and Forced Adoption Support Services

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## 12.11. Lesbian, gay, bisexual, trans, intersex and other gender diverse people (LGBTI)

In Australia, the acronym 'LGBTIQA+' is used widely, however, older people often prefer the use of 'LGBTI,' as the word 'queer' can trigger past trauma as it has previously been used as an offensive derogatory term. 'LGBTI' refers collectively to people who are lesbian, gay, bisexual, trans and gender diverse, and/or intersex. LGBTI is often viewed as and referred to as single category that is used to speak about people using broad generalisations. However, LGBTI communities are not homogenous. Within the LGBTI acronym are several distinct, but sometimes overlapping, demographics each with their own histories, experiences and health needs.

Older LGBTI people and elders are likely to have experienced violence, stigma and discrimination throughout their lives. As a result, they may be reluctant to disclose their identities or histories to aged care services and therefore remain isolated or invisible within both the sector and the broader community. Combined with general stigmatisation and invisibility of LGBTI needs at large, this results in a lack of awareness of the unique needs of older LGBTI people, including a lack of targeted services to support them. In addition, the fear of mistreatment or rejection from aged care providers can lead to older LGBTI people delaying seeking care until their health deteriorates or a crisis occurs.

Assessors should ensure they conduct a non-judgmental assessment and the choice to disclose sexual orientation, sex/gender identity or variations of sex characteristics is entirely the older person's decision. Where an older person does disclose this information, the

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Assessor should emphasise that their information is protected information under the *Aged Care Act 2024.* In the case of transgender and intersex older people, where specific medical history may need to be communicated to service providers, it is important to discuss the way this information will be communicated or shared with providers.

Assessors should also be aware of service providers who provide LGBTI-specific services and those that are LGBTI inclusive and be prepared to advocate for LGBTI older people with other service providers as necessary as part of their care coordination activities.

In 2019, Actions Plans to Support LGBTI Elders were developed under the Aged Care Diversity Framework to address the unique needs and challenges faced by older LGBTI people. The provider action plan sets out what aged care providers can do to deliver inclusive care that is appropriate and sensitive to the needs of older LGBTI people. The consumer guide helps older LGBTI people to express their needs when speaking with aged care providers. It can also help people working in aged care to better understand the needs of LGBTI people.

**Department of Health, Disability and Ageing website:**

Actions to Support LGBTI Elders: A Guide for Consumers

Actions to Support LGBTI Elders: A Guide for Aged Care Providers

Working with Diverse Groups in Aged Care

**Federal Register of Legislation website:** Aged Care Act 2024 - Federal Register of Legislation (see Statement of Principles section 25)

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## 12.12. Other groups

### 12.12.1. Carers

It is important for assessors to recognise the valuable contribution and informal support that carers provide in the care of older Australians.

Where possible, with the older person's consent, the assessor should involve the older person's carer, family, registered supporters or other people who support the older person in the assessment and support planning process. In assessing the older person's care needs where family and carers are involved, assessors may find there is a need to balance the older person's concerns and preferences with those of their family and/or carers. Assuming the older person has capacity to make their own decisions, only the goals and preferences of the older person should be reflected in their Support Plan. The assessor may need to meet with the older person separately to ascertain the older person's preferences.

Assessors should (with the older person's consent) gain an understanding of the carer's support preferences for the older person and their capacity to continue in the caring role. Assessors need to consider the carer's circumstances and assess if there are any factors that may affect the sustainability of the caring role. An older person may agree to service recommendations that also benefit the carer, for example a type of respite service where there is an identified area of concern regarding strain in the older person/carer relationship and a goal to relieve stress on the carer.

Assessors should provide information to carers regarding specific support services that are available for carers to access in their own right and inform carers how to link with these support services. Assessors can directly refer carers (with their consent) to Carer Gateway and the National Dementia Helpline through the Assessor Portal and Aged Care Assessor App.

**Carer Gateway website.**

**Department of Health, Disability and Ageing website**: Our work related to dementia | Australian Government Department of Health, Disability and Ageing

My Aged Care – Assessor Portal User Guide 2 – Registering support people and adding relationships

For family, friends and carers | **Dementia Australia**

**Dementia Support Australia website.**

National Dementia Helpline: 1800 100 500 - 24 hours a day, 7 days a week

## 12.12.2. People living with mental health conditions

When assessing the aged care needs of older people living with a mental health condition assessors are encouraged to liaise with mental health services to assist their understanding of the older person's needs. Assessors can also assist by facilitating links between the older person, providers, and appropriate mental health services.

Aged care services usually do not have the capacity to adequately meet the needs of people with a serious, uncontrolled mental health condition without the support of, and treatment by, mental health services.

Assessment and approval for entry to aged care is only appropriate if the intensity, type, and model of care is the most appropriate to meet the person's care needs. This includes the following considerations:

The person's mental health is stable. If they have recently received treatment, their mental health should be stable prior to being assessed although it is understood they may still have significant symptoms.

- Community mental health services will continue to provide collaborative care for those elderly people who have significant or unstable psychiatric symptoms.

The assessor must, prior to commencing an assessment, obtain informed consent for the assessment either from the older person (if they have the ability to provide this consent), or an appointed decision maker recognised under the Act who has legal authority to provide consent to the assessment. An appointed decision maker must have active, legal authority for the older person. This may include having authority to make decisions regarding health, accommodation, and daily living care.

Involuntary mental health care is governed by separate mental health legislation in each state and territory. People who are placed under some form of an involuntary order (e.g., to manage their medicines when living in the community) may be eligible for aged care services. Assessors should consider each referral on a case-by-case basis.

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In some jurisdictions, under certain circumstances, mental health legislation empowers the treating psychiatrist to make accommodation decisions in the best interests of a person receiving treatment under an involuntary order. This power is only exercised when a particular accommodation setting is required to facilitate the treatment of a person's mental health condition. It does not replace the need for guardianship when a mental health condition is incidental to that person's need for placement in residential care.

A comprehensive assessment is also required to access residential aged care facilities in jurisdictions where residential aged care facilities are part of the aged mental health service system.

All assessment organisations should develop assessment protocols that reflect relevant state or territory legislation and regulations, to ensure that older people living with a mental health condition are directed to the responsible agency to assess and recommend services most appropriate to meet their care and support needs.

## 12.12.3. People with palliative care needs

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 palliative care and end-of-life care when required. The strengthened Aged Care Quality Standards also include outcome 5.7 Palliative Care and End-of-Life Care, that provides the intent for providers to follow, including recognising and addressing the needs, goals and preferences of individuals for palliative care and end-of-life care

Palliative care is person and family-centred treatment, care and support for people living with a life-limiting illness. Palliative care aims to improve quality of life and support people to live well for as long as possible.

The Aged Care Quality and Safety Commission stipulate that care recipients are entitled to receive personal and/or clinical care that is appropriate and recognises their needs, goals, and preferences. This is particularly important for care recipients nearing the end of their lives whose preference may be to remain in their home for as long as possible.

Older people with a life-limiting condition can be supported by multiple care systems including, aged care services, mainstream health care services (including specialist care) and state and territory specialist palliative care services.

Where the aged care system is identified as part of the care requirements for a person over the age of 65 years (or over 50 years for Aboriginal and Torres Strait Islander people and people who are homeless or at risk of homelessness) with a life-limiting illness, it is important the aged care assessment is holistic and considers all of the person's needs. An important part of the aged care assessment will be the identification of palliative care and end of life care needs. Timely provision of appropriate care can support people to be cared for in their home for as long as possible if this is their preference. This is therefore important to consider as part of the assessment and when recommending care options and services.

Assessors should pay particular attention and use their professional judgement to note if an older person has a life limiting illness, they would likely benefit from receiving a palliative approach to care.

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***Supporting information***

Palliative care seeks to prevent and relieve suffering through early identification and correct assessment and treatment of pain and other symptoms, associated with a life-limiting illness, whether physical, psychosocial, or spiritual. The types of supports that may be needed by an individual, their families and carers will vary and may include a range of clinical and non-clinical supports.

Palliative care can occur in almost all settings where health and aged care is provided. It may be provided by a variety of professionals, including specialists, general practitioners, nurses, allied health workers, aged care workers, counsellors, and pastoral carers. The assistance of specialist palliative medicine physicians and nurses may be required when a person's symptoms are complex or difficult to manage.

Palliative care is different to 'end-of-life care.' While palliative care may be provided from the point of diagnosis of a life-limiting illness, end-of-life care is care for a person who is in the last months or weeks of life, including for those whose death is imminent (within weeks or days). The needs of patients are higher at this time and timely access to services is vital. Timely access to aged care services may depend on the services being sought and whether a person is already engaged with an aged care program.

It is therefore important to explore all options for an older person, including whether the Support at Home End-of-Life pathway is appropriate. Eligibility for the End-of-Life Pathway can be found in Chapter 6.

The provision of both palliative care and end-of-life care cuts across systems – care offered through the aged care system should be integrated to facilitate seamless transition, building upon clinical palliative care services offered by primary care professionals, or state-based specialist palliative care services.

For example, where a state or territory provides clinical palliative care services in the home, older people receiving palliative care may also require assistance with basic daily living support and supportive care to ensure they are able to remain at home for as long as possible. These care needs range from assistance with daily chores to personal care, providing meals, transport assistance, respite care, home modifications and social support.

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**Department of Health, Disability and Ageing website**:

AN-ACC Class 1 – admit for palliative care

National Palliative Care Strategy

***Training and tools for health and aged care professionals***

The Australian Government funds accredited education and training on palliative care for the workforce.

The Palliative Aged Care Outcomes Program (PACOP) aims to systematically improve palliative and end-of-life care outcomes in aged care settings in Australia.

End of Life Directions for Aged Care (ELDAC) provides information, guidance, and resources for all aged care staff to support palliative care and advance care planning.

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Information can be found at **health.gov.au/palliative-care-education**

## 12.12.4. Older people who are in prison

Usually, aged care assessments will be conducted when the person is released from prison into the community by referral through My Aged Care. Assessments of ex-prisoners in a community setting will depend on the person's needs and the screening and triage outcome. However, in a prison setting, only clinical assessors can undertake such assessments. A triage delegate can only arrange an assessment by a non-clinical assessor to take place after the person is released.

If it is imperative that an assessment occurs in prison, the clinical assessor can conduct an in-prison assessment, provided the prisoner has a release date and the prison is agreeable to the arrangement. By exception, an older person may be assessed in a prison setting by a clinical assessor prior to them securing a release date. This can only occur in cases where a release date is dependent on a needs assessment being undertaken.

In recognition that prisoners can have very complex health and care needs, it is appropriate for a clinical assessor to be supported by another assessor. This is a decision for the assessment organisation to make keeping in mind the health and safety of its assessors. For additional considerations for WHS screen prior to assessment see Chapter 5.

Regardless of whether the assessment occurs in a community or prison setting, Commonwealth subsidised aged care services can only commence after the prisoner is released. It is the responsibility of the relevant state or territory government to provide the appropriate care and services while the person is incarcerated. If the older person is found eligible for Support at Home, the assessor should update the older person's status to 'not seeking services' at the time of assessment. Upon receiving a prison release date, the older person or registered supporter or other person who support the older person will need to contact My Aged Care to indicate they are actively seeking care to be placed on the Support at Home priority system.

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If the person shares (or the assessor is in receipt of) sensitive information, with the older person's consent this can be recorded by adding a sensitive note and/or a sensitive attachment. Providers will be presented with a banner message on My Aged Care where a sensitive note exists prompting them to contact the assessor. The assessor should disclose information where it is applicable to the provider in their provision of care or services to the older person (see Recording sensitive information in Chapter 5). Where it is recorded the older person has challenging behaviours that may impact the safety and welfare of the older person or staff, the assessor should contact the provider to help ensure they can appropriately manage these behaviours once services commence.

The Support Considerations section of the IAT gives assessors the opportunity to ask the older person if there is any further information providers should be aware of in the delivery of care and services. This will allow (although this is up to the older person to agree to) the older person to advise of parole conditions or any implications of their incarceration that relate to effective and safe aged care provision that have not previously been raised during the assessment.

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The assessor can record this information as a sensitive note and/or sensitive attachment and should add a note in the Support Considerations section of the IAT (and only if appropriate, the Support Plan) indicating that there is a sensitive note and/or sensitive attachment to view.

Assessors should be mindful that there is an increased likelihood that prisoners or ex-prisoners are at risk of vulnerability and complexity and requiring additional linking support (see Delivering Linking Support / Care Coordination to Vulnerable Older people in Chapter 5: Assessment activities).

> Note: When assessing an older person in a prison setting for services to support their transition to residing in the community , the assessor can still complete a 'true' assessment based on their best efforts to understand and assess against the person's functional needs in the community setting they intend to reside in, not the setting where the assessment is being carried out. Where a person is not in the setting they plan to reside in, it may be necessary for assessors to seek information about the older person's home environment from the older person's care and support team to make an as accurate assessment as possible of their functional needs.

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# 13. Chapter 13: Operating procedures

## What you'll find in this chapter

This chapter includes information on privacy, information management and relevant legislation. Also included in this chapter is information about:

- Applying to be delegate
- Information management
- Clinical governance
- Branding
- Resources for consumers
- Reporting and performance

## 13.1. Applying to be a delegate

Delegate applications are submitted online within the My Aged Care assessor portal. There are currently three delegate positions:

- Triage delegate,
- Clinical assessment delegate and
- Non-clinical assessment delegate.

### 13.1.1. Delegate on/off form

To be appointed to a delegate position, such as a triage delegate or assessment delegate and gain the authority to make approval decisions, individuals must complete an application process and be approved by the Department of Health, Disability and Aged Care (the Department). This application is submitted through the My Aged Care assessor portal.

> Note: All non-clinical and clinical assessors have delegation under the Instrument of Delegation to approve CHSP, CHSP AT, CHSP HM when completing a home support assessment. In practice, even though there is a blanket delegation, assessment organisations can instruct their workforce to get someone else to approve a client's home support assessment.
>
> From 29 June 2026, the non-clinical delegate workflow will be completed through the Assessor Portal. To undertake delegation, all non-clinical delegates must hold the appropriate non-clinical delegate role in the Assessor Portal from this date

A learner assessor must not be appointed as a clinical or non-clinical delegate until they have completed all mandatory training requirements set out in the My Aged Care Workforce Learning Strategy and been issued with a completion certificate on MAClearning.

Within the portal, the Delegate on/off form can be used to:

- **Add** users to delegate positions.
- **Cease** existing delegates from delegate positions.
- **Replace** existing delegates noting that the replace functionality will cease existing delegate access and add their replacement in a single step.

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A number of rules apply:

- Only assessors, team leaders, and delegates can hold delegate positions.
- To apply on behalf of someone else, the applicant must be either a Team Leader or an Assessment Organisation Operational Manager.
- Team Leaders can submit applications for themselves as well as for others.
- Assessment Organisation Operational Managers can only hold a delegate position if they are also an assessor or a Team Leader.

All approved delegates are assigned a unique Delegate ID in the My Aged Care system. This ID consists of a 6-character code, where:

- The first three characters represent the assessment organisation ID
- The fourth character indicates the profession ID
- The final two characters identify the specific position within the organisation.

**Delegate ID Position setup**

The Delegate Position framework derives the position name (Delegate ID Position) for all delegate roles as the concatenation of: 'Initials of delegate role + delegate team ID + profession code + position number'

***Initials of delegate role***

**Table 57. Initials of Delegate Roles**

| Delegate Role | Initials of Delegate Role |
|---|---|
| Triage Delegate | TD |
| Clinical Assessment Delegate | blank (no value) |
| Non-Clinical Assessment Delegate | NCAD |

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***Delegate team ID***

The delegate team ID is an existing field and is unique to an outlet.

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### *Profession code*

**Table 58. Profession codes**

| Profession | Profession Code |
|---|---|
| Non-Clinical | 0 |
| Medical Practitioner | 1 |
| Registered Nurse | 2 |
| Social Worker | 3 |
| Occupational Therapist | 4 |
| Physiotherapist | 5 |
| Other Health Professional | 6 |
| Psychologist | 7 |

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### *Position number*

The position number is a counter, automatically incremented.

Example:

A Triage Delegate role for an outlet with:

- Delegate Team ID: "7YC"
- Profession: Social Worker (Profession Code: "3")
- Position Number: "00"

The Delegate Position ID will be TD7YC300.

A Clinical Assessment Delegate position (ID: 6SR315) is located in Southern Tasmania (Aged Care Planning Region) for the Tasmanian Department of Health. This role:

- Can only be occupied by a Social Worker
- Is identified by the Position Number: 15 in that outlet.

### *Using the My Aged Care assessor portal*

The My Aged Care assessor portal allows applicants to manage delegate positions through a structured process.

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The delegate application process consists of four main steps:

- Create the application – The applicant initiates and submits the application.
- Verify the application – A verifier, who must hold the Team Leader role in the portal, reviews and confirms the application details.
- Support the application – A supporter, who must hold the Assessment Organisation Operational Manager role in the portal, provides the final approval or endorsement.
- Approve the application – The Department reviews the application and any supporting evidence before deciding to approve or deny it.

Each step in the application process must be completed in order, following the system's established rules and workflows.

**Portal processes**

A key requirement is that applications progress one step at a time. For instance, if a Team Leader submits an application on behalf of another user, they must first create and submit the application. Only after submission can they return to verify it. This structured approach ensures clarity and organisation throughout the process.

Applicants, verifiers, and supporters have access to the proposed delegate's profile details, including their name, contact information, clinical status, occupation, and qualifications. However, these details cannot be updated during the application process. If any information needs to be changed, the applicant must work with the outlet or organisation administrator to update the details within the portal, separately from the application process.

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**Access to applications is limited to authorised users**

Outlet-level Team Leaders and Outlet Administrators have limited access. For applications involving multiple outlets, only Team Leaders overseeing all included outlets can view them. Outlet Administrators have similar restrictions and, like Organisational Administrators, do not participate in processing delegate applications.

**Creating a delegate application**

When creating a delegate application, delegate positions can be managed by adding, replacing, or ceasing delegates.

- The **Add** option allows the user to create a new delegate position.
- The **Replace** option lets the user cease an existing delegate and assign their replacement.
- The **Cease** option is used to remove a delegate from their positions without assigning a replacement.

Each application must focus on a single delegate role, which must be selected at the time of submission. The available roles are Triage Delegate, Clinical Assessment Delegate, or Non-Clinical Assessment Delegate.

If someone is required to hold multiple roles, separate applications must be submitted for each role. In replace applications, the new delegate automatically inherits the same role as the ceasing delegate.

**Important to note**

- For Add and Replace applications, selecting the delegate's profession is a key step. The system uses this information to either assign an existing vacant position for that profession or create a new position if no vacancy exists. For Cease applications, there is no need to select a profession. Simply choose one or more positions the delegate currently holds to proceed with their cessation, regardless of their profession.

- Applicants can include start and end dates in their applications. The Date From field specifies when the delegate will begin their role, while the Date To field is used to automate the delegate's dissociation when their term ends. However, the Date To field is not needed for ceasing a delegate, as both temporary and permanent cessations are treated the same by the system.

- As part of the process, applicants must nominate a Team Leader to verify the application and an Assessment Organisation Operational Manager to support it. The system filters the list of eligible Team Leaders to include only those who cover all outlets involved in the application. If no suitable Team Leader is available, the system will display an error message. The Operational Manager must also be selected from the provided list to ensure their role matches the application's requirements.

- Special rules apply when a Team Leader submits their own application. In such cases, they must nominate another Team Leader to verify it. Once submitted, the nominated verifier will handle the next steps.

- The system automatically checks several details during the application process, including the proposed delegate's clinical status, occupation, and qualifications. If the delegate does not meet the criteria, warning messages will guide the applicant to update the delegate's user profile or adjust their position type or profession. Applicants can still proceed by acknowledging these issues, and this acknowledgment will be visible to the verifier and supporter in the next stages. Some issues, however, are considered hard stops. For example, if the delegate lacks a clinical status or is assigned a role incompatible with their profile, the application cannot proceed until their user profile is updated.

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Note:

The department's My Aged Care Capability Section verifies each application to ensure all required training has been completed.

For details on mandatory training requirements for each position, please refer to the My Aged Care Workforce Learning Strategy v1.5.

- Supporting documentation to be uploaded with the application could include MAC learning training transcripts, qualifications, AHPRA registration evidence etc.

- Once the application has been submitted, a confirmation banner will appear confirming that the application has been created and submitted to the verifier for action.

- Under exceptional circumstances, non-clinically qualified staff within Aboriginal and Torres Strait Islander assessment organisations with extensive aged care experience and trusted by community could submit a business case to be considered for the clinical assessor or/and Triage delegate roles.

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My Aged Care Workforce Learning Strategy.

Assessor Portal User Guide 12 – Managing Delegate Roles

# 13.2. Information management

## 13.2.1. Privacy and Protected Information under the *Aged Care Act 2024* (Cth)

Sections 537 to 541 of the *Aged Care Act 2024* (the Act) specifies the purposes for which information can be used or disclosed in accordance with the Act. The collection of information from an older person, their registered supporter(s) and/or appointed decision maker/s for the purposes of determining an individual's eligibility and assessing their access to funded aged care services is authorised by the Act.

Personal information collected during the assessment process is considered protected information. Protected information is defined under section 21 of the Act, as personal information or information, including commercially sensitive information, where the disclosure of which could reasonably be expected to found an action by an entity (other than the Commonwealth) for breach of a duty of confidence. Personal information has the same meaning as in the *Privacy Act 1988* (Privacy Act) and is defined as information or an opinion about an identified individual, or an individual who is reasonably identifiable:

- Whether the information is true or not; and
- Whether the information or opinion is recorded in a material form or not.

Additionally, information collected during the assessment process may also be considered sensitive information as defined by section 6 of the Privacy Act which includes information about an individual's identity and health. Sensitive information within the meaning of the Privacy Act may be personal information (information is not personal information if it is only about a person who has died.) Sensitive information is afforded additional protection under the Australian Privacy Principles (APP) and should only be used for authorised purposes (see information below about assessment organisations who may be APP entities.

The *Aged Care Act 2024* (the Act) imposes strict rules on the management of protected information, stating that a person commits an offence if they make a record of, disclose, or otherwise use protected information that was acquired in the course of performing duties or exercising powers or functions under the Act or the *Aged Care (Transitional Provisions) Act 2024,* where the use or disclosure is not authorised under Division 2 of Part 2 of Chapter 7 of the Act. The maximum penalty for such an offence is imprisonment for up to two years or a fine of 120 penalty units, or both.

To comply with these requirements, individuals and entities who handle assessment information must implement stringent confidentiality measures. This includes secure handling, recording, and storage practices to ensure that the information is safeguarded against unauthorised access or disclosure.

To ensure the proper handling and disclosure of protected information in accordance with the law, assessment organisation staff must follow their organisation's standard operating procedures and guidance in this manual.

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Assessment organisations who are APP entities under the Privacy Act will also need to comply with the requirements of the Privacy Act in handling personal information. Where personal information is used or disclosed in accordance with an authorisation in Division 2, Part 2, Chapter 7 of the *Aged Care Act 2024* this will be permitted under the *Privacy Act* (see APP 6.2(b)).

Assessment organisations should consult the Privacy Act and APP Guidelines for further information on the definition of APP entities and its applicability to their organisation.

## 13.2.2. Collection and protection of information

The collection of information about an older person and their support network as part of the assessment process must comply with the legislative requirements under the *Aged Care Act 2024* and *Privacy Act 1988* (the Privacy Act). Where applicable assessors must seek and gain informed consent using the My Aged Care Assessment Consent Form (the Consent Form) including reading the consent scripts to the older person or their appointed decision maker recognised under the Act (whether or not they are a registered supporter).

Any information collected for the purpose of determining an individual's eligibility and need for Commonwealth-subsidised aged care is collected on behalf of the Commonwealth and is therefore Commonwealth property. This includes any notes, documents or other materials created for the purpose of preparing an older person's record.

The Privacy Act contains further provisions to protect information which applies to assessment organisations.

Where the Privacy Act applies, it is critical that assessment organisations have systems, protocols and processes in place to ensure the safety of older people's records from loss, interference, misuse, unauthorised access, modification or disclosure. This requirement relates to Australian Privacy Principle 11. Penalties may apply to agencies and individuals for breaches of the Privacy Act. Assessment organisations may refer to the Office of the Australian Information Commission for further information on the handling of personal information and the consequences of misuse.

If a record of an assessment is a state or territory government as well as being a Commonwealth record, there may be further requirements to retain and store information under state or territory legislation. Assessment organisations should seek advice from their state or territory government on any state or territory requirements. Assessment organisations must meet all requirements at both levels of government.

All assessment organisation staff should exercise caution and care when handling personal information. If an assessment organisation staff member becomes aware of a potential privacy breach, they must discuss this with their assessment organisation manager and follow their organisation's procedures.

## 13.2.3. Use, storage and retention of information

Records are now created, stored and managed electronically in the My Aged Care portal. In some circumstances, it may be necessary for records to be created in a hard copy paper format (e.g., the Emergency Residential Care - Application for Care form). In these cases, the paper records are to be uploaded to the My Aged Care portal as soon as possible and the paper copy destroyed in accordance with the destruction guidelines (see Destruction below).

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Should you require information about the management of legacy records, those records that were created prior to the My Aged Care Gateway please contact your assessment organisation manager who can liaise with the department if necessary for further advice.

## 13.2.4. Destruction of information

The destruction of new paper records should be undertaken as soon as the record has been captured digitally in the My Aged Care portal, and a true electronic copy has been confirmed. Destruction can be undertaken using class B paper shredders that shred to P-5 security level. Level P-5 provides more security with cross-cut shreds that are only ≤ 30 mm² particles with width ≤ 2 mm.

Alternatively, destruction can also be through a Protective Security Policy Framework endorsed T4 accredited waste management agency.

The destruction of electronic records requires the deletion of all copies of the record from any system in such a way that it is impossible to restore the record. For records that are destroyed and not uploaded to My Aged Care, assessment organisations must also maintain evidence of identifying what has been destroyed and the means of destruction.



**Department of Home Affairs website:** Protective Security Policy Framework

## 13.2.5. Use and disclosure of information

Assessors and other staff must be aware that information they acquire or generate in the course of performing their delegated functions or powers under the *Aged Care Act 2024* (the Act) may not be recorded or disclosed or otherwise used unless it is in accordance with the Act. Generally, information can be used or disclosed by assessors and staff in the course of performing their delegated powers or functions under the Act or with the consent of the older person. Written records of 'interesting cases' may not be kept by staff members, and cases may not be referenced in public discussion such as in a Letter to the Editor or in social media. There are explicit authorisations for the use and disclosure of information under the Act. These may generally be categorised as:

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- **general authorisations**- including but not limited to functions and powers under the Act, for proceedings, with consent, preventing serious threat to safety, health or wellbeing, for the purposes of worker screening
- **entrusted persons –** disclosure to a minister, disclosure for the purposes of obtaining legal advice or another legal service, for the provision of services to an individual (but only for specific purposes, such as assessing the level of care an individual needs, relative to the needs of others)
- **authorisation by the System Governor or Appointed Commissioner –** disclosure to relevant Commonwealth bodies and agencies, disclosure to a registered supporter of an individual accessing or seeking access to funded aged care, disclosure for continuation of funded aged care services, disclosure for research, disclosure for law enforcement and revenue protection, disclosure for maintenance of professional standards, disclosure for certified purposes
- **authorisation by the System Governor or Appointed Commissioner for certain inquiries**- disclosure to the coroner, disclosure for state or territory complaints
- **Authorisation by the System Governor for grants and quality purposes**- disclosure for grants and disclosure for star ratings

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Disclosures made under any of the authorisations must be in accordance with the specific requirements outlined under Division 2 of Part 2 of Chapter 7 of the *Aged Care Act 2024* (the Act).

Any systems developed for the collection and analysis of data should incorporate adequate procedures to protect the privacy of people being assessed. If data is to be used for purposes other than assessment, or individual care planning, assessors must have procedures in place to ensure that older person confidentiality is maintained and individuals cannot be identified.

Older people and their registered supporters should be encouraged to access their My Aged Care online account. This gives direct access to the older person's assessment information, which they can disclose to other parties as they wish.

In cases where there is no consent to release information or any doubt about the release of information, the assessor should discuss this situation with the organisation's manager. The manager may further consult the assessment organisation's auspice organisation, the state or territory government, the department or obtain independent legal advice if any doubt remains, before releasing information.

**Australian Security Intelligence Organisation website**: ASIO T4 Protective Security

**Federal Register of Legislation website**: Aged Care Act 2024 - Federal Register of Legislation

Archives Act 1983

Electronic Transaction Act 1999 (see Part2, Division 2, Section 12 – Retention)

Privacy Act 1988 - Federal Register of Legislation

**National Archives of Australia website**: Records Authority 2011/00396196 Department of Health and Ageing (includes Aged Care)

**Office of the Australian Information Commissioner website:**

Australian Privacy Principles

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## 13.2.6. Freedom of information

The Commonwealth *Freedom of Information Act 1982* (Freedom of Information Act) gives members of the public the right to request access to government-held information. This includes information the government holds about individuals or about government policies and decisions. The Freedom of Information Act extends, as far as possible, the right of the Australian community to access information (generally documents) in the possession of the Commonwealth, limited only by considerations of the protection of essential public interest and of the private and business affairs of persons in respect of whom information is collected and held by departments and public authorities.

**Federal Register of Legislation website**: Freedom of Information Act 1982

**Office of the Australian Information Commissioner**: What is freedom of information? | OAIC

## 13.2.7. Framework for Governance of Indigenous Data

The Framework for Governance of Indigenous Data provides a stepping stone towards greater awareness and acceptance by Australian Government agencies of the principles of Indigenous Data Sovereignty.

The Indigenous Data Sovereignty Principles are outlined by the Maiam nayri Wingara Indigenous Data Sovereignty Collective. The principles concern the right of Aboriginal and Torres Strait Islander people to exercise ownership and control over Indigenous data at all phases of the data lifecycle. Indigenous data is defined by Maiam nayri Wingara as 'information or knowledge, in any format or medium, which is about and may affect Indigenous peoples both collectively and individually.'

The framework contains the following guidelines for Australian Government agencies to change data governance practices, in alignment with the commitments made in the National Agreement on Closing the Gap:

- **Partner with Aboriginal and Torres Strait Islander people-** establishing formal partnerships and shared decision-making with Aboriginal and Torres Strait Islander people, embedding Indigenous leadership into data governance.
- **Build data-related capabilities-** Supplementing of technical skills with understanding of the ways in which Indigenous data has been collected and the narratives and challenges which arise from current datasets. Supporting Aboriginal and Torres Strait Islander communities and organisations through training and up-skilling Indigenous people.
- **Provide knowledge of data assets-** Supporting Aboriginal and Torres Strait Islander people to locate and access relevant government held data by informing Indigenous people about what data is held by the government, its usage and access permissions.
- **Build an inclusive data system-** The structural transformation of datasets to support the inclusion of Aboriginal and Torres Strait Islander people in data governance.

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OAIC - the Privacy Act

Framework for Governance of Indigenous Data

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## 13.3. Clinical governance

Assessment organisations have a responsibility to implement effective clinical governance, made operational through a clinical governance framework. A clinical governance framework is a framework that describes an organisation's approach to clinical governance. It must include the practical, clinical supports that are in place for staff who may need to exercise clinical judgement or undertake elements of an aged care needs assessment that are clinical in nature.

Appendix C provides guidance on how to implement effective clinical governance.

## 13.4. Separation of assessment services and delivery of aged care services

### 13.4.1. Conflict of Interest in assessment services delivery

Assessment organisations that deliver Commonwealth-funded aged care services must declare, and are required to outline, to the Commonwealth's satisfaction and approval, how any perceived, potential or real conflicts of interest in the delivery of aged care assessment services will be managed and mitigated. This also applies to any related entities.

It is possible that an older person may be referred to a service provider of a related entity to the assessment organisation for Commonwealth-funded services, particularly when there are no other service providers operating in the same area as the older person.

Strategies and mitigations that the department considers when identifying and determining acceptance of an assessment organisation's conflict of interest includes but is not limited to:

- adequate separation of workforce through separate physical premises;
- separate team and management structure;
- separate IT systems;
- conflict of interest policies and processes and awareness through staff training;
- employee declarations prior to and during employment;
- internal audit programs.

Assessment organisations have an obligation to report any conflict of interest to the department, and must make full disclosure of a conflict and provide the steps it proposes to take to resolve or otherwise deal with the conflict of interest to the satisfaction of the department.

If the department is not satisfied that a conflict is being managed appropriately under the contract, the department has options including:

- withholding or revoking approval of an assessment organisation's approval to provide Commonwealth-funded aged care services in the same Service Area as it is delivering assessment services
- reasonably requiring the assessment organisation to take steps to resolve or otherwise deal with the conflict of interest
- as a last resort, termination of contract.

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### 13.4.2. Separation of assessment services and delivery of aged care services

An assessment organisation delivers the assessment of older person needs independent of provider preferences, and ensures older people are referred only to the services that will fulfil their needs and goals.

It is a requirement for assessment organisations to contractually have operational separation of assessment services from service delivery (where applicable) for all contracted assessment organisations and any relevant sub-contractors (including consortiums).

Assessment organisations that deliver both assessment services and service delivery must ensure there is a clear separation of service, particularly in the facilitation and management of assessments and referrals to aged care services. Assessment organisations must have policies and procedures in place to assure the separation of assessment from service delivery.

Assessment organisations must seek prior approval from the Department of Health, Disability and Ageing (the department) before engaging or using assessment organisations and any relevant sub-contractors to provide aged care services.

## 13.5. Branding

Assessment organisations that are contracted to (or in an agreement with) the Australian Government (under the oversight of the department) are required to comply with branding guidance that is included in the following style guides:

- Ensure all materials produced adhere to the Australian Government Branding Guidelines.
- Ensure all web-based content complies with the relevant Digital Service Standards including Requirements for Australian Government websites and comply with the Web Content Accessibility Guidelines (WCAG) version 2.2 AA for all government websites. http://www.w3.org/TR/WCAG

Subcontractors are required to consult with their primary contractor on branding requests.

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- **Department of Prime Minister and Cabinet website:** Australian Government Branding Guidelines | PM&C
- Digital Service Standards
- Web Content Accessibility Guidelines (WCAG) 2.2

## 13.6. Aged care resources for older people

Hard copies of My Aged Care resources including booklets, brochures, posters and magnets are available from National Mailing and Marketing by emailing: health@nationalmailing.com.au or calling (02) 6269 1025.

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Information and resources about aged care can be found on the My Aged Care website. Recommended information and resources include:

- *Exploring aged care* booklet for older people, their families and carers.
- Signing up to receive the EngAged, our monthly newsletter on aged care and ageing well.
- Learn more about the Council of Elders and stay up to date with their work.
- Find out what the Department of Health, Disability and Ageing is doing to help people in Australia age well.



Resources | My Aged Care

Exploring aged care booklet

EngAged newsletter: health.gov.au/aged-care-newsletter-subscribe

Aged Care Council of Elders | Australian Government Department of Health, Disability and Ageing

health.gov.au/topics/positive-ageing-is-ageing-well



## 13.7. Reporting and performance

Assessment organisations are expected to meet measures on timeliness and performance according to their contractual agreements with the Australian Government.

The department makes available various business intelligence (BI) and management reports which support assessment organisations in monitoring and managing their performance against agreed KPIs and other measures. These reports are progressively becoming available during the establishment of the Single Assessment System workforce. Assessment Organisations can access Qlik reports on the Health Data Portal, reports currently available include:

- SAW001: Referral and Assessment Volumes
- SAW 002: Timeliness
- SAW003: Outstanding Assessments
- SAW005: Organisation Performance
- SAW006: Recommended Services
- SAW007: Service Referrals
- SAW008: Home Care Package Approvals
- SAW 009: Referral Data Breakdown
- SAW010: Assessment Data Breakdown
- SAW011: Support Plan Reviews
- SAW012: Assessment Overview
- SAW013: Aged Care Workforce Information
- SAW014: Linking Support
- SAW015: Reablement

As further reports become available, they will be communicated to Assessment Organisations and listed above. The department also publishes a monthly report of organisations' performance by mid-month following the end of the reporting period.

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For queries regarding the Single Assessment System Qlik reports, support documentation or assistance with access to the Health Data Portal, please contact AgedCare.Assessment.Reporting@health.gov.au

## 13.8. Assessor ID Cards

The Aged Care Rules 2025 and the Aged Care Act 2024 (Act) require the department to provide identity cards to approved needs assessors and set out requirements for the content of such. Section 343A-5 of Chapter 11 Part 2 of the Rules outlines the requirements of an approved needs assessor identity card, including how the identity card must satisfy the requirements of the Act prescribed by this section (this applies to both aged care needs assessors and residential aged care funding assessors). The requirements include the organisation name, full name of the assessor, the organisation's logo, the Commonwealth Coat of Arms, an expiry date, a serial number, the size of the card, and specific phrasing to confirm the assessor is approved and able to conduct assessors. It is a requirement for all aged care needs assessors to carry and produce their identity cards if requested.

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# 14. Chapter 14 – Fees and payments

## What you'll find in this chapter:

This chapter provides guidance on:

- fees,
- payments, and
- participant contributions for funded aged care services.

## 14.1. An assessor's role in advising clients about fees and payments

It is important that older people understand the potential costs of care early in their interaction with the aged care system.

Assessors are not responsible for providing detailed financial information about the fees or charges that an older person may be charged to access aged care services, but they do have a role in advising older people about where they can access the information, they need and what the process may entail. They should be able to assist clients to access appropriate support should an older person be experiencing financial disadvantage (see section 14.2.4 Financial Hardship).

Ideally, clients should be referred to the My Aged Care website and the contact centre for information regarding care costs and fees prior to the face-to-face assessment. This gives the client time to consider the information prior to the assessment.

Note:

After the assessment, rather than the assessor handing out Services Australia hard copy forms to the client (which may lead the client to complete a form unnecessarily), assessors can leave booklets specific to their service recommendations which contain necessary fee information for that program or type of care.

Assessors may wish to point out the section of the booklet which provides information about fees, who to contact about whether they need to complete a form and how to access the forms if required (see Chapter 13).

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# 14.2. Aged care program fees

## 14.2.1. Fees for Commonwealth Home Support Program (CHSP)

A provider delivering funded aged care services through a service group under the CHSP may charge an individual an amount for or in connection with those services (the CHSP client contribution), in accordance with section 286 of the *Aged Care Act 2024*. Providers must have a publicly available financial hardship policy that covers how clients can apply for a waiver or reduction of the CHSP contribution.

Clients are exempt from paying a client contribution towards any *Hoarding and squalor services* they may receive. If the client requires other CHSP services (e.g. meals) they would be expected to pay a client contribution for that service.

**Support at Home participants** must pay CHSP client contribution fees like other CHSP clients. Support at Home participants cannot use their budget to pay the CHSP client contribution.

The CHSP contribution must be agreed with the client in writing, including how and when it is to be paid and outlined in the client's Service Agreement. In agreeing to the amount of CHSP contribution, providers should consider a range of factors including:

- business costs associated with delivering the service
- affordability for CHSP clients
- the socioeconomic circumstances of those receiving services.

There is no formal means testing for CHSP client contributions. The client contribution fee may vary from person to person. This is because the fee can vary depending on the specific services a client receives and their individual capacity to pay. Two clients of a similar age with similar support needs may pay different CHSP contributions for a similar service.

The National CHSP Client Contribution Framework outlines the principles that service providers can adopt in setting their client contribution policies with a view to ensuring that those who can afford to contribute to the cost of their care do so whilst protecting those most vulnerable.

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Commonwealth Home Support Program (CHSP) 2025–27 Manual (from 1 November 2025) | Australian Government Department of Health, Disability and Ageing

Commonwealth Home Support Program (CHSP) resources

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## 14.2.2. Fees for Support at Home participants

The introduction of contributions in the Support at Home Program have replaced fee arrangements under the Home Care Package Program.

With the transition from the Home Care Package program to Support at Home, changes have been made to how participant contributions are calculated. This information is applicable for older people accessing services under the Support at Home Program, including through the Restorative Care Pathway, End-of-Life Pathway and Assistive Technology and Home Modifications (AT-HM) scheme.

For Support at Home participants, an income and assets assessment by Services Australia determines participant contributions. Contributions will be different for each participant based on the type of service received, the outcome of their income and assets assessment and their pension status.

- Clinical support services will attract no contribution fees as they are fully funded by the government for all participants.
- Independence services such as transport will attract moderate contributions.
- Everyday living services such as cleaning and gardening will attract the highest contributions.

For full or part pensioners, Services Australia will use the information on a person's income and assets assessment that has been provided for their pension assessment to determine their Support at Home contributions. Non-pensioners, once approved for Support at Home will need to complete an income and assets assessment if Services Australia does not already have their financial details.

Completing an income and assets assessment is not mandatory, however, Support at Home participants who choose not to complete one can be asked to pay the maximum participant contribution rate.

Providers do not need to wait for an income assessment to be completed before an older person commences Support at Home services. Service providers and participants can agree on a temporary contribution rate while a new participant's income and assets are being assessed by Services Australia. The Support at Home fee estimator, available on the department's website can be used to assist in determining these temporary rates.

A no worse off principle applies for grandfathered Home Care Package care recipients who, on or before 12 September 2024, were either receiving a Home Care Package, on the National Priority System or assessed as eligible for a package. The no worse off principle applies to financial contributions. These participants will make the same contributions, or lower, than they were assessed as having to pay under Home Care Package Program arrangements, even if they are reassessed into a higher Support at Home classification at a later date. The same lifetime cap will also be honoured for this cohort (approximately $85,000).

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For Support at Home Participants there are defined circumstances when they may simultaneously access CHSP services. When doing so, a Support at Home participant must pay CHSP client contribution fees. The Support at Home participant will need to fund the client contribution fees themselves and cannot use their Support at Home funding allocation. This also includes the following services:

- Pre-existing CHSP social support group
- Short-term planned respite
- Urgent services
- Specialised support (Vision advisory services)

***Restorative Care Pathway***

Participant contributions apply for services delivered in the independence and everyday living categories. Services in the clinical support category do not require participant contributions and are fully funded by the government.

***AT-HM Scheme***

Support at Home participants may be required to make contributions for AT-HM items and services. AT-HM items attract a contribution rate equivalent to the independence category. Prescriptions and wrap-around services fall under the clinical supports category, requiring no participant contribution.

***End-of-Life Pathway***

Consistent with ongoing Support at Home, participant contribution arrangements apply for independence and everyday living services accessed under the End-of-Life Pathway. For services in the clinical supports category, no participant contribution is required as these services are fully funded by the government.

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Further information is available on the Department of Health, Disability and Ageing website:

- Support at Home Participant contributions
- Support at Home Program Manual
- Schedule of Fees and Charges for Residential and Home Care

My Aged Care Website:

- Aged Care Resources
- Fact Sheet: Support at Home program - participant contributions

Services Australia website:

- Providing home care
- Providing residential care

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## 14.2.3. Older people entering permanent residential care

How much a person pays for their residential aged care is based on their income and assets. Services Australia or the Department of Veterans' Affairs (DVA) assesses income and assets, and this is known as an aged care means assessment. If an older person is a member of a couple, they will be assessed on half of their combined income and assets. Residents who have had their means assessed are required to report changes to their financial circumstances to Services Australia or DVA within 28 days to help keep their fees correct.

People who can't afford to make a higher contribution will only pay the basic daily fee. Those who can afford to will contribute more to their aged care costs.

If an older person chooses not to have their means assessed, they will not be eligible for assistance with care and accommodation costs.

If a person moves into an aged care home for permanent residential care, they will pay fees under one of 2 arrangements:

- **1 July 2014 fee arrangements:** these apply for people who were approved for or accessing a Home Care Package on 12 September 2024, and who are therefore protected by the 'no worse off principle" and will pay fees under the 1 July 2014 arrangements.
- **1 November 2025 fee arrangements:** these apply to people who first enter residential care on or after 1 November 2025.

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**1 July 2014 fee arrangements**

Residents under these arrangements are not affected by the changes to means assessments under the *Aged Care Act 2024*.

Before entering into permanent residential care, an older person should have their means assessed to see if they're eligible for Australian Government assistance with fees and accommodation costs. The fees they pay will depend on the outcome of their means assessment and what they agree on with their aged care provider. Residents can also submit an *Aged care calculation of your cost of care form* after entering aged care.

All fees must be clearly written in the resident or service agreement, accommodation agreement and the optional higher everyday living agreement.

An older person may need to pay some or all of these fees:

- basic daily fee
- means tested care fee
- accommodation costs
- fees for optional services.

Understanding fees for aged care homes – 1 July 2014 fee arrangements | Australian Government Department of Health, Disability and Ageing

Means assessment for residential aged care | Australian Government Department of Health, Disability and Ageing

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**1 November 2025 fee arrangements**

Residents who have entered care after 1 November 2025 are affected by means assessment changes under the *Aged Care Act 2024.* These include:

- new income and asset limits will determine the new means tested fees
- the hotelling supplement will be means tested rather than paid in full by the government, and some residents will contribute to it with a hotelling contribution
- some residents will pay a new means tested non-clinical care contribution with daily and lifetime caps.

Before entering permanent residential care, an older person should have their means assessed to see if they're eligible for Australian Government assistance with fees and accommodation costs. The fees they pay will depend on the outcome of their means assessment and what they agree on with their aged care provider. Residents can also submit an *Aged care calculation of your cost of care form* after entering aged care.

All fees must be clearly written in the service agreement with the provider, accommodation agreement and the optional higher everyday living agreement. These fees may change over time during the time of an older person's care.

Older people may need to pay some or all of these fees:

- basic daily fee
- hotelling contribution
- non-clinical care contribution
- accommodation costs
- higher everyday living fee.

Understanding fees for aged care homes – 1 November 2025 fee arrangements | Australian Government Department of Health, Disability and Ageing

Means assessment for residential aged care | Australian Government Department of Health, Disability and Ageing

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## 14.2.4. Financial hardship

Financial hardship arrangements available if an older person can't afford to contribute to the cost of their aged care, both in residential care and in-home care. An older person will be assessed on their specific circumstances. If approved for hardship assistance, the Australian Government will pay some (or all) of their aged care fees. The government will pay any approved amounts to the aged care provider on the older person's behalf. If an older person is required to pay some of their fees, they will continue to pay those to their provider.

To apply for financial hardship assistance, an older person must meet certain requirements and complete the Aged Care Claim for Financial Hardship Assistance form. This form is sent to Services Australia to assess the application, and they will let the older person know in writing of their decision and what assistance they are eligible for. This form should be submitted by an older person once they start accessing aged care services.

Hardship assistance for aged care – Fact sheet

Financial hardship assistance | My Aged Care

## 14.2.5. Fees payable by older people accessing care under the MPSP

Under the MPSP, a provider may charge older people a specialist aged care program fee which is intended to help cover the costs of daily living like meals, cleaning, laundry, heating and cooling. Providers can decide the amount payable at their discretion, but it cannot be more than the amount agreed between the registered provider and the individual in a written agreement.

The fee cannot be more than:

- 85% of the basic age pension amount (worked out on a per day basis) for residential care, or
- 17.5% of the basic age pension amount (worked out on a per day basis) for home support, assistive technology or home modifications services.

The Rules also require that the provider has a financial hardship policy which must be considered when charging any specialist aged care program fee.

For ongoing residential care, in some circumstances, the provider can charge an accommodation payment to cover the costs of a resident's accommodation.

An MPS can only charge this if the resident's means assessment indicates they must pay an accommodation payment. The resident's means are determined via a pre-entry means assessment from Services Australia.

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Fees and charges under the MPSP – Consumer fact sheet

## 14.2.6. Fees payable by older people receiving transition care

Registered providers may ask individuals to pay a care fee as a contribution to the cost of their care. Any fees must be fully explained to the individual and the amount charged forms part of the service agreement between the individual and registered provider.

The maximum amount that can be charged as per section 286-10 of the *Aged Care Rules 2025* is:

- if Transition Care Program (TCP) is delivered through the residential care service group —the amount obtained by rounding down to the nearest cent the amount equal to 85% of the basic age pension amount (worked out on a per day basis); or
- if TCP is delivered in a community/home setting and is delivered through the home support, or assistive technology service groups — the amount obtained by rounding down to the nearest cent the amount equal to 17.5% of the basic age pension amount (worked out on a per day basis).

An individual's access to transition care should not be affected by their ability to pay fees but should be decided based on their need for care and the capacity of the registered provider to meet that need. Decisions on whether to charge fees are entirely at the discretion of each State and Territory. The Australian Government recommends that fees be waived for financially disadvantaged individuals. Information on the cost of transition care for individuals is outlined on the My Aged Care website.



Transition care | My Aged Care

Transition Care Program Guidelines – November 2025 | Australian Government Department of Health, Disability and Ageing

## 14.2.7. Non-Australian residents

Non-Australian residents are not excluded from entitlements under the *Aged Care 2024* (the Act) and Visa holders do not require a Medicare Card in order to access an assessment.

Under the Act, non-Australian residents may be eligible for Government assistance with their aged care costs, if the person has been approved by an assessor and has had their income (for home care) or means (for residential care) assessed by Services Australia.

While the Australian Government is the majority funder of aged care, beyond this support it is expected that people will use their income and/or assets, depending on their care type, to contribute to the costs of their care, where they can afford to do so. The amount that the person can be asked to contribute will be assessed by Services Australia under the same rules as any other aged care recipient.

In the event that a non-Australian resident client requests advice from an assessor regarding what fees and payments they may be required to contribute towards their home care or residential care services, they should be advised to complete an income or means assessment to determine their contribution. This applies for all clients who wish to receive Government assistance with the cost of their care, regardless of residency status.



Income and means assessment

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# 15. APPENDIX A – Glossary

**Table 59. Glossary of terms**

| Term | Acronym/ abbreviation | Definition |
|---|---|---|
| Administrative Review Tribunal | ART | The Administrative Review Tribunal (ART) provides independent merit reviews of a wide range of administrative decisions made by the Australian Government. The ART can review decisions made under Commonwealth and Norfolk Island laws. The ART aim to make their review process accessible, fair, just, economical, informal and quick. |
| Aboriginal and Torres Strait Islander Aged Care Framework | | This Framework establishes a 2035 vision for older Aboriginal and Torres Strait Islander people to age well by having their spiritual, physical and mental health needs met through holistic, high-quality and culturally safe aged care. This care should promote wellbeing, deliver trauma aware and healing informed responses and empower connection to culture, family, community and Country or Island Home. |
| Aged Care Act 2024 (Cth) | The Act | The *Aged Care Act 2024* (Cth) replaces the *Aged Care Act 1997* (Cth) as the primary piece of aged care legislation from 1 November 2025. In response to the first recommendation of the Royal Commission into Aged Care Quality and Safety, the Act was developed to implement fundamental reforms to aged care. It provides a legislative basis for a rights based aged care system focused on the safety, health and wellbeing of older people. The legislative framework provided by the Act sets out the governance of the aged care system and the requirements to access and deliver funded aged care services. It further introduces a new risk-based regulatory model focused on increasing provider accountability and encouraging the delivery of high quality funded aged care services by registered providers. |
| Aged Care (Consequential and Transitional | | The *Aged Care (Consequential and Transitional Provisions) Act 2024* provides for transitional arrangements to support the commencement of the *Aged Care Act 2024*. |

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| Term | Acronym/ abbreviation | Definition |
|---|---|---|
| Provisions) Act 2024 | | |
| Aged Care Act 1997 (Cth) | | From 1 November 2025, the *Aged Care Act 1997* (Cth) will cease as the primary piece of aged care legislation. It will be superseded by the *Aged Care Act 2024* (Cth). From the cessation of the Act on 1 November 2025, Assessment Organisations should consult the *Aged Care Act 2024* (Cth) for information on access, delivery and governance of the aged care system. |
| Aged Care Assessment Quality Framework | Framework | Assessment organisations are required to use the Aged Care Assessment Quality Framework to maintain a consistent, high quality assessment experience for every older person. |
| Aged Care Diversity Framework | | The Aged Care Diversity Framework is an overarching set of principles designed to ensure an accessible aged care system where people, regardless of their individual social, cultural, linguistic, religious, spiritual, psychological, medical and care needs are able to access respectful and inclusive aged care services. |
| Aged care needs assessor | | A person who conducts aged care assessments, for home support and comprehensive assessments. An aged care needs assessor can be a clinical assessor or a non-clinical assessor. |
| Aged Care Principles | | From 1 November 2025, the *Aged Care Act 2024* (Cth) will replace existing aged care legislation including the Aged Care Principles. Once commenced, Assessment Organisations should consult the *Aged Care Act 2024* (Cth) for information on access, delivery and governance of the aged care system. |
| AN-ACC Assessment Tool | | Assessment tool used by residential aged care funding assessors to conduct residential aged care funding assessments. |

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| Term | Acronym/ abbreviation | Definition |
|---|---|---|
| Assessment organisations | N/A | An entity engaged by the Department to provide Aged Care Needs Assessment Services and/or RAC Funding Assessment Services. |
| Assessor | N/A | An aged care needs assessor. |
| Aged Care Specialist Officer | ACSO | ACSO, located in some Services Australia service centres, help people with their aged care matters and provide in-depth support including in relation to financial information and means assessment. |
| Active, appointed decision maker | N/A | In policy, 'active, appointed decision maker' is the term used for a person who has active, decision-making authority for an older person under a Commonwealth, state or territory arrangement. This includes a person who would be considered a 'guardian etc.' under the *Aged Care Act 2024* (Cth). If a person is a registered supporter who relied on their authority as an active, appointed decision maker recognised under the Act for an older person to become registered (for example, the person is also an enduring attorney for the older person they are registered to support), they are recorded as a 'supporter guardian' for Information Communications Technology (ICT) purposes. Active, appointed decision makers can only make decisions for an older person within the scope of their legal authority under a Commonwealth, state or territory arrangement. |
| Assistive technology | AT | Is any item, piece of equipment or product that is used to help an older person do things more easily or complete activities they can no longer do independently. |
| Assistive Technology and Home Modifications (AT-HM) list | AT-HM list | A list that sets out the defined equipment, products, and home modifications that can be purchased for eligible participants under the AT-HM scheme. |

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| Term | Acronym/ abbreviation | Definition |
|---|---|---|
| Assistive Technology and Home Modifications scheme | AT-HM scheme | The scheme provides assistive technology and home modifications funding for eligible participants. |
| AT-HM scheme guidelines | | The AT-HM scheme guidelines provide additional information and processes in relation to the AT-HM scheme. |
| AT-HM tier guide | | A guide created to support assessors in making an AT-HM funding tier recommendation. |
| Australian National Aged Care Classification | AN-ACC | Funding model for residential aged care, effective from 1 October 2022. |
| Australian Privacy Principle/s | APP/s | The Privacy Act includes 13 APPs in Schedule 1 that apply to the handling of personal information by most Australian and Norfolk Island Government agencies and some private sector organisations. |
| Care finder | | Care finders assist vulnerable older Australians who do not have someone who is able to help them access aged care services and other relevant supports in the community. Contact information for care finder services in each region is on the My Aged Care website at Help from a care finder \| My Aged Care |
| Classification | | Refers to the classification of a Support at Home participant, including:<br>• Ongoing classification (Classifications 1-8)<br>• Short-term classifications (AT-HM scheme, Restorative Care Pathway Classification and End-of-Life Classification).<br><br>Also refers to residential care classification (ongoing or short-term) |

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| Term | Acronym/ abbreviation | Definition |
|---|---|---|
| Clinical aged care needs assessor | | A clinically trained assessor who meets the qualification and training requirements outlined in the assessment organisation's contractual agreement with the Commonwealth and in the My Aged Care Workforce Learning Strategy v 1.5 (or subsequent versions). A clinical assessor undertakes complex (comprehensive) aged care needs assessments with older people and will be required to exercise clinical judgement. |
| Clinical Assessment Delegate | Clinical Delegate | A Clinical Assessment Delegate is a position held by an employee of an assessment organisation who has delegation under the Act to approve an older person for all service groups, classification types and classification levels. |
| Commonwealth Continuity of Support Programme | CoS | The Continuity of Support Programme has been replaced with Disability Support for Older Australians (DSOA). |
| Commonwealth Home Support Program | CHSP | The Commonwealth Home Support Program provides a broad range of entry-level support services to assist older people aged 65 years and over (50 years and over for Aboriginal and Torres Strait Islander people and people who are homeless or at risk of homelessness) to live independently in their homes and communities. From 1 November 2025, the CHSP comes under the *Aged Care Act 2024*. |
| Comprehensive assessment | | An assessment type for people with more complex needs. Comprehensive assessments are undertaken by clinical assessors. |
| Cultural Safety for Aboriginal and Torres Strait Islander people | | The National Aboriginal and Torres Strait Islander Ageing and Aged Care Council (NATSIAACC) defined cultural safety as: 'Cultural safety requires understanding 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 |

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| Term | Acronym/ abbreviation | Definition |
|---|---|---|
| | | 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.<br><br>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'<br><br>According to the Australian Health Practitioner Regulation Agency (AHPRA):<br><br>"Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities."<br><br>It involves ongoing critical reflection by health practitioners on their own knowledge, skills, attitudes, and power differentials, and how these affect their practice |
| Departmental delegate | | A departmental employee whose position has been delegated powers and functions under a section of the *Aged Care Act 2024* (Cth) by the System Governor. |

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| Term | Acronym/ abbreviation | Definition |
|---|---|---|
| Disability Support for Older Australians | DSOA | DSOA provides funding for a range of services including Assistance in Supported Independent Living, Assistance with Self-Care Activities, Specialist/Behavioural Intervention Support, Therapy, and Case Management. |
| Elder Care Support Program | | This workforce helps older Aboriginal and Torres Strait Islander people, their families and carers, to access aged care services across urban, regional and remote Australia to meet their physical and cultural needs. |
| Aboriginal and Torres Strait Islander Assessment Organisations | FNAO in My Aged Care System | Aboriginal and Torres Strait Islander Assessment Organisations were established from August 2025 to provide culturally safe, trauma aware and healing informed assessments. |
| Formal Services | | Where formal services are referred to in this Manual these are paid services, such as government funded support. |
| Good Practice / Best Practice | | Good practice is a matter of action. Best Practice is a recommendation. |
| Home modifications | HM | Changes to an older person's home to create a home environment that is safer and more accessible, so they can remain living safely at home. |
| Home Care Package Program | HCP | The HCP Program supported older Australians with complex care needs to live independently in their own homes. There were 4 levels of support — from level 1 for basic care needs to level 4 for high care needs. The Program ceased on 31 October 2025, replaced by the Support at Home program. |
| Informal Services | | Where informal services are referred to in this Manual this is the unpaid support provided by carers, family, neighbours or other community organisations. |

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| Term | Acronym/ abbreviation | Definition |
|---|---|---|
| Integrated Assessment Tool | IAT | The Integrated Assessment Tool (IAT) is the assessment tool used by assessors to conduct aged care needs assessments for older Australians who are seeking to access government subsidised aged care services.<br><br>The IAT allows assessors to collect detailed and consistent information about the older person once and ensure service recommendations and referrals are tailored to their current needs. |
| ISBAR | | The ISBAR framework represents a standardised approach to communication which can be used in any situation. It stands for Introduction, Situation, Background, Assessment and Recommendation. The ISBAR is the format which must be used when drafting a Support Plan. |
| Multi-Purpose Service Program | MPSP | The Multi-Purpose Service Program (MPSP) is a joint initiative of the Australian Government and state and territory governments. It aims to deliver flexible and integrated health and aged care services to some small rural and remote communities that could not viably support stand-alone hospitals or aged care facilities. |
| My Aged Care contact centre | The contact centre | The My Aged Care contact centre is the starting point to access Australian Government-funded aged care services. The Freecall phone line (1800 200 422) and website https://www.myagedcare.gov.au/contact-us can help older Australians, their families and carers to get the help and support they need. |
| My Aged Care service provider and assessor helpline | Helpline | My Aged Care service provider and assessor helpline (1800 836 799) is the industry helpline for My Aged Care portal issues. They provide a reference number to track the progress of a complaint or issue and notification when the ticket is closed. Issues can be escalated to other teams within the department as appropriate. Call from 8am to 8pm Monday to Friday or 10am to 2pm Saturday. |

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| Term | Acronym/ abbreviation | Definition |
|---|---|---|
| My Aged Care Workforce Learning Strategy | | The My Aged Care Workforce Learning Strategy v1.5 (Workforce Learning Strategy), and subsequent editions of this strategy defines and sets the minimum training requirement for the Single Assessment System workforce and the My Aged Care workforce, including timeframes for completion.<br><br>The My Aged Care Assessment Workforce Learning Strategy can be found at this link. |
| My Aged Care Learning Management System | MAClearning | The delivery of training to the My Aged Care Workforce organisations occurs via the My Aged Care Learning Management System (MAClearning). MAClearning provides assessors with:<br>• access to mandatory and optional online learning,<br>• information about mandatory appraisal activities, and<br>• a record of all completed learning and appraisals |
| My Health Record | MHR | My Health Record is a secure online summary of key patient health information. Healthcare providers can access the system to view and add information. |
| National Aboriginal and Torres Strait Islander Flexible Aged Care Program | NATSIFACP | The National Aboriginal and Torres Strait Islander Flexible Aged Care Program funds organisations to provide flexible, culturally appropriate aged care to older Aboriginal and Torres Strait Islander people close to their family, country, island home and community. These services are mainly located in remote and very remote locations. |
| National Disability Insurance Scheme/Agency | NDIS<br>or<br>NDIA | The NDIS provides support for people with disability, their families and carers in Australia. The NDIS will provide all Australians under the age of 65 with a permanent and significant disability with the reasonable and necessary supports they need to live an ordinary life. This may include personal care and support, access to the community, therapy services and essential equipment. |

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| Term | Acronym/ abbreviation | Definition |
|---|---|---|
| Non-clinical aged care needs assessor | Non -clinical assessor | An assessor who meets the qualification and training requirements outlined in the assessment organisation's contractual agreement with the Commonwealth and in the My Aged Care Workforce Learning Strategy v1.5 (or subsequent versions). A non-clinical assessor undertakes simple (home support) aged care needs assessments with older people. |
| Non-clinical assessment delegate | Non-clinical delegate | A Non-clinical Assessment Delegate is a position held by an employee of an assessment organisation who has delegation under the Act to approve entry-level services arising from a home support assessment. They are restricted to approving access to the Commonwealth Home Support Programme (CHSP). |
| Prescribed assistive technology | | Assistive technology that would benefit from a prescription from a suitably qualified health professional. |
| Privacy Act 1988 | The Privacy Act | The *Privacy Act 1988* applies to the collection, retention and use of personal information by assessors and regulates the handling of personal information about individuals, including the collection, use, storage and disclosure of personal information and access to and correction of that information. |
| Progressive condition | | A medical condition that worsens over time, resulting in a range of limitations in function which can affect quality of life, daily living and community activities. (The 13 conditions listed below are all eligible AT-HM progressive conditions under SaH).<br><br>These conditions include:<br>• Cerebral Palsy<br>• Epilepsy<br>• Huntington's Disease<br>• Motor Neurone Disease (MND) noting different phenotypes require different management<br>• Multiple Sclerosis (MS)<br>• Parkinson's Disease<br>• Late effects of Polio<br>• Spinal Cord Injury |

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| Term | Acronym/ abbreviation | Definition |
|---|---|---|
| | | • Spinal Muscular Atrophy<br>• Stroke<br>• Acquired Brain Injury noting different types of brain injury require different management<br>• Muscular Dystrophies and Muscular Atrophies. |
| Reassessment | | In this manual, the term 'reassessment' is used to describe a subsequent assessment of a person's aged care needs who is already accessing aged care services.<br><br>Section 64 of the *Aged Care Act 2024* provides for aged care needs reassessments. A reassessment may be required when an individual's circumstances have changed.<br><br>In the *Aged Care Act 2024* 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. |
| Reablement | | Wellness and reablement are related concepts, often used together to describe an overall approach to service delivery. Wellness and reablement approaches are based on the idea that, even with frailty, chronical illness or disability, most people want and are able to improve their physical, social, and emotional wellbeing, to live autonomously and as independently as possible.<br><br>Reablement offers time-limited interventions and emphasises assisting people to maintain, regain, improve confidence and functional capacity and maximise independence and autonomy. It focuses on specific goals and seeks to enable people to live their lives to the fullest. |
| Residential aged care funding assessment | RAC funding assessment | An assessment a residential aged care funding assessor completes using the AN-ACC assessment tool.<br>Defunct term: AN-ACC assessment. |

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| Term | Acronym/ abbreviation | Definition |
|---|---|---|
| Residential aged care funding assessor | RAC funding assessor | An aged care assessor who is completing a residential aged care funding assessment using the AN-ACC assessment tool.<br>Defunct term: AN-ACC assessor. |
| Residential Care (ongoing) | | Residential care is permanent ongoing care provided in an aged care home. Residential care is designed to assist people assessed as being no longer able to care for themselves within their home or community settings. |
| Residential Respite Care (Residential Care – short term) | | Residential respite care is short-term care provided in an aged care home. It can be on a planned or emergency basis. Respite gives a carer or care recipient a break from their usual care arrangements.<br>A clinical assessor assesses, and a clinical delegate approves care recipients to access respite care. |
| Restorative Care Pathway | RCP | The Restorative Care Pathway, under Support at Home, has replaced the Short-Term Restorative Care (STRC) programme. It aims to provide early intervention opportunities to support older people to restore function through coordinated, goal orientated support focusing on multi-disciplinary allied health services. It can be delivered in home or community settings and can be for up to 16 weeks. |
| Referral Codes Letter | | The referral codes letter is also known as the 'Referral codes and List of Providers' Letter.<br>On the assessor portal, it is generated via the 'Generate Referral code Letter' button. |
| Single Assessment System program | | The Commonwealth Government funds assessment organisations to administer aged care needs assessments, which include both home support and comprehensive assessments. This term is used to define the assessment program which includes all assessment types. |
| Single Assessment System workforce | | Refers to the aged care assessment workforce from late 2024. This term also includes First Nations Assessment Organisations and |

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| Term | Acronym/ abbreviation | Definition |
|---|---|---|
| | | organisations that deliver Residential Aged Care Funding assessments. |
| Specialist Aged Care Programs | | Refers to a Government program for delivering funded aged care services that (a) is given effect through one or more agreements or arrangements entered into by the Commonwealth under subsection 247(1) or section 264 of the Act for the program; and (b) meets any other requirements prescribed by the rules. It includes the Multi-Purpose Service Program, Transition Care Program, National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) , and Commonwealth Home Support Program (CHSP). |
| Specified need | | Refers to participants who require ongoing assistive technology funding for the essential maintenance of their assistance dog. |
| (Commonwealth) Subsidised and non-subsidised aged care services | | Commonwealth subsidised aged care programs broadly include those under the *Aged Care Act 2024*. These services can receive My Aged Care portal referrals and can be service recommendations on the Support Plan. Non-subsidised services are those services and supports that are NOT Commonwealth funded aged care. These services cannot receive referrals through the My Aged Care portal, are NOT listed in the My Aged Care service finder and are noted as general recommendations on the Support Plan. |
| Support at Home program | SaH | Support at Home is a home care program that helps older people remain at home as they age by delivering coordinated care and services to meet their assessed ageing related care needs. |
| Support Plan | | The Support Plan is an important and ongoing document for the older person that can be updated as an older person's needs change. It details the outcomes of discussions with, and assessments of, the older person, including what the older person would like to improve and achieve (their goals), and agreed actions to be |

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| Term | Acronym/ abbreviation | Definition |
|---|---|---|
| | | taken. It is a continuous document (i.e. an older person only has one Support Plan). |
| Support plan review | SPR | A support plan review relates to the effectiveness and appropriateness of the older person's Support Plan. An assessor may set a review date on the Support Plan at the time of the assessment or initiated on an ad-hoc basis. A review may also be requested by an older person or a service provider where there is a change in the older person's needs or circumstances. It may be completed over-the-phone with the older person. |
| Transition Care Program | TCP | Transition Care provides short-term, goal oriented and therapy-focused care for older Australians after hospital stays either in a home or community setting or in a residential aged care setting. |
| Triage Delegate | | A Triage Delegate is a position held by an employee of an assessment organisation who has delegation under the Act to make decisions about an older person's access to assessment. They determine whether an individual is eligible for a needs assessment and whether a change in circumstances requires a reassessment of their needs. |

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# 16. APPENDIX B – Contact details

**Table 60. Contact details**

| Contact point | Details |
|---|---|
| Right of Review | A person can request a review to an assessment outcome by writing to:<br><br>By Email:<br><br>agedcarereviews@health.gov.au<br><br>By Post:<br><br>The System Governor<br>Department of Health, Disability and Ageing<br>Attn: Review of Decisions Section<br>GPO Box 9848<br>ADELAIDE SA 5001 |
| Assessment Operational Manager | Please contact your assessment organisation operational manager in the first instance for all queries and/or issues. |
| Registered supporters | Documentation to request to register a supporter can be sent to My Aged Care by:<br>• Uploading to the My Aged Care Online Account.<br>• Uploading it as part of the online registration process on the My Aged Care website.<br>• Sending a digital copy via the My Aged Care online form available at: https://www.healthdirect.gov.au/myagedcareupload or<br>• Providing it to an Aged Care Specialist Officer or assessor for face-to-face help uploading it to My Aged Care.<br>• Posting to:<br>My Aged Care<br>PO Box 1237<br>Runaway Bay, QLD 4216 |
| Carer Gateway | 1800 422 737 |
| My Aged Care contact centre | 1800 200 422 |
| My Aged Care Service Provider and Assessor Helpline | 1800 836 799<br>8am to 8pm Monday to Friday or 10am to 2pm Saturday |
| My Aged Care complaints | A person can make a complaint by: |

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| Contact point | Details |
|---|---|
| | • calling My Aged Care on 1800 200 422<br>• posting their complaint to:<br>My Aged Care Complaints<br>PO Box 1237<br>Runaway Bay QLD 4216<br>• If you are not satisfied with the response you receive, send an email with the details of your complaint and reference number to myagedcaresupport@health.gov.au.<br>• For more information visit: Making a complaint \| My Aged Care |
| Services Australia | 1800 227 475 (Aged Care Line - consumers) |

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# 17. APPENDIX C – Clinical governance guidance for aged care needs assessment organisations

**Guidance purpose**

This guidance aims to help aged care assessment organisations to meet their responsibilities for ensuring the quality of needs assessments, through the implementation of effective clinical governance. The sections below are for people within an assessment organisation responsible for developing their clinical governance framework. It describes the importance of good clinical governance, details the elements of an effective clinical governance framework in an aged care needs assessment context and outlines the minimum supports that must be in place to support clinical and non-clinical staff.

This guidance should be considered in conjunction with the resources on clinical governance in the provision of aged care services available on the Aged Care Quality and Safety Commission's website.

**What is a clinical governance framework and why is it important for aged care assessment organisations?**

Clinical governance is an integrated system of organisational behaviours, policies, procedures, responsibilities, and quality assurance mechanisms that support consistent and high-quality care in organisations across the health, aged care and many social services sectors. A clinical governance framework is a framework that describes an organisation's approach to clinical governance.

Your assessment organisation's clinical governance framework must describe the practical, clinical supports that are in place for staff who may need to exercise clinical judgement or undertake elements of an aged care needs assessment that are clinical in nature.

Good clinical governance supports everyone in your assessment organisation to achieve high quality aged care assessments that deliver accurate and appropriate outcomes for all older people. High quality assessments are defined in the Aged Care Assessment Quality Framework as:

**Personal:** an assessment is a respectful conversation and is responsive to an older person's individual situation, context, goals and aspirations.

**Effective:** assessments are undertaken in depth and to completion, ensuring an older person's needs are fully identified and an older person can exercise choice and control in accessing the right services appropriate for them (as available and as eligible).

**Connected:** the older person understands how and why the assessment process connects to their aged care journey.

**Safe:** the older person is provided a physically, emotionally and culturally safe assessment where their unique experiences are respected and factored into the way they are assessed for aged care. All assessments are delivered in a safe environment and free from harm.

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Importantly, clinical governance must be embedded in your organisational culture. Leaders must foster a culture that supports and promotes consistent, high quality assessments and integrates clinical governance into the broader organisational governance. Your organisation's governing body is accountable for ensuring adequate clinical support is in place for staff, understanding the risks associated with undertaking assessments, monitoring performance, and continuously driving improvement.

**How to use this guidance**

This guidance outlines the elements that your assessment organisation must include in its clinical governance framework, and details the minimum, practical clinical supports that must be in place for your workforce who may need to exercise clinical judgement or undertake an assessment that is clinical in nature.

Your assessment organisation may develop its clinical governance framework in a format that suits them and include additional elements that are not covered in this guidance. For assessment organisations with an existing clinical governance framework, a review will be required to ensure all elements in this guidance are included.

**Elements of a clinical governance framework**

At a minimum your assessment organisation's clinical governance framework must demonstrate how it will:

Define **roles and responsibilities** to provide clarity on how clinical governance will operate.

Recruit, **train and accredit staff** to build a highly skilled and qualified assessor workforce.

- Provide **clinical support** to assessors.
- Monitor assessment quality and drive continuous improvement.
- Build relationships to foster innovation and continuous improvement.

The minimum clinical support requirements that sit under each of these elements are detailed in the next section.

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**Element 1: Define roles and responsibilities to provide clarity on how clinical governance will operate**

**Table 61. Roles and responsibilities**

| Clinical support requirement | Implementation |
|---|---|
| Staff understand the boundaries of their role as a clinical assessor or clinical delegate, and the functions that are not suitable to perform when undertaking those roles. E.g. Clinical assessors who are registered nurses should not dress wounds when undertaking an assessment. | Each staff member is assigned the correct clinical role/s in the My Aged Care Assessor Portal and job position on MAClearning.<br><br>The organisation's Work, Health and Safety framework outlines procedures that uphold staff safety.<br><br>Completion of workplace training on the organisation's clinical attendance policy and clinical governance framework. |
| Staff understand the boundaries of their role as a non-clinical assessor and non-clinical | Completion of workplace training on the organisation's clinical attendance policy and clinical governance framework. |

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| Clinical support requirement | Implementation |
|---|---|
| assessment delegate and understand when and how they will need to operate under their organisation's clinical governance throughout the assessment process. | |

### Element 2: Recruit, train and accredit staff to build a highly skilled and qualified assessor workforce

**Table 62. Role and training requirements**

| Clinical support requirement | Implementation |
|---|---|
| Every assessor has capability to perform a needs assessment, prior to undertaking an assessment with an older person. | Completion of induction training outlined in the My Aged Care Workforce Learning Strategy v1.5 (and subsequent versions) including mandatory online learning on the MAClearning system and completion of appraisal activities to validate assessor capabilities. |
| Prior to a clinical assessment delegate approving their first service recommendation, the delegate is competent to approve service recommendations. | Completion of induction and delegate training outlined in the My Aged Care Workforce Learning Strategy v1.5 (and subsequent versions) and mandatory online learning on the MAClearning system. |
| Prior to a triage delegate triaging their first assessment referral, the delegate is competent to undertake triage. | Completion of induction and delegate training outlined in the My Aged Care Workforce Learning Strategy v1.5 (and subsequent versions) and mandatory online learning on the MAClearning system |
| All non-clinical assessors are competent in seeking clinical attendance in the event they trigger clinical questions in the IAT. | Completion of workplace training on the organisation's clinical attendance policy and clinical governance framework. |
| Relevant staff are qualified to undertake a clinical role. | Staff who are recruited to clinical roles within the assessment organisation meet the qualification requirements outlined in the assessment organisation's contractual agreement and training requirements detailed in the My Aged Care Workforce Learning Strategy v1.5 (or subsequent versions). |

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### Element 3: Provide clinical support to assessors

**Table 63. Clinical support to assessors**

| Clinical support requirement | Implementation |
|---|---|
| Provide ongoing support for assessors in the field | Provide ongoing clinical governance support for assessors in the field including providing peer support |

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| | |
|---|---|
| | and advice on emerging and specific issues as well as providing supervision to non-clinical staff during the clinical attendance process and in finalising support plans. Ongoing support is provided through various communication channels via the assessment organisation's standard operating procedures. |

**Element 4: Monitor assessment quality and drive continuous improvement**

**Table 64. Monitoring of assessment quality and continuous improvement**

| Clinical support requirement | Implementation |
|---|---|
| Clinical staff are supervised and mentored by a clinically trained Team Leader | Team leaders regularly engage with triage delegates, assessment delegates and assessors in peer review processes |
| Staff receive regular feedback about the quality of their assessments and the performance of their organisation | Assessment organisations measure and report the extent to which it achieves the Aged Care Quality Standards, and quality goals included in the Aged Care Assessment Quality Framework.<br><br>The Assessment organisation's leadership team use quality assurance data to drive continuous improvement in clinical governance policies and processes.<br>The Assessment organisation actively participates in any external evaluation or quality assurance processes. |

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**Element 5: Build relationships to foster innovation and continuous improvement**

**Table 65. Relationship building to foster innovation and continuous improvement**

| Clinical support requirement | Implementation |
|---|---|
| Build effective working relationships with local support services | Implement systems and processes to ensure positive communication between service and care providers within the aged and health care systems. |
| Foster an organisational culture of regular and effective communication that addresses risks and issues and promotes continuous improvement | Assessment organisations hold regular team meetings/teleconferences to address issues arising, share experiences and clinical expertise (including case study discussions) |
| Assessment Organisation's representatives participate in relevant forums organised by the Department | Assessment organisations must send representatives in person to attend forums for assessment organisations as organised by the Department. |

# 18. APPENDIX D – Clinical attendance

**Questions in the IAT that require clinical attendance**

Table 66. IAT questions that require clinical attendance

| IAT clinical questions | When these questions will be triggered | Detail |
|---|---|---|
| **Advanced Medical Assessment section** | Answers 'Moderately' or 'Quite a bit' to Q *Impact of health issues on normal activities.* | This question set identifies whether the older person has had recent contact with a GP and/or has regular health checks, has been admitted to hospital in the past 12 months and whether the older person has and/or has had allergies and/or sensitivities such as food, medication and environmental allergies and/or sensitivities.<br><br>See IAT User Guide: Integrated Assessment Tool user guide (health.gov.au) |
| **Urinary incontinence and Revised Urinary Incontinence Scale (RUIS)** | Answers No to '*Is the older person managing urinary incontinence issue?*' | An assessor should use the RUIS to assess urinary incontinence. Urinary incontinence refers to the involuntary loss of bladder control. The severity can vary, including occasional leakage of urine when coughing or sneezing. It would become an issue at the more severe end when an older person often experiences a sudden and strong urge to urinate (urgency) that doesn't allow enough time to reach a toilet.<br><br>Continence is a sensitive and private issue. The assessor must use clinical judgement to determine the appropriateness of administering the RFIS with the older person at assessment. Urinary incontinence \| healthdirect |

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| IAT clinical questions | When these questions will be triggered | Detail |
|---|---|---|
| | | (PDF) Technical Manual and Instructions: Revised Incontinence and Patient Satisfaction Tools, Version 2 (researchgate.net) (tool on pg. 27) |
| **Bowel incontinence and Revised Faecal Incontinence Scale (RFIS)** | Answers 'No' to '*Is the older person managing bowel incontinence issue?*.' | Technical Manual and Instructions for Revised Incontinence and Patient Satisfaction Tools 1 (anzctr.org.au)<br><br>An assessor should use the RFIS is used to assess faecal incontinence. Continence is a sensitive and private issue. The assessor must use clinical judgement to determine the appropriateness of administering the RFIS with the older person at assessment. |
| **GPCog- Step 2 and extended cognitive assessment** | If the older person has answered any of the Qs in GPCog- Step 1 incorrectly. | The GPCog- step 2 and extended cognitive assessment is a screening tool for cognitive impairment. It builds on the questions asked in GPCog- step 1.<br>GPCOG \| Home<br><br>The GPCOG: A New Screening Test for Dementia Designed for General Practice (Step 2 Qs at bottom of the journal article) |
| **Extended Behaviour Assessment** | Answers YES to the question. *Are there any reported changes in the older person's personality?* | This question set identifies changes in an older person's behaviour across several behavioural types.<br><br>See IAT User Guide: Integrated Assessment Tool user guide (health.gov.au) |

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| IAT clinical questions | When these questions will be triggered | Detail |
|---|---|---|
| **Advanced Psychological Assessment (PHQ-4)** | If there is a total score of three or more from the first two PHQ questions (Feeling nervous, anxious or on edge AND not being able to stop or control worrying), additional questions on advanced psychological assessment will be prompted. | This question set identifies the extent to which an older person experiences psychological distress.<br><br>See IAT User Guide: Integrated Assessment Tool user guide (health.gov.au) |
| **Geriatric Depression Scale (GDS)** | Additional question in advanced psychological assessment. Answer 'yes' to *Do you want to complete the Geriatric Depression Scale?* | The GDS is a basic screening measure for depression in older people.<br><br>Geriatric Depression Scale (stanford.edu) |

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## Older person scenarios — clinical attendance

**Meet Clyde**

**Clyde** is 78 years old and needs some extra support so that he can continue to live in his home. He applies for an aged care assessment through My Aged Care. When Clyde is contacted by the assessment organisation, he is asked some preliminary questions (known as triage) before his assessment is scheduled. Clyde has heard some bad stories recently about residential aged care and he is worried that the assessment will result in him moving into an aged care home. Clyde feels nervous when answering the questions at triage and he doesn't fully disclose his health concerns during the conversation.

Clyde is triaged for a home support assessment. A non-clinical assessor is assigned to undertake the assessment, and travels to Clyde's home. During his assessment, Clyde's answers trigger questions that require clinical judgement. The assessor explains to Clyde that there are some questions that will need to be asked with a clinical assessor, who they can call on their tablet.

Clyde agrees and a clinical assessor is video called. Clyde and his assessor explain his situation to the clinical assessor, and the IAT questions that have been triggered. Together, the assessors undertake the whole assessment and record Clyde's needs in the IAT. When the non-clinical assessor gets back to the office, they finalise the assessment, consulting with the clinical assessor to make the recommendations.

Clyde is found eligible for services. The assessor converts the assessment to a comprehensive assessment at the end of the assessment. Clyde's assessment is finalised and is sent to an assessment delegate for approval.

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**Meet Jane**

**Jane** is 70 years old and lives alone. Jane and her family have spoken about her needing some support to help with home duties. Jane has chronic arthritis and sometimes this can affect her activities. At the time she first speaks to an assessment organisation about her health and abilities (triage), the weather is warm, and Jane is feeling good. Her arthritis is not affecting her day-to-day activities.

Jane is triaged for a home support assessment. A non-clinical assessor is assigned to undertake the assessment, and travels to Jane's home. On the day of the assessment, the weather is cold, and Jane isn't feeling as well as she did at triage. During her assessment, Jane answers a question which triggers a question set that requires clinical judgement. The assessor knows that a clinical assessor is not available to be in attendance during the assessment. The assessor selects 'no' to the declaration and makes a note of the questions that are triggered. The assessor explains that they can only ask certain questions in the assessment today and that some questions will need to be asked with a clinical assessor at a later time. The assessor asks the questions that do not require clinical judgment. The assessment concludes. When the assessor gets back to the office, the assessor speaks to their Team Leader or a clinical assessor about the assessment. At this stage it is determined that the clinical assessor can complete the clinical questions by calling Jane and asking the questions raised during the assessment. The original, non-clinical assessor arranges a time to contact Jane with the clinical assessor to ask the remaining questions. Together they finalise the assessment and although the clinical questions were triggered during the assessment, it is found that Jane's needs can be supported through CHSP services

**Meet Alex**

**Alex** loves working with older people and is excited about their new role as a non-clinical aged care needs assessor. Alex arrives at the house of an older person to undertake a home support assessment. Alex is welcomed inside, and notes straight away that the older person's needs seem more complex than what was recorded at triage. Not long into the assessment, a clinical question is triggered that requires clinical judgement. Alex explains to the older person that there are some questions that they will need to ask with the support from a clinical assessor who they can call on Alex's phone. The older person agrees and a clinical assessor is called. Alex explains the situation, including the clinical questions that have been triggered. The clinical assessor considers the questions that have been triggered, Alex's experience as an assessor and the older person's situation. Based on these factors, the clinical assessor advises that it would be best for a clinical assessor to undertake the whole assessment.

Alex concludes the assessment and the older person's assessment is reassigned to a clinical assessor with high priority which occurs on another day.

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