



Classification Principles 2014

made under section 96-1 of the

Aged Care Act 1997

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About this compilation

This compilation

This is a compilation of the *Classification Principles 2014* that shows the text of the law as amended and in force on 23 July 2022 (the **compilation date**).

The notes at the end of this compilation (the **endnotes**) include information about amending laws and the amendment history of provisions of the compiled law.

Uncommenced amendments

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Legislation Register (www.legislation.gov.au). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the series page on the Legislation Register for the compiled law.

Application, saving and transitional provisions for provisions and amendments

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

Editorial changes

For more information about any editorial changes made in this compilation, see the endnotes.

Modifications

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the series page on the Legislation Register for the compiled law.

Self-repealing provisions

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

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Chapter 1—Preliminary

Part 1—Preliminary

1 Name of principles

These principles are the *Classification Principles 2014*.

3 Authority

These principles are made under section 96-1 of the *Aged Care Act 1997*.

4 Definitions

Note: A number of expressions used in this instrument are defined in the Act, including the following:

- (a) classification level;
- (b) disqualified individual;
- (c) lowest applicable classification level.

In these principles:

Act means the *Aged Care Act 1997*.

ADL domain means the domain relating to activities of daily living.

AFM assessment item means the Australian Modified Functional Independence Measure assessment item of the AN-ACC Assessment Tool.

AFM cognition score, for a care recipient, means the care recipient's total score for communication and social cognition on the AFM assessment item.

AFM communication score, for a care recipient, means the care recipient's total score for communication on the AFM assessment item.

AFM eating score, for a care recipient, means the care recipient's score for eating on the AFM assessment item.

AFM motor score, for a care recipient, means the care recipient's total score for self-care, sphincter control, transfers and locomotion on the AFM assessment item.

AFM social cognition score, for a care recipient, means the care recipient's total score for social cognition on the AFM assessment item.

AFM transfers score, for a care recipient, means the care recipient's total score for transfers on the AFM assessment item.

agitation score, for a care recipient, means the care recipient's score for physically aggressive or inappropriate behaviour on the Behaviour Resource Utilisation Assessment assessment item of the AN-ACC Assessment Tool.

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AKPS assessment item means the Australia-modified Karnofsky Performance Status assessment item of the AN-ACC Assessment Tool.

AKPS score, for a care recipient, means the care recipient's score on the AKPS assessment item.

AN-ACC Assessment Tool means the Australian National Aged Care Classification Assessment Tool, published by the Department, as existing on 1 April 2021.

Note: The AN-ACC Assessment Tool could in 2021 be viewed on the Department's website (<https://www.health.gov.au>).

AN-ACC Reference Manual means the Australian National Aged Care Classification Reference Manual, published by the Department, as existing on 1 April 2021.

Note: The AN-ACC Reference Manual could in 2021 be viewed on the Department's website (<https://www.health.gov.au>).

Answer Appraisal Pack means the version of the Aged Care Funding Instrument (ACFI) Answer Appraisal Pack published by the Department in December 2016, as it exists on 9 December 2016.

Note: In 2016, the Answer Appraisal Pack was accessible at <http://www.agedcare.health.gov.au>.

application for classification means an application completed in accordance with section 15 for classification of a care recipient under section 25-1 of the Act.

Assessment Pack means the version of the Aged Care Funding Instrument (ACFI) Assessment Pack published by the Department in December 2016, as it exists on 9 December 2016.

Note: In 2016, the Assessment Pack was accessible at <http://www.agedcare.health.gov.au>.

behaviour domain means the domain relating to behaviour.

Braden activity score, for a care recipient, means the care recipient's score for activity on the Braden Scale assessment item of the AN-ACC Assessment Tool.

Braden total score, for a care recipient, means the care recipient's total score on the Braden Scale assessment item of the AN-ACC Assessment Tool.

CHC domain means the domain relating to complex health care.

compounding factors has the meaning given by section 4A.

DEMMI score, for a care recipient, means the care recipient's total score on the De Morton Mobility Index assessment item.

De Morton Mobility Index assessment item means the De Morton Mobility Index assessment item of the AN-ACC Assessment Tool.

disruptiveness score, for a care recipient, means the care recipient's score for verbally disruptive or noisy behaviour on the Behaviour Resource Utilisation Assessment assessment item of the AN-ACC Assessment Tool.

domain means a group of questions in the Answer Appraisal Pack relating to one of the following:

- (a) activities of daily living;
- (b) behaviour;
- (c) complex health care.

domain aggregate range has the meaning given by subsection 6(2).

domain category means a domain category mentioned in a table in Schedule 2.

higher cognitive ability: a care recipient who is mobile only with assistance has **higher cognitive ability** if the care recipient's AFM cognition score is 22 or more.

higher function: a care recipient who is not mobile has **higher function** if the care recipient's RUG total score is 16 or less.

higher pressure sore risk: a care recipient who is not mobile has **higher pressure sore risk** if the care recipient's Braden total score is 13 or less.

independently mobile: a care recipient is **independently mobile** if the care recipient's DEMMI score is 13 or more.

lower cognitive ability: a care recipient who is mobile only with assistance has **lower cognitive ability** if the care recipient's AFM cognition score is 10 or less.

lower function: a care recipient who is not mobile has **lower function** if the care recipient's RUG total score is 17 or more.

lower pressure sore risk: a care recipient who is not mobile has **lower pressure sore risk** if the care recipient's Braden total score is 14 or more.

medium cognitive ability: a care recipient who is mobile only with assistance has **medium cognitive ability** if the care recipient's AFM cognition score is between 11 and 21 (inclusive).

mobile only with assistance: a care recipient is **mobile only with assistance** if the care recipient's DEMMI score is between 4 and 12 (inclusive).

multi-purpose service has the meaning given by section 104 of the *Subsidy Principles 2014*.

National Law has the same meaning as in the *My Health Records Act 2012*.

not mobile: a care recipient is **not mobile** if the care recipient's DEMMI score is 3 or less.

occupational therapist means a person who holds a general registration under the National Law in the occupational therapy profession as an occupational therapist.

Section 4A

physiotherapist means a person who holds a general registration under the National Law in the physiotherapy profession as a physiotherapist.

police certificate, for a person, means a report about a person's criminal conviction record prepared by:

- (a) the Australian Federal Police; or
- (b) the Australian Criminal Intelligence Commission; or
- (c) an agency accredited by the Australian Criminal Intelligence Commission;
or
- (d) the police force or police service of a State or Territory.

registered nurse means a person who holds a general registration under the National Law in the nursing profession as a registered nurse.

Rockwood frailty score, for a care recipient, means the care recipient's score on the Rockwood Frailty Score assessment item of the AN-ACC Assessment Tool.

RUG total score, for a care recipient, means the care recipient's total score on the Resource Utilisation Group - Activities of Daily Living assessment item of the AN-ACC Assessment Tool.

serious offence conviction has the same meaning as in the *Aged Care Quality and Safety Commission Rules 2018*.

significant: a care recipient mentioned in an item of the table in section 4A has **significant** compounding factors if the compounding factors for the care recipient, considered together, indicate that the care recipient has significantly higher care needs relative to the needs of other care recipients mentioned in that item.

User Guide means the version of the Aged Care Funding Instrument (ACFI) User Guide published by the Department in December 2016, as it exists on 9 December 2016.

Note: In 2016, the User Guide was accessible at <http://www.agedcare.health.gov.au>.

4A Meaning of *compounding factors*

The following table sets out the **compounding factors** for care recipients.

Compounding factors for care recipients		
Item	Column 1 For a care recipient who ...	Column 2 the compounding factors are the following ...
1	is independently mobile	(a) the care recipient's AFM cognition score; (b) the care recipient's agitation score; (c) the care recipient's AKPS score; (d) the care recipient's RUG total score; (e) whether the care recipient requires daily injections.
2	is mobile only with assistance and has higher	(a) the care recipient's AFM motor score; (b) the care recipient's AFM social cognition score;

Section 4A

Compounding factors for care recipients		
Item	Column 1 For a care recipient who ...	Column 2 the compounding factors are the following ...
	cognitive ability	(c) the care recipient's AKPS score; (d) the care recipient's Braden activity score; (e) whether the care recipient has fallen in the last 12 months; (f) whether the care recipient requires daily injections.
3	is mobile only with assistance and has medium cognitive ability	(a) the care recipient's AFM communication score; (b) the care recipient's disruptiveness score; (c) the care recipient's Rockwood Frailty Score; (d) the care recipient's RUG total score; (e) whether the care recipient requires complex wound management; (f) whether the care recipient requires daily injections.
4	is not mobile and has higher function	(a) the care recipient's AFM transfers score; (b) the care recipient's Braden total score; (c) the care recipient's disruptiveness score; (d) whether the care recipient requires complex wound management; (e) whether the care recipient requires daily injections.
5	is not mobile and has lower function and higher pressure sore risk	(a) the care recipient's AFM eating score; (b) the care recipient's disruptiveness score; (c) whether the care recipient has fallen in the last 12 months; (d) whether the care recipient has lost more than 10% of their body weight in the last 12 months; (e) whether the care recipient requires daily injections.

Section 5

Chapter 2—Classification of care recipients under Part 2.4 of the Act

Part 2—Classification of care recipients

5 Purpose of this Part

For subsection 25-1(2) of the Act, this Part specifies the procedure the Secretary must follow in determining the appropriate classification level for a care recipient being provided with residential care.

6 Procedure for determining classification level—residential care other than respite care

- (1) The procedure set out in subsection (2) is specified for determining the appropriate classification level for a care recipient being provided with residential care (other than respite care).
- (2) The Secretary must take the following steps, using the application for classification completed in respect of the care recipient.

Procedure for determining classification level

- Step 1. For the ADL domain and the behaviour domain in the completed application, the Secretary must:
- (a) use the tables in Parts 1 and 2 of Schedule 1 to identify the score for the rating for each question in each domain; and
 - (b) add up the scores to work out an aggregate figure for each domain (the *domain aggregate*); and
 - (c) use the tables in Parts 1 and 2 of Schedule 2 to identify, for each domain:
 - (i) the range within which the domain aggregate falls (the *domain aggregate range*); and
 - (ii) the domain category that applies to that domain aggregate range.
- Step 2. If:
- (a) the domain category identified for the behaviour domain is the high behaviour category; and

(b) the completed application does not include a mental and behavioural diagnosis code;

the Secretary must reduce the domain category to the medium behaviour category.

Step 3. For the CHC domain in the completed application, the Secretary must:

(a) use the matrix in Part 3 of Schedule 1, which combines ratings for the questions in the domain, to work out the overall score for the domain; and

(b) identify the domain category mentioned in the table in Part 3 of Schedule 2 that applies to that score.

Step 4. The Secretary must determine that the appropriate classification level for the care recipient consists of the domain categories identified for each domain.

Note 1: For the classification level for a care recipient being provided with residential care (other than respite care), see subsection 11(1).

Note 2: The procedure set out in this subsection also applies in relation to a renewal of the classification level for a care recipient being provided with residential care (other than respite care). See section 23.

7 Procedure for determining classification level—respite care

- (1) The procedure set out in subsection (2) is specified for determining the appropriate classification level for a care recipient being provided with residential care as respite care.
- (2) The Secretary must determine the appropriate classification level for the care recipient according to the limitation of the care recipient's approval under the *Approval of Care Recipients Principles 2014*.

Note: For the classification levels for care recipients being provided with residential care as respite care, see subsection 11(2).

Section 8

Part 3—Classes of care recipients excluded from classification

8 Purpose of this Part

For subsection 25-1(5) of the Act, this Part specifies:

- (a) a class of care recipients excluded from classification under Part 2.4 of the Act; and
- (b) the period for which that class is excluded.

9 Exclusion of class of care recipients

- (1) The class of care recipients who receive flexible care provided through a multi-purpose service is excluded from classification.
- (2) An indefinite period is specified in relation to the class mentioned in subsection (1).

Part 4—Classification levels

10 Purpose of this Part

For section 25-2 of the Act, this Part sets out classification levels for care recipients being provided with residential care.

11 Classification levels

Care other than respite care

- (1) For subsection 25-2(1) of the Act, the classification level for care recipients being provided with residential care (other than respite care) consists of a domain category for each domain.

Respite care

- (2) For subsection 25-2(1) of the Act, the classification levels for care recipients being provided with residential care as respite care are:
 - (a) low level residential respite care; and
 - (b) high level residential respite care.

12 Lowest applicable classification level—care other than respite care

For subsection 25-2(3) of the Act, the lowest applicable classification level for a care recipient being provided with residential care (other than respite care) consists of the following domain categories:

- (a) nil ADL category;
- (b) nil behaviour category;
- (c) nil CHC category.

Section 13

Part 5—Appraisals of the level of care needed

13 Purpose of this Part

For section 25-3 of the Act, this Part specifies:

- (a) a circumstance in which subsection 25-3(2) of the Act does not apply in relation to an appraisal of the level of care needed by a care recipient being provided with residential care, relative to the needs of other care recipients; and
- (b) an alternative period during which the appraisal may be made; and
- (c) procedures for making the appraisal.

14 Circumstance and alternative period

For subsection 25-3(2A) of the Act:

- (a) subsection 25-3(2) of the Act does not apply in relation to the appraisal if the care recipient leaves the residential care service through which the care is provided within 7 days after the day the approved provider began providing the care; and
- (b) if paragraph (a) applies, the appraisal may be:
 - (i) made during the period in which the care recipient was provided with the care; and
 - (ii) given to the Secretary within 28 days after the day the provider began providing the care.

15 Appraisal procedure

- (1) For subsection 25-3(3) of the Act, the procedure set out in subsection (2) is specified for the appraisal.
- (2) The person making the appraisal must:
 - (a) complete an Answer Appraisal Pack in accordance with the requirements mentioned in subsection (3); and
 - (b) complete an application for classification using the completed Answer Appraisal Pack.
- (3) For the purposes of paragraph (2)(a), the requirements are that:
 - (a) the Answer Appraisal Pack must be completed in accordance with the User Guide, using:
 - (i) accurate and reliable information; and
 - (ii) if required by the Answer Appraisal Pack—the assessment tools in the Assessment Pack; and
 - (b) if the User Guide requires a directive from a health care practitioner as evidence in respect of care mentioned in a question or part of a question in the Answer Appraisal Pack, the care may be taken into account only if:

Section 15

- (i) a directive has been given for the care by the kind of health care practitioner mentioned in the User Guide in respect of that care; and
- (ii) the directive states the manner in which the care is to be provided and the qualifications of the person who is to provide the care; and
- (iii) the care was, is or is to be provided in the manner, and by a person with the qualifications, stated in the directive.

Section 16

Part 6—Suspending approved providers from making appraisals and reappraisals

16 Purpose of this Part

For the purposes of sections 25-4A and 25-4C of the Act, this Part:

- (a) excludes a class of persons from being appointed as advisers under stay of suspension agreements; and
- (b) specifies matters that the Secretary must take into account in specifying the period within which an adviser must be appointed under a stay of suspension agreement; and
- (c) specifies requirements that must be met by an application for the lifting of a suspension of an approved provider from making appraisals and reappraisals.

16A Stay of suspension agreements—class of persons excluded from being appointed as advisers

For the purposes of subsection 25-4A(4) of the Act, a disqualified individual is excluded from being appointed as an adviser.

Note: For the meaning of *disqualified individual*, see section 10A-1 of the Act.

16B Stay of suspension agreements—matters to be taken into account in specifying period for appointing advisers

For the purposes of subsection 25-4A(5) of the Act, in specifying, in a stay of suspension agreement, the period within which an approved provider must appoint an adviser, the Secretary must take into account:

- (a) the location of each aged care service to which the proposed suspension under subsection 25-4(1) of the Act relates; and
- (b) the number of classifications to which the proposed suspension relates; and
- (c) the extent to which the information to which the proposed suspension relates is false, misleading or inaccurate.

17 Requirements for applications for the lifting of suspensions

For the purposes of paragraph 25-4C(3)(b) of the Act, an application for the lifting of a suspension of an approved provider from making appraisals and reappraisals must include information about:

- (a) action the approved provider has taken to correct false, misleading or inaccurate information given in appraisals or reappraisals made by the approved provider; and
- (b) consultations (if any) held by the approved provider with staff, care recipients or the relatives of care recipients in relation to the giving of the false, misleading or inaccurate information; and

- (c) action the approved provider proposes to take to ensure that false, misleading or inaccurate information is not given in future appraisals or reappraisals made by the approved provider.

Section 18

Part 7—When respite care classifications take effect

18 Purpose of this Part

For section 26-3 of the Act, this Part specifies the day when a classification of a care recipient in relation to care provided as respite care takes effect.

19 Day of effect

The classification takes effect on the first day the care recipient enters respite care.

Part 8—Expiry and renewal of classifications

20 Purpose of this Part

For sections 27-2, 27-4 and 27-6 of the Act, this Part specifies the following:

- (a) different expiry dates in relation to certain classifications;
- (b) circumstances in which the care needs of a care recipient are taken to have changed significantly;
- (c) procedures the Secretary must follow in determining the appropriate classification level for a care recipient when renewing the care recipient's classification.

21 Different expiry dates

Care recipient being provided with respite care

- (1) For paragraph 27-2(6)(a) of the Act, the expiry date for the classification of a care recipient to whom the circumstance mentioned in item 7 of the table in subsection 27-2(1) of the Act applies is the first day after the earlier of the following:
 - (a) the day in a financial year on which the number of days on which the care recipient has been provided with residential care as respite care in the financial year equals the number of days specified in paragraph 23(1)(c) of the *Subsidy Principles 2014*;
 - (b) the day the care recipient's approval as a care recipient ceases to have effect.

Note: For when a care recipient's approval as a care recipient ceases to have effect, see Division 23 of the Act.

Care recipient eligible for dementia and severe behaviours supplement

- (2) For paragraph 27-2(6)(a) of the Act:
 - (a) the expiry date for the classification of a care recipient being provided with residential care whose classification has been renewed because the care recipient became eligible for a dementia and severe behaviours supplement under the *Subsidy Principles 2014* is the day immediately after the period of 28 days starting on the day the care recipient ceases being provided with residential care (other than because the care recipient is on leave); and
 - (b) the expiry date specified in item 5 of the table in subsection 27-2(1) of the Act does not apply in relation to the classification.

22 Circumstances in which care needs are taken to have changed significantly

For subsection 27-4(4) of the Act, the care needs of a care recipient being provided with residential care are taken to have changed significantly if the care recipient:

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- (a) becomes eligible for a dementia and severe behaviours supplement under the *Subsidy Principles 2014*; or
- (b) experiences an event likely to increase the level of care needed by the care recipient by:
 - (i) 2 or more domain categories within a domain; or
 - (ii) at least one domain category within 2 or more domains; or
- (c) for a care recipient whose classification level includes the high ADL category and the medium CHC category—experiences an event likely to change the level of complex health care needed by the care recipient to the high CHC category.

23 Procedure for determining renewal of classification

For subsection 27-6(2) of the Act, in determining the appropriate classification level for a care recipient, the procedure mentioned in subsection 6(2) of these principles is specified.

Part 9—Changing classifications

24 Purpose of this Part

For the purposes of paragraph 29-1(3)(b) of the Act, this Part specifies matters that the Secretary must have regard to in reviewing the classification of a care recipient being provided with residential care.

25 Changing classifications

For the purposes of paragraph 29-1(3)(b) of the Act, if care mentioned in paragraph 15(3)(b) (care covered by a directive) was taken into account in making the appraisal in respect of the care recipient that was taken into account in classifying the care recipient, the Secretary must have regard to whether that care was, is or is to be provided in the manner, and by a person with the qualifications, stated in the directive.

Section 26

Part 10—Application fees for reconsideration of decisions to change classification of care recipients

26 Purpose of this Part

For the purposes of section 85-6 of the Act, this Part:

- (a) specifies the application fee for a request made under subsection 85-5(1) of the Act for reconsideration of a reviewable decision made under subsection 29-1(1) of the Act (a decision to change the classification of a care recipient); and
- (b) deals with the circumstances in which the Secretary may waive the fee; and
- (c) deals with the circumstances in which the fee may be refunded.

27 Application fees

- (1) For the purposes of subsection 85-6(1) of the Act, the application fee for a request is the sum of \$375 for each question in the Answer Appraisal Pack that the request relates to.
- (2) A request relates to a question if the request relates to the change of the rating for that question.

28 Waiver of application fees

For the purposes of paragraph 85-6(3)(a) of the Act, the Secretary may waive the application fee for a request if the Secretary is satisfied that there are exceptional circumstances that justify the waiver.

29 Refund of application fees

For the purposes of paragraph 85-6(3)(c) of the Act, the application fee for a request may be refunded if:

- (a) the whole or a part of the decision to which the request relates is varied or set aside; and
- (b) the decision or part of the decision relates to the change of the rating for one or more questions in the Answer Appraisal Pack; and
- (c) as a result of the varying or setting aside of the decision or part of the decision, the classification of the care recipient to which the decision relates is changed back to the classification that applied to the care recipient before the decision took effect; and
- (d) the request did not include any material or information that was not available to the Secretary for the purposes of the review of the classification under subsection 29-1(3) of the Act.

Chapter 3—Classification of care recipients under Part 2.4A of the Act

Part 11—Classification of care recipients

30 Purpose of this Part

For the purposes of section 29C-2 of the Act, this Part specifies:

- (a) the procedure the Secretary must follow in determining the appropriate classification level for a care recipient for respite care or non-respite care; and
- (b) the day on which a classification of a care recipient under Part 2.4A of the Act takes effect.

31 Procedure for determining appropriate classification level—respite care

- (1) For the purposes of subsection 29C-2(3) of the Act, the procedure set out in subsection (2) of this section is specified for determining the appropriate classification level for a care recipient for respite care.
- (2) The Secretary must take the following steps, using the assessment of the care needs of the care recipient made under section 29C-3 of the Act for the purposes of classifying the care recipient.

- Step 1. Work out whether the care recipient is independently mobile, is mobile only with assistance or is not mobile.
- Step 2. Determine that the appropriate classification level for the care recipient is as follows:
 - (a) if the care recipient is independently mobile—Respite Class 1;
 - (b) if the care recipient is mobile only with assistance—Respite Class 2;
 - (c) if the care recipient is not mobile—Respite Class 3.

32 Procedure for determining appropriate classification level—non-respite care

- (1) For the purposes of subsection 29C-2(3) of the Act, the procedure set out in subsection (2) of this section is specified for determining the appropriate classification level for a care recipient for non-respite care.
- (2) The Secretary must take the following steps, using the assessment of the care needs of the care recipient made under section 29C-3 of the Act for the purposes of classifying the care recipient.

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Step 1.	If the Secretary has assessed the care recipient as having palliative care status, steps 2 to 5 do not apply to the care recipient.
Step 2.	Work out whether the care recipient is independently mobile, is mobile only with assistance or is not mobile.
Step 3.	If the care recipient is mobile only with assistance, work out whether the care recipient has higher cognitive ability, medium cognitive ability or lower cognitive ability.
Step 4.	If the care recipient is not mobile: <ul style="list-style-type: none"> (a) work out whether the care recipient has higher function or lower function; and (b) if the care recipient has lower function—work out whether the care recipient has higher pressure sore risk or lower pressure sore risk.
Step 5.	If the care recipient: <ul style="list-style-type: none"> (a) is independently mobile; or (b) is mobile only with assistance and has higher cognitive ability or medium cognitive ability; or (c) is not mobile and has higher function; or (d) is not mobile, has lower function and has higher pressure sore risk; <p>determine whether the care recipient has significant compounding factors.</p>
Step 6.	Determine the appropriate classification level for the care recipient in accordance with the table in subsection (3).

(3) The following table sets out the classification levels for care recipients for the purposes of step 6 in subsection (2).

Classification levels for care recipients		
Item	Column 1 If the care recipient ...	Column 2 the appropriate classification level for the care recipient is ...
1	has been assessed as having palliative care status	Class 1.
2	(a) is independently mobile; and (b) does not have significant compounding factors	Class 2.
3	(a) is independently mobile; and	Class 3.

Classification levels for care recipients		
Item	Column 1 If the care recipient ...	Column 2 the appropriate classification level for the care recipient is ...
	(b) has significant compounding factors	
4	(a) is mobile only with assistance; and (b) has higher cognitive ability; and (c) does not have significant compounding factors	Class 4.
5	(a) is mobile only with assistance; and (b) has higher cognitive ability; and (c) has significant compounding factors	Class 5.
6	(a) is mobile only with assistance; and (b) has medium cognitive ability; and (c) does not have significant compounding factors	Class 6.
7	(a) is mobile only with assistance; and (b) has medium cognitive ability; and (c) has significant compounding factors	Class 7.
8	(a) is mobile only with assistance; and (b) has lower cognitive ability	Class 8.
9	(a) is not mobile; and (b) has higher function; and (c) does not have significant compounding factors	Class 9.
10	(a) is not mobile; and (b) has higher function; and (c) has significant compounding factors	Class 10.
11	(a) is not mobile; and (b) has lower function; and (c) has lower pressure sore risk	Class 11.
12	(a) is not mobile; and (b) has lower function; and (c) has higher pressure sore risk; and (d) does not have significant compounding factors	Class 12.
13	(a) is not mobile; and (b) has lower function; and (c) has higher pressure sore risk; and (d) has significant compounding factors	Class 13.

33 When classifications take effect

For the purposes of subsection 29C-2(6) of the Act, a classification of a care recipient under Part 2.4A of the Act takes effect on the day the classification is made.

Section 34

Part 12—Assessments of the level of care needed

34 Purpose of this Part

For the purposes of section 29C-3 of the Act, this Part specifies:

- (a) procedures that the Secretary must follow in making an assessment of the level of care needed by a care recipient, relative to the needs of other care recipients; and
- (b) the circumstances in which recipients of respite care are taken to have been assessed.

35 Assessment procedure—respite care

- (1) For the purposes of subsection 29C-3(2) of the Act, the procedure set out in subsection (2) of this section is specified for a care recipient being provided with respite care.
- (2) The Secretary must complete the De Morton Mobility Index assessment item in accordance with the part of the AN-ACC Reference Manual that relates to that item.

36 Assessment procedure—non-respite care

- (1) For the purposes of subsection 29C-3(2) of the Act, the procedure set out in subsections (2) and (3) of this section is specified for a care recipient being provided with non-respite care through a residential care service.
- (2) If:
 - (a) a document was given to the Secretary in relation to the care recipient in accordance with section 27 of the *Accountability Principles 2014*; and
 - (b) according to the document, the care recipient had:
 - (i) a prognosis of a life expectancy of 3 months or less on the day the care recipient entered the residential care service to be provided with non-respite care in the form of palliative care; and
 - (ii) an AKPS score of 40 or less;the Secretary must assess the care recipient as having palliative care status.
- (3) If the Secretary does not assess the care recipient as having palliative care status under subsection (2), the Secretary must complete the AN-ACC Assessment Tool in accordance with the AN-ACC Reference Manual in relation to the care recipient.

37 Circumstances in which recipients of respite care are taken to have been assessed

For the purposes of subsection 29C-3(3) of the Act, the circumstances are that the assessment of the care recipient's care needs mentioned in

paragraph 29C-3(3)(a) of the Act was completed using the De Morton Mobility Index assessment item in accordance with the part of the AN-ACC Reference Manual that relates to that item.

Section 38

Part 13—Classification levels

38 Purpose of this Part

For the purposes of section 29C-5 of the Act, this Part sets out classification levels for classifications of care recipients.

39 Classification levels—respite care

For the purposes of subsection 29C-5(1) of the Act, the following are the classification levels for classifications for respite care:

- (a) Respite Class 1;
- (b) Respite Class 2;
- (c) Respite Class 3.

40 Classification levels—non-respite care

For the purposes of subsection 29C-5(1) of the Act, the following are the classification levels for classifications for non-respite care:

- (a) Class 1;
- (b) Class 2;
- (c) Class 3;
- (d) Class 4;
- (e) Class 5;
- (f) Class 6;
- (g) Class 7;
- (h) Class 8;
- (i) Class 9;
- (j) Class 10;
- (k) Class 11;
- (l) Class 12;
- (m) Class 13.

Part 14—Reclassification of care recipients

41 Purpose of this Part

For the purposes of subsection 29D-1(3) of the Act, this Part specifies the circumstances in which the care needs of a care recipient are taken to have changed significantly.

42 Circumstances in which care needs are taken to have changed significantly—respite care

For the purposes of a reclassification of a care recipient for respite care, the care needs of the care recipient are taken to have changed significantly if, since the day the existing classification of the care recipient took effect, the condition of the care recipient has changed from:

- (a) the care recipient being independently mobile to being mobile only with assistance; or
- (b) the care recipient being independently mobile to being not mobile; or
- (c) the care recipient being mobile only with assistance to being not mobile.

43 Circumstances in which care needs are taken to have changed significantly—non-respite care

For the purposes of a reclassification of a care recipient for non-respite care, the care needs of the care recipient are taken to have changed significantly if, since the day the existing classification of the care recipient took effect:

- (a) there has been a change in the care recipient's cognitive ability, compounding factors, function, mobility or pressure sore risk; or
- (b) the care recipient has been an in-patient of a hospital for a total of at least 5 days; or
- (c) the care recipient has been an in-patient of a hospital for a total of at least 2 days and was administered general anaesthetic while an in-patient; or
- (d) for a care recipient with an existing classification level of Class 9, Class 10, Class 11, Class 12 or Class 13—at least 6 months have passed; or
- (e) for a care recipient with an existing classification level of Class 2, Class 3, Class 4, Class 5, Class 6, Class 7 or Class 8—at least 12 months have passed; or
- (f) the care recipient has:
 - (i) ceased to be provided with residential care through a residential care service; and
 - (ii) subsequently entered a residential care service to be provided with non-respite care in the form of palliative care.

Section 44

Part 15—Criteria for delegates

44 Purpose of this Part

For the purposes of subsection 96-2(15) of the Act, this Part specifies the criteria for persons to whom the Secretary's powers and functions under section 29C-3 of the Act may be delegated.

45 Criteria for persons to whom assessment powers may be delegated

The following criteria are specified:

- (a) the person is a registered nurse, occupational therapist or physiotherapist;
- (b) the person has at least 5 years of clinical experience in the delivery of aged care services or related health services as a registered nurse, occupational therapist or physiotherapist (as the case requires);
- (c) a police certificate issued for the person within the last 2 years does not record that the person has a serious offence conviction in Australia;
- (d) if, at any time after turning 16, the person has been a citizen or permanent resident of a country other than Australia—the person has made a statutory declaration that the person does not have a serious offence conviction in that country.

Schedule 1—Scores for question ratings

Note: See section 6.

Part 1—ADL domain

1 Scores

The following table sets out the score for each rating for each question in the ADL domain.

ADL domain		
Question	Rating	Score
1 Nutrition	A	0
	B	6.69
	C	13.39
	D	20.09
2 Mobility	A	0
	B	6.88
	C	13.76
	D	20.65
3 Personal hygiene	A	0
	B	6.88
	C	13.76
	D	20.65
4 Toileting	A	0
	B	6.11
	C	12.21
	D	18.31
5 Continence	A	0
	B	5.79
	C	11.53
	D	17.31

Part 2—Behaviour domain

2 Scores

The following table sets out the score for each rating for each question in the behaviour domain.

Behaviour domain		
Question	Rating	Score
6 Cognitive skills	A	0
	B	6.98
	C	13.91
	D	20.88
7 Wandering	A	0
	B	5.91
	C	11.82
	D	17.72
8 Verbal behaviour	A	0
	B	7.04
	C	14.10
	D	21.14
9 Physical behaviour	A	0
	B	7.70
	C	15.40
	D	23.11
10 Depression	A	0
	B	5.71
	C	11.43
	D	17.15

Part 3—CHC domain

3 Scores

The following matrix sets out the score for each combination of ratings in the CHC domain.

CHC domain					
Matrix					
	Question 12 Complex health care				
	Rating	A	B	C	D
Question 11 Medication	A	0	0	1	2
	B	1	1	2	3
	C	1	2	2	3

Schedule 2—Domain categories

Note: See section 6.

Part 1—ADL domain

1 Domain categories

The following table sets out the domain category that applies to each domain aggregate range for the ADL domain.

ADL domain		
Item	Domain aggregate range	Domain category
1	0–17.99	Nil ADL category
2	18–61.99	Low ADL category
3	62–87.99	Medium ADL category
4	88–100	High ADL category

Part 2—Behaviour domain

2 Domain categories

The following table sets out the domain category that applies to each domain aggregate range for the behaviour domain.

Behaviour domain		
Item	Domain aggregate range	Domain category
5	0–12.99	Nil behaviour category
6	13–29.99	Low behaviour category
7	30–49.99	Medium behaviour category
8	50–100	High behaviour category

Part 3—CHC domain

3 Domain categories

The following table sets out the domain category that applies to each overall score for the CHC domain.

CHC domain		
Item	Score	Domain category
9	0	Nil CHC category
10	1	Low CHC category
11	2	Medium CHC category
12	3	High CHC category

Endnotes

Endnote 1—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

Endnote 1—About the endnotes

Endnote 2—Abbreviation key

Endnote 3—Legislation history

Endnote 4—Amendment history

Abbreviation key—Endnote 2

The abbreviation key sets out abbreviations that may be used in the endnotes.

Legislation history and amendment history—Endnotes 3 and 4

Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

Editorial changes

The *Legislation Act 2003* authorises First Parliamentary Counsel to make editorial and presentational changes to a compiled law in preparing a compilation of the law for registration. The changes must not change the effect of the law. Editorial changes take effect from the compilation registration date.

If the compilation includes editorial changes, the endnotes include a brief outline of the changes in general terms. Full details of any changes can be obtained from the Office of Parliamentary Counsel.

Misdescribed amendments

A misdescribed amendment is an amendment that does not accurately describe how an amendment is to be made. If, despite the misdescription, the amendment can be given effect as intended, then the misdescribed amendment can be incorporated through an editorial change made under section 15V of the *Legislation Act 2003*.

If a misdescribed amendment cannot be given effect as intended, the amendment is not incorporated and “(md not incorp)” is added to the amendment history.

Endnotes

Endnote 2—Abbreviation key

Endnote 2—Abbreviation key

ad = added or inserted	o = order(s)
am = amended	Ord = Ordinance
amdt = amendment	orig = original
c = clause(s)	par = paragraph(s)/subparagraph(s) /sub-subparagraph(s)
C[x] = Compilation No. x	pres = present
Ch = Chapter(s)	prev = previous
def = definition(s)	(prev...) = previously
Dict = Dictionary	Pt = Part(s)
disallowed = disallowed by Parliament	r = regulation(s)/rule(s)
Div = Division(s)	reloc = relocated
ed = editorial change	renum = renumbered
exp = expires/expired or ceases/ceased to have effect	rep = repealed
F = Federal Register of Legislation	rs = repealed and substituted
gaz = gazette	s = section(s)/subsection(s)
LA = <i>Legislation Act 2003</i>	Sch = Schedule(s)
LIA = <i>Legislative Instruments Act 2003</i>	Sdiv = Subdivision(s)
(md) = misdescribed amendment can be given effect	SLI = Select Legislative Instrument
(md not incorp) = misdescribed amendment cannot be given effect	SR = Statutory Rules
mod = modified/modification	Sub-Ch = Sub-Chapter(s)
No. = Number(s)	SubPt = Subpart(s)
	<u>underlining</u> = whole or part not commenced or to be commenced

Endnote 3—Legislation history

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Classification Principles 2014	24 June 2014 (F2014L00805)	1 July 2014 (s 2)	
Classification Amendment (CHC Domain Scores) Principles 2016	17 May 2016 (F2016L00804)	1 July 2016 (s 2(1) item 1)	—
Classification Amendment (Budget Savings Measures No. 1) Principles 2016	8 Dec 2016 (F2016L01887)	9 Dec 2016 (s 2(1) item 1)	—
Classification Amendment (2016 Budget Savings Measures) Principles 2017.	28 Feb 2017 (F2017L00171)	1 Mar 2017 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Aged Care Recipient Classification) Principles 2021	29 Mar 2021 (F2021L00357)	Sch 1 (items 2–7): 1 Apr 2021 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Requirements for Staff Members and Volunteers) Instrument 2021	15 June 2021 (F2021L00758)	Sch 1 (items 21–23): 16 June 2021 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Palliative Care Classification and Other Measures) Instrument 2022	14 July 2022 (F2022L00979)	Sch 1 (items 3–8): 23 July 2022 (s 2(1) item 1)	—

Endnotes

Endnote 4—Amendment history

Endnote 4—Amendment history

Provision affected	How affected
Chapter 1	
Chapter 1 heading.....	ad F2021L00357
Part 1	
s 2.....	rep LA s 48D
s 4.....	am F2016L01887; F2017L00171; F2021L00357; F2021L00758; F2022L00979
s 4A.....	ad F2021L00357
s 4B.....	ad F2021L00357 rep F2022L00979
Chapter 2	
Chapter 2 heading.....	ad F2021L00357
Part 5	
s 15.....	am F2017L00171
Part 6	
s 16.....	rs F2017L00171
s 16A.....	ad F2017L00171
s 16B.....	ad F2017L00171
s 17.....	am F2017L00171
Part 9	
Part 9.....	ad F2017L00171
s 24.....	ad F2017L00171
s 25.....	ad F2017L00171
Part 10	
Part 10.....	ad F2017L00171
s 26.....	ad F2017L00171
s 27.....	ad F2017L00171
s 28.....	ad F2017L00171
s 29.....	ad F2017L00171
Chapter 3	
Chapter 3.....	ad F2021L00357
Part 11	
s 30.....	ad F2021L00357
s 31.....	ad F2021L00357
s 32.....	ad F2021L00357
s 33.....	ad F2021L00357
Part 12	
s 34.....	ad F2021L00357
s 35.....	ad F2021L00357

Endnote 4—Amendment history

Provision affected	How affected
s 36	ad F2021L00357 am F2022L00979
s 37	ad F2021L00357
Part 13	
s 38	ad F2021L00357
s 39	ad F2021L00357
s 40	ad F2021L00357
Part 14	
s 41	ad F2021L00357
s 42	ad F2021L00357
s 43	ad F2021L00357 am F2022L00979
Part 15	
Part 15	ad F2016L01887 rs F2021L00357
s 44	ad F2021L00357
s 45	ad F2021L00357 am F2021L00758
s 50	ad F2016L01887 am F2017L00171 rep F2021L00357
Schedule 1	
c 3	rs F2016L00804 am F2016L01887