

Aged Care Legislation Amendment (Aged Care Recipient Classification) Principles 2021

I, Richard Colbeck, Minister for Senior Australians and Aged Care Services, make the following principles.

Dated 26 March 2021

Richard Colbeck Minister for Senior Australians and Aged Care Services



Contents			
	1	Name	
	2	Commencement	
	3	Authority	
	4	Schedules	
Schedule 1—	-Amen	dments	2
Acco	untabilii	y Principles 2014	2
Class	ification	n Principles 2014	2



1 Name

This instrument is the Aged Care Legislation Amendment (Aged Care Recipient Classification) Principles 2021.

2 Commencement

(1) Each provision of this instrument specified in column 1 of the table commences, or is taken to have commenced, in accordance with column 2 of the table. Any other statement in column 2 has effect according to its terms.

Commencement information			
Column 1 Column 2		Column 3	
Provisions	Commencement	Date/Details	
1. The whole of this instrument	1 April 2021.	1 April 2021	

Note:

This table relates only to the provisions of this instrument as originally made. It will not be amended to deal with any later amendments of this instrument.

(2) Any information in column 3 of the table is not part of this instrument. Information may be inserted in this column, or information in it may be edited, in any published version of this instrument.

3 Authority

This instrument is made under the *Aged Care Act 1997*.

4 Schedules

Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

Schedule 1—Amendments

Accountability Principles 2014

1 After Part 1

Insert:

Part 1A—Allowing delegates of Secretary access to service to assess care needs of care recipients

4A Purpose of this Part

For the purposes of paragraph 63-1(1)(ha) of the Act, this Part requires an approved provider to allow delegates of the Secretary access to an aged care service through which the approved provider provides aged care in order to assess, under section 29C-3 of the Act, the care needs of care recipients provided with care through the service.

4B Access to service

- (1) This section applies if:
 - (a) a delegate of the Secretary gives the approved provider notice in writing that the delegate requires access to the service on a day specified in the notice to assess, under section 29C-3 of the Act, the care needs of care recipients provided with care through the service; and
 - (b) the notice is given at least 2 days before the specified day.
- (2) The approved provider must allow the delegate timely access to the following on the specified day as required for the delegate to make the assessments:
 - (a) all areas of the premises used to provide care through the service;
 - (b) staff members of the approved provider who are on those premises on the specified day;
 - (c) the care recipients whose care needs are to be assessed;
 - (d) records relating to the care needs of those care recipients.

Classification Principles 2014

2 Before Part 1

Insert:

Chapter 1—Preliminary

3 Section 4

Insert:

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.

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).

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.

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.

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*: a 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.

medical practitioner means a person who is registered under the National Law in the medical profession.

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).

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.

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

police report has the same meaning as in the *Aged Care Quality and Safety Commission Rules 2018*.

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.

4 At the end of Part 1

Add:

4A Meaning of compounding factors

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

Comp Item	apounding factors for care recipients Column 1 Column 2		
	For a care recipient who	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	(a) the care recipient's AFM motor score;	
	assistance and has higher cognitive ability	(b) the care recipient's AFM social cognition score;	
		(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	(a) the care recipient's AFM eating score;	

Compounding factors for care recipients				
Item	Column 1 For a care recipient who	Column 2 the compounding factors are the following		
	function and higher pressure	(b) the care recipient's disruptiveness score;		
	sore risk	(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.		

4B Requirements for palliative care plan

A palliative care plan, for a care recipient receiving care through a residential care service, meets the requirements of this section if the plan:

- (a) was prepared:
 - (i) within 3 months before the care recipient entered the residential care service; and
 - (ii) by a medical practitioner or registered nurse from a specialist palliative care team, primary care team or hospital discharge team; and
 - (iii) independently of the residential care service; and
- (b) states the Australian Health Practitioner Regulation Agency registration number, practice address and contact details for the medical practitioner or registered nurse; and
- (c) includes the following:
 - (i) the care recipient's AKPS score, as assessed in accordance with the part of the AN-ACC Reference Manual that relates to the AKPS assessment item;
 - (ii) a statement by a medical practitioner of the care recipient's prognosis of life expectancy;
 - (iii) whether the care recipient is in a stable, unstable, deteriorating or terminal palliative care phase.

5 Before Part 2

Insert:

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

6 After Part 10

Insert:

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.
 - 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:
 - (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:

- (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;

determine whether the care recipient has significant compounding factors.

- 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).

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 (b) has significant compounding factors	Class 3.
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	Class 5.

⁸ Aged Care Legislation Amendment (Aged Care Recipient Classification) Principles

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

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.

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.
- (2) If the care recipient:
 - (a) entered the residential care service with a palliative care plan that meets the requirements of section 4B; and
 - (b) the plan has been given to the Secretary; and
 - (c) according to the plan, 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; and
 - (ii) an AKPS score of 40 or less;

the Secretary must assess the care recipient as having palliative care status.

- (3) If the care recipient:
 - (a) did not enter the residential care service with a palliative care plan that meets the requirements of section 4B; or
 - (b) entered the residential care service with a palliative care plan that meets those requirements but the plan has not been given to the Secretary; or
 - (c) entered the residential care service with a palliative care plan that meets those requirements but, according to the plan, did not have:
 - (i) a prognosis of a life expectancy of 3 months or less on the day the care recipient entered the residential care service; and
 - (ii) an AKPS score of 40 or less;

the Secretary must complete the AN-ACC Assessment Tool in accordance with the AN-ACC Reference Manual.

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.

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) the condition of the care recipient has changed from:
 - (i) the care recipient being independently mobile to being mobile only with assistance; or
 - (ii) the care recipient being independently mobile to being not mobile; or
 - (iii) the care recipient being mobile only with assistance to being not mobile; 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.

7 Part 15

Repeal the Part, substitute:

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 report issued for the person within the last 24 months 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.