



# Classification Amendment Principles 2008 (No. 1)

*Aged Care Act 1997*

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I, JUSTINE ELLIOT, Minister for Ageing, make these Principles under subsection 96-1 (1) of the *Aged Care Act 1997*.

Dated 13 March 2008

JUSTINE ELLIOT  
Minister for Ageing

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**1 Name of Principles**

These Principles are the *Classification Amendment Principles 2008 (No. 1)*.

**2 Commencement**

These Principles commence on the commencement of Schedule 1 to the *Aged Care Amendment (Residential Care) Act 2007*.

**3 Amendment of *Classification Principles 1997***

Schedule 1 amends the *Classification Principles 1997*.

**4 Application of *Classification Principles 1997* as amended by these Principles**

The *Classification Principles 1997*, as in force on and after the commencement of these Principles (*commencement*), apply in relation to the following:

- (a) an appraisal of a care recipient to whom an approved provider begins providing care on or after commencement;
- (b) a classification, under section 25-1 of the Act, of a care recipient to whom an approved provider begins providing care on or after commencement;
- (c) a reappraisal of a care recipient:
  - (i) whose classification expires on or after commencement; or
  - (ii) under section 27-4 of the Act;
- (d) a renewal, under section 27-6 of the Act, of a classification of a care recipient mentioned in paragraph (c);
- (e) a change of a classification under section 29-1 of the Act on or after commencement.

**5 Saving — application of *Classification Principles 1997* as in force immediately before commencement**

The *Classification Principles 1997*, as in force immediately before commencement, continue to apply in relation to the following:

- (a) an appraisal of a care recipient to whom an approved provider began providing care before commencement;
- (b) a classification, under section 25-1 of the Act (as in force immediately before commencement), of a care recipient to whom an approved provider began providing care before commencement;
- (c) a reappraisal of a care recipient:
  - (i) whose classification expired before commencement; or
  - (ii) in relation to whom a reappraisal under subsection 28-2 (5) of the Act (as in force immediately before commencement) was received by the Secretary before commencement;
- (d) a renewal of a classification, under section 28-1 of the Act (as in force immediately before commencement), of a care recipient mentioned in paragraph (c);
- (e) a change of a classification, under section 29-1 of the Act (as in force immediately before commencement) before commencement.

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## Schedule 1 Amendments

(section 3)

### [1] Section 9.3, after definition of Act

*insert*

**Answer Appraisal Pack** means the Aged Care Funding Instrument (ACFI) Answer Appraisal Pack, published by the Department of Health and Ageing, as existing on the commencement of the *Classification Amendment Principles 2008 (No. 1)*.

*Note* The Answer Appraisal Pack is available on the Internet — see <http://www.health.gov.au/acfi>.

**application for classification** means an application for classification of a care recipient under section 25-1 of the Act.

*Note* The form for an application for classification is available on the Internet — see <http://www.health.gov.au/acfi>.

**Assessment Pack** means the Aged Care Funding Instrument (ACFI) Assessment Pack, published by the Department of Health and Ageing, as existing on the commencement of the *Classification Amendment Principles 2008 (No. 1)*.

*Note* The Assessment Pack is available on the Internet — see <http://www.health.gov.au/acfi>.

**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 category** means a category mentioned in column 3 of Schedule 2.

### [2] Section 9.3, after definition of *extended aged care at home*

*insert*

**high level of residential care** means residential care given to a care recipient whose classification level:

- (a) includes any of the following domain categories:
  - (i) medium ADL category;
  - (ii) high ADL category;
  - (iii) high behaviour category;
  - (iv) medium CHC category;
  - (v) high CHC category; or

- (b) is high level residential respite care.

*Note* For the classification levels for recipients of residential care, see sections 9.11 and 9.12. For the procedure for determining the classification for a care recipient, see sections 9.3B and 9.3C. For the procedure for determining the classification level for a care recipient receiving residential care other than as respite care when renewing a classification, see section 9.30.

[3] **Section 9.3, definition of *low level of care***

*substitute*

***interim low level*** means the classification level given to a care recipient under subsection 9.3B (3).

***low level of residential care*** means residential care given to a care recipient whose classification level:

- (a) consists of domain categories other than those mentioned in paragraph (a) of the definition of ***high level of residential care***; or
- (b) is the interim low level; or
- (c) is low level residential respite care.

*Note* For the classification levels for recipients of residential care, see sections 9.11 and 9.12. For the procedure for determining the classification for a care recipient, see sections 9.3B and 9.3C. For the procedure for determining the classification level for a care recipient receiving residential care other than as respite care when renewing a classification, see section 9.30.

[4] **Section 9.3, after definition of *transition care***

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***User Guide*** means the Aged Care Funding Instrument (ACFI) User Guide, published by the Department of Health and Ageing, as existing on the commencement of the *Classification Amendment Principles 2008 (No. 1)*.

*Note* The User Guide is available on the Internet — see <http://www.health.gov.au/acfi>.

[5] **After Part 1**

*insert*

## **Part 1A Classification of care recipients**

**9.3A Purpose of Part (Act, s 25-1)**

This Part specifies the procedure the Secretary must follow in determining the appropriate classification level for a care recipient being provided with residential care.

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### 9.3B Procedure for determining classification level — non-respite care

- (1) For subsection 25-1 (2) of the Act, the procedure set out in subsections (2) and (3) is specified for determining the appropriate classification level for a care recipient being provided with residential care, other than a care recipient being provided with residential care as respite care.
- (2) The Secretary must use the application for classification that was completed in respect of the care recipient in accordance with section 9.17 (the *completed application*) in taking the following steps.

Step 1 For the activities of daily living and behaviour domains in the completed application, the Secretary must:

- (a) for each question in the domain, use Schedule 1 to identify the score for the rating; and
- (b) add up the scores for the questions in the domain to work out an aggregate figure for each domain (the *domain aggregate*); and
- (c) using Schedule 2, for each domain:
  - (i) identify the domain aggregate range within which the domain aggregate falls; and
  - (ii) identify the domain category that applies to the domain aggregate range.

Step 2 For the complex health care domain in the completed application, the Secretary must:

- (a) use the matrix in Part 3 of Schedule 1 to work out the score for the domain (the *domain score*); and
- (b) identify the domain category mentioned in Part 3 of Schedule 2 that applies to the domain score.

Step 3 The Secretary must determine the appropriate classification level for the care recipient under section 25-1 of the Act:

- (a) according to the domain category identified for each domain under subparagraph (c) (ii) of Step 1 and paragraph (b) of Step 2; and
- (b) if the domain category identified for the behaviour domain is the high behaviour category, and the completed application does not include a mental and behavioural diagnosis code — reducing the domain category to the medium behaviour category.

- (3) However, the Secretary must classify the care recipient at the interim low level if:
  - (a) the domain categories identified for the care recipient after completing Step 2 include a domain category mentioned in paragraph (a) of the definition of *high level of residential care*; and

- (b) the care recipient's approval under Part 2.3 of the Act is limited under subsection 22-2 (3) of the Act to a low level of residential care.

*Note* For the classification levels for care recipients being provided with residential care other than as respite care, see section 9.11. For the procedure for determining the classification level for a care recipient being provided with residential care other than as respite care when renewing a classification, see section 9.30.

**9.3C Procedure for determining classification level — respite care**

- (1) For subsection 25-1 (2) of the Act, 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 under section 25-1 of the Act according to the limitation of the care recipient's approval under subsection 5.9 (1) of the *Approval of Care Recipients Principles 1997*.

*Note* For the classification levels for care recipients being provided with residential care as respite care, see section 9.12.

**[6] Part 2, heading**

*substitute*

**Part 2 Classes of care recipients excluded from classification**

**[7] Part 2, Division 1, heading**

*omit*

**[8] Part 2, Division 2, heading**

*omit*

**[9] Section 9.5**

*omit*

A care recipient

*insert*

For subsection 25-1 (5) of the Act, a care recipient

**[10] Part 2, Division 4, heading**

*omit*

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**[11] Section 9.9**

*omit*

Care recipients

*insert*

For subsection 25-1 (5) of the Act, care recipients

**[12] Parts 4, 5, 6 and 6A**

*substitute*

**Part 3 Classification levels****9.10 Purpose of Part (Act, s 25-2)**

This Part sets out classification levels for care recipients.

**9.11 Classification levels for non-respite care**

For subsection 25-2 (1) of the Act, the classification levels for care recipients being provided with residential care, other than care recipients being provided with residential care as respite care, are:

- (a) a classification level consisting of a domain category in each domain; and
- (b) interim low level.

*Note* For the procedure for determining the classification of a care recipient being provided with residential care other than as respite care, see section 9.3B. For the procedure for determining the classification level of a care recipient being provided with residential care other than as respite care when renewing a classification, see section 9.30.

**9.12 Classification levels for respite care**

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.

*Note* For the procedure for determining the classification of a care recipient being provided with residential care as respite care, see section 9.3C.

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**9.13 Lowest applicable classification level — non-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 a care recipient being provided with residential care as respite care, is the classification that consists of each of the following domain categories:

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

**Part 4 Appraisals of the level of care needed**

**9.15 Purpose of Part (Act, s 25-3)**

This Part specifies:

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

**9.16 Circumstance and alternative period**

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

- (a) subsection 25-3 (2) of the Act does not apply to an appraisal of a care recipient by an approved provider (or a person acting on the approved provider's behalf) if the care recipient leaves the residential care service through which the approved provider provides care before the end of 7 days starting on the day on which the approved provider began providing care to the care recipient; and
- (b) the appraisal may be made during the period for which the care recipient was provided with care through the residential care service; and
- (c) the appraisal may be given to the Secretary before the end of 28 days starting on the day on which the approved provider began providing care to the care recipient.

**9.17 Appraisal procedure**

- (1) For subsection 25-3 (3) of the Act, the procedure set out in subsection (2) is specified for an appraisal of the level of care needed by a care recipient.



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- (2) The person making the appraisal must:
- (a) complete an Answer Appraisal Pack 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) complete an application for classification using the completed Answer Appraisal Pack.

## **Part 5                      Suspending approved providers from making appraisals**

### **9.19      Purpose of Part (Act, s 25-4C)**

This Part specifies requirements for applications for the lifting of suspensions.

### **9.20      Requirements for applications for the lifting of suspensions**

For paragraph 25-4C (3) (b) of the Act, an application must include the following:

- (a) details of the action taken by the approved provider to correct the false, misleading or inaccurate information given in appraisals or reappraisals connected with classifications by the approved provider or by a person acting on the approved provider's behalf;
- (b) details of consultations (if any) held by the approved provider with staff, care recipients or the relatives of care recipients in relation to the giving of false, misleading or inaccurate information in appraisals or reappraisals;
- (c) details of the action the approved provider proposes to take to ensure that false, misleading or inaccurate information is not given in future appraisals or reappraisals.

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**[13] Parts 8 and 9**

*substitute*

**Part 8 Expiry and renewal of classifications**

**9.26 Purpose of Part (Act, Div 27)**

This Part specifies:

- (a) different expiry dates for certain classifications; and
- (b) the circumstances in which the care needs of a care recipient are taken to have changed significantly; and
- (c) procedures that the Secretary must follow, in renewing the classification of a care recipient, when the Secretary is determining the appropriate classification level for the care recipient; and
- (d) other matters that the Secretary must take into account in renewing a classification.

**9.27 Expiry date — respite care classifications (Act, s 27-2)**

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 days:

- (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 section 21.18 of the *Residential Care Subsidy Principles 1997*;
- (b) the day when 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.

**9.28 Circumstances in which care needs are taken to have changed significantly (Act, s 27-4)**

- (1) For subsection 27-4 (4) of the Act, the care needs of a care recipient are taken to have changed significantly if:
  - (a) the care recipient experiences an event likely to change the level of care needed by the care recipient by:
    - (i) 2 or more domain categories within a domain; or
    - (ii) at least 1 domain category within 2 or more domains; or

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- (b) for a care recipient whose classification level includes the high ADL category and the medium CHC category — the care recipient experiences an event likely to change the level of complex health care needed by the care recipient to the high CHC category.
  - (2) Subsection (1) applies to a care recipient who is classified at the interim low level as if the care recipient was classified at the classification level that was determined for the care recipient under subsection 9.3B (2) before applying subsection 9.3B (3).

### **9.29 Circumstances in which care needs are taken to have changed significantly (Act, s 27-4) — transitional arrangements**

- (1) This section applies to a care recipient who:
  - (a) has an RCS classification; and
  - (b) experiences an event likely to change his or her care needs; and
  - (c) would, if his or her classification were renewed, be given an ACFI classification.
- (2) For subsection 27-4 (4) of the Act, the care needs of the care recipient are taken to have changed significantly if the ACFI amount for the care recipient under the renewed classification would be at least \$30 more than the basic subsidy amount for the care recipient's RCS classification under paragraph 6 (a) of the Basic Subsidy Amount Determination.

- (3) In this section:

**ACFI amount** has the meaning given by subsection 7 (3) of the Basic Subsidy Amount Determination.

**ACFI classification** has the meaning given by section 4 of the Basic Subsidy Amount Determination.

**Basic Subsidy Amount Determination** means the *Aged Care (Residential Care Subsidy — Basic Subsidy Amount) Determination 2008 (No. 1)*.

**RCS classification** has the meaning given by section 4 of the Basic Subsidy Amount Determination.

### **9.30 Procedure for renewal of classification (Act, s 27-6)**

For subsection 27-6 (2) of the Act, in determining the appropriate classification level for a care recipient, the procedure set out in subsection 9.3B (2) is specified.

**[14] Schedules 1 and 2***substitute***Schedule 1 Scores for question ratings**

(section 9.3B)

**Part 1 Activities of daily living 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	7.89
	C	15.75
	D	23.63
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**

Question	Rating	Score
6 Cognitive skills	A	0
	B	6.98
	C	13.91
	D	20.88

Question	Rating	Score
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 Complex health care domain

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

## Schedule 2 Domain categories

(sections 9.3 and 9.3B)

### Part 1 Activities of daily living (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

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**Part 2 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 Complex health care (CHC) domain**

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

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**Note**

1. All legislative instruments and compilations are registered on the Federal Register of Legislative Instruments kept under the *Legislative Instruments Act 2003*. See <http://www.frli.gov.au>.