



Aged Care Act 1997

Classification Principles 1997

I, JUDI MOYLAN, Minister for Family Services, make the following Principles under subsection 96-1 (1) of the *Aged Care Act 1997*.

Dated *24. 9.* 1997.

A handwritten signature in cursive script, reading 'Judi Moylan'.

Minister for Family Services



Aged Care Act 1997

Classification Principles 1997

Table of Provisions

Section	Page
Part 1—Preliminary	
9.1 Citation.....	1
9.2 Commencement.....	1
9.3 Definitions.....	1
Part 2—Exclusion of care recipients	
<i>Division 1—General</i>	
9.4 Purpose of Part (Act, s 25-1).....	3
<i>Division 2—Residents of transferred places</i>	
9.5 Exclusion of residents of transferred places.....	3
9.6 Period of exclusion	3
<i>Division 3—Hostel care residents</i>	
9.7 Exclusion of hostel care residents	4
9.8 Period of exclusion	4
<i>Division 4—Care Recipients of multi-purpose services</i>	
9.9 Exclusion of recipients of multi-purpose services	4
Part 3—Progressive application of Parts 4 to 9 to excluded care recipients	
<i>Division 1—Residents of transferred places</i>	
9.10 Purpose of Division (Act, s 25-1)	5
9.11 Grouping the care recipients	5
9.12 Applying Parts 4 to 9 to the care recipients	6
<i>Division 2—Hostel care residents</i>	
9.13 Purpose of Division (Act, s 25-1)	6
9.14 Grouping the care recipients	6
9.15 Application of Parts 4 to 9 to care recipients	7
Part 4—Appraisal procedures	
9.16 Purpose of Part (Act, s 25-3).....	8
9.17 Appraisal procedures.....	8

Table of Provisions—continued

Section	Page
Part 5—How care recipients are classified	
<i>Division 1—Classification levels for non-respite care</i>	
9.18	Purpose of Division (Act, s 25-2) 9
9.19	Classification levels—care that is not provided as respite care 9
<i>Division 2—Classification levels for respite care</i>	
9.20	Purpose of Division (Act, s 25-2) 9
9.21	Classification levels—residential care provided as respite care 9
Part 6—Appraisal periods	
9.22	Purpose of Part (Act, s 25-3)..... 10
9.23	Circumstance and shorter period..... 10
Part 7—When classifications take effect	
9.24	Purpose of Part (Act, s 26-3)..... 11
9.25	Day of effect..... 11
Part 8—When classifications cease to have effect	
<i>Division 1—Expiry date for classification of care recipient—care provided as respite care</i>	
9.26	Purpose of this Division (Act, s 27-1)..... 12
9.27	Expiry date 12
<i>Division 2—Expiry date for revised classification—significant change</i>	
9.28	Purpose of this Division (Act, s 27-1)..... 12
9.29	Expiry date 12
Part 9—How classifications are renewed	
<i>Division 1—Basis for reappraisal</i>	
9.30	Purpose of Division (Act, s 28-1) 13
9.31	Records to be used in reappraisal..... 13
<i>Division 2—Significant change in care needs</i>	
9.32	Purpose of Division (Act, s 28-2) 13
9.33	Circumstances in which care needs are taken to have changed significantly 13
<i>Division 3—Reappraisals</i>	
9.34	Purpose of Division (Act, s 28-1) 14
9.35	Care recipients classified at lowest classification level 14
Schedule 1—Appraisal procedures	
Part 1	Matters to consider in appraising a care recipient..... 15
Part 2	Scores to be applied to the appraisal 38
Schedule 2—Classification levels 41	



Aged Care Act 1997

Classification Principles 1997

Note: Part 2.4 of the Aged Care Act 1997

Part 2.4 of the *Aged Care Act 1997* is about the classification of care recipients.

Care recipients who are approved under Part 2.3 of the Act for residential care, or some kinds of flexible care, are classified according to the level of care they need.

A care recipient's classification affects the amount of residential care, or flexible care, subsidy payable to an approved provider for providing care to the care recipient.

The Classification Principles deal with a number of aspects of the classification of care recipients.

Part 1—Preliminary

9.1 Citation

These Principles may be cited as the *Classification Principles 1997*.

9.2 Commencement

These Principles commence on 1 October 1997.

9.3 Definitions

In these Principles:

Act means the *Aged Care Act 1997*.

adjusted fee government nursing home has the same meaning as in section 4AAAA of the *National Health Act 1953*.

date of transfer, for a transferred place, means:

- (a) for a place in an adjusted fee government nursing home—1 October 1997; or
- (b) for a place in a government nursing home—the date when the place becomes an adjusted subsidy place under paragraph 44-19 (1) (b) of the Act; or
- (c) for a place in the Hetti Perkins Nursing Home—1 October 1997.

Hetti Perkins Nursing Home means the Hetti Perkins Nursing Home, Alice Springs, Northern Territory.

hostel has the same meaning as in the *Aged or Disabled Persons Care Act 1954*.

hostel care resident means a person who:

- (a) is an eligible person under section 2 of the *Aged or Disabled Persons Care Act 1954*; and
- (b) is not eligible for a personal care subsidy under subsection 5 (3) of the General Conditions formulated under section 10F of the *Aged or Disabled Persons Care Act 1954* and in force immediately before the commencement of the Aged or Disabled Persons Care (General Conditions) Determination 1997.

low level of care means care given to a care recipient who is appraised as being included in classification level 5, 6, 7 or 8.

transferred place means:

- (a) a place in an adjusted fee government nursing home; or
- (b) a place in a government nursing home that becomes an adjusted subsidy place; or
- (c) a place in the Hetti Perkins Nursing Home.

Note: Definitions in Act

A number of expressions used in these Principles are defined in the *Aged Care Act 1997* (see Dictionary in Schedule 1), including:

- aged care
- approved provider
- care
- classification level
- flexible care service
- residential care
- residential care service
- respite care
- Secretary.

Part 2—Exclusion of care recipients

Division 1—General

9.4 Purpose of Part (Act, s 25-1)

This Part sets out the classes of care recipients that are excluded from classification under Part 2.4 of the Act, and the periods for which a care recipient in a class is excluded.

Division 2—Residents of transferred places

9.5 Exclusion of residents of transferred places

- (1) Care recipients who, on 30 September 1997, occupy a place in an adjusted fee government nursing home are excluded from classification.
- (2) Care recipients who occupy a place in a government nursing home that becomes an adjusted subsidy place are excluded from classification.
- (3) Care recipients who, on 30 September 1997, occupy a place in the Hetti Perkins Nursing Home are excluded from classification.

9.6 Period of exclusion

A care recipient in a transferred place is excluded from classification for a period beginning on the date of transfer for the place and ending on the day when the care recipient is classified under Division 1 of Part 3.

*Division 3—Hostel care residents***9.7 Exclusion of hostel care residents**

Care recipients who, on 30 September 1997, were hostel care residents are excluded from classification.

9.8 Period of exclusion

A care recipient is excluded from classification for a period beginning on 1 October 1997 and ending on the day when the care recipient is classified under Division 2 of Part 3.

*Division 4—Care Recipients of multi-purpose services***9.9 Exclusion of recipients of multi-purpose services**

Care recipients who receive flexible care, provided through a flexible care service that is a multi-purpose service under the *Flexible Care Subsidy Principles 1997*, are excluded from classification for an indefinite period.

Part 3—Progressive application of Parts 4 to 9 to excluded care recipients

Division 1—Residents of transferred places

9.10 Purpose of Division (Act, s 25-1)

This Division sets out, for care recipients who are excluded from classification under Division 2 of Part 2, the procedures for ranking groups of the care recipients for progressive classification.

9.11 Grouping the care recipients

- (1) As soon as practicable after the date of transfer, an approved provider must group the care recipients for whom the provider is providing aged care services using the steps in Table 1.
- (2) Care recipients who on 30 September 1997 occupy a place in an adjusted fee government nursing home and who are excluded from classification under subsection 9.5 (1), must be grouped so that Parts 4 to 9 are applied to them no later than 12 months after the date when the place became an adjusted fee government nursing home.

Table 1

- | | |
|--------|--|
| Step 1 | List, in alphabetical order, the family names of care recipients in the transferred places. |
| Step 2 | <p>Divide the list into groups as follows:</p> <ol style="list-style-type: none"> (a) if there are 12 or more care recipients listed and the number of care recipients is divisible by 12—divide the list into 12 equal groups; (b) if there are more than 12 care recipients listed and the number of care recipients is not divisible by 12—the group that includes the last name on the list must have a number of care recipients that is less than, but as nearly as possible equal to, the number of care recipients in the other groups; (c) if there are fewer than 12 care recipients listed—divide the list into as many groups as there are care recipients. |

9.12 Applying Parts 4 to 9 to the care recipients

- (1) Parts 4 to 9 apply to the first listed group when Step 2 of Table 1 is finished.
- (2) Parts 4 to 9 apply to the remaining groups:
 - (a) at the rate of 1 group each month; and
 - (b) in listed order; and
 - (c) from the first day of:
 - (i) the month after the month when Step 2 of Table 1 is finished; and
 - (ii) each later month.

*Division 2—Hostel care residents***9.13 Purpose of Division (Act, s 25-1)**

This Division sets out, for care recipients who are excluded from classification under Division 3 of Part 2, the procedures for ranking groups of the care recipients for progressive classification.

9.14 Grouping the care recipients

As soon as practicable after the commencement of these Principles, an approved provider must group the care recipients for whom the provider is providing aged care services using the steps in Table 2.

Table 2

- | | |
|--------|---|
| Step 1 | List the care recipients in the hostel by length of stay in the hostel. The care recipient who entered that hostel on the earliest date must be listed first. |
| Step 2 | Divide the list into groups as follows: <ol style="list-style-type: none"> (a) if there are 6 or more care recipients listed and the number of care recipients is divisible by 6—divide the list into 6 equal groups; (b) if there are more than 6 care recipients listed and the number of care recipients is not divisible by 6—the group that includes the last name on the list must have a number of care recipients that is less than, but as nearly as possible equal to, the number of care recipients in the other groups; (c) if there are fewer than 6 care recipients listed—divide the list into as many groups as there are care recipients. |

9.15 Application of Parts 4 to 9 to care recipients

- (1) Parts 4 to 9 of these Principles apply to the first listed group when Step 2 of Table 2 is finished.
- (2) Parts 4 to 9 of these Principles apply to the remaining groups:
 - (a) at the rate of 1 group each month; and
 - (b) in listed order; and
 - (c) from the first day of:
 - (i) the month after the month when Step 2 of Table 2 was finished; and
 - (ii) each later month.

Part 4—Appraisal procedures

9.16 Purpose of Part (Act, s 25-3)

This Part specifies procedures for making an appraisal of the level of care needed by a care recipient (other than a care recipient who is being provided with care as respite care), relative to the needs of other care recipients.

9.17 Appraisal procedures

The steps in Table 3 must be taken, by the person appraising a care recipient (the *appraiser*) and by the Secretary, to work out an aggregate figure, and a classification level, for the care recipient.

Table 3

Step 1	For each question in Part 1 of Schedule 1, the appraiser must consider the extent to which the care recipient needs care, assistance or support.
Step 2	For each question, the appraiser must note, on the appraisal form, the level of care, assistance or support mentioned in the Part (ie A, B, C or D) is needed by the care recipient. The appraiser must use the comments for each question to decide the most appropriate choice.
Step 3	For the response to each question, the Secretary must identify the score for the response. The scores are mentioned in Part 2 of Schedule 1.
Step 4	The Secretary must add up the scores to work out an aggregate figure for the care recipient.
Step 5	The Secretary must use Schedule 2 to identify the aggregate figure range for the aggregate figure worked out under Step 4.
Step 6	The Secretary must use Schedule 2 to identify the classification level for the aggregate figure range identified under Step 5. The classification level identified by the Secretary is the classification level for the care recipient.

Part 5—How care recipients are classified

Division 1—Classification levels for non-respite care

9.18 Purpose of Division (Act, s 25-2)

This Division sets out classification levels for care recipients being provided with residential care or flexible care, other than care recipients who are being provided with residential care as respite care.

9.19 Classification levels—care that is not provided as respite care

- (1) The classification levels are mentioned in column 3 of Schedule 2.
- (2) If a person is approved as a recipient of a low level of care under section 5.9 of the *Approval of Care Recipient Principles 1997*, the Secretary must classify the care recipient in classification level 5, 6, 7 or 8.

Division 2—Classification levels for respite care

9.20 Purpose of Division (Act, s 25-2)

This Division sets out how to classify care recipients provided with residential care as respite care.

9.21 Classification levels—residential care provided as respite care

If a care recipient receives residential care that is provided as respite care, the Secretary must classify the care recipient in accordance with:

- (a) the level of care approved for the care recipient under section 22-2 of the Act; and
- (b) section 5.9 of the *Approval of Care Recipients Principles 1997*.

Part 6—Appraisal periods

9.22 Purpose of Part (Act, s 25-3)

This Part sets out a circumstance in which an appraisal of the level of care needed by a care recipient may be made over a shorter period, and the shorter period applying to the circumstance.

9.23 Circumstance and shorter period

If a care recipient leaves a residential care service while an appraisal is being made, the appraisal may be made over the number of days when the care recipient was provided with care in the residential care service.

Part 7—When classifications take effect

9.24 Purpose of Part (Act, s 26-3)

This Part specifies the day when a classification of a care recipient in relation to care provided as respite care takes effect.

9.25 Day of effect

The classification takes effect on the first day of entry to respite care.

Part 8—When classifications cease to have effect

Division 1—Expiry date for classification of care recipient—care provided as respite care

9.26 Purpose of this Division (Act, s 27-1)

This Division specifies the expiry date for a classification for care provided to a care recipient as respite care.

9.27 Expiry date

- (1) The expiry date is the first day after the earlier of the following days:
 - (a) the last day of the period or periods for which respite care is approved for the financial year;
 - (b) the day when the approval lapses.
- (2) The approval lapses 1 year after the day when the classification took effect.

Division 2—Expiry date for revised classification—significant change

9.28 Purpose of this Division (Act, s 27-1)

This Division specifies the expiry date for a revised classification that is worked out because a care recipient's circumstances have changed significantly.

9.29 Expiry date

The expiry date is the day 6 months after the day when the classification took effect.

Part 9—How classifications are renewed

Division 1—Basis for reappraisal

9.30 Purpose of Division (Act, s 28-1)

This Division provides for reappraisal of a care recipient under Division 28 of the Act.

9.31 Records to be used in reappraisal

A reappraisal may be made using existing records about the care recipient's needs for care, assistance and support for the matters mentioned in Part 1 of Schedule 1.

Division 2—Significant change in care needs

9.32 Purpose of Division (Act, s 28-2)

This Division specifies the circumstances in which the care needs of a care recipient are taken to have changed significantly, and the steps that the approved provider must take if this happens.

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

The care needs of a care recipient are taken to have changed significantly if the care recipient experiences a catastrophic event likely to change the level of care needed by the care recipient by 2 or more classification levels.

*Division 3—Reappraisal period—lowest classification level***9.34 Purpose of Division (Act, s 28-3)**

This Division deals with the reappraisal of care recipients to whom the lowest classification level applies.

9.35 Care recipients classified at lowest classification level

A reappraisal of a care recipient having the lowest classification level may be made by the care recipient's approved provider during any period after the care recipient's approval.

SCHEDULE 1

Section 9.17

APPRAISAL PROCEDURES**PART 1—MATTERS TO CONSIDER IN APPRAISING A CARE RECIPIENT****Guidelines for the interpretation of resident classification scale questions***General*

Although the description for recording **A** for most questions is described as ‘No problem’ or ‘No difficulty’, this does not, in general, mean that no care is given. It may mean that ‘minimal care’ is given. The weightings have been zero rated for statistical reasons since the scale is designed to measure relative care need.

Lists and examples given are indicative rather than exhaustive.

Generally, if care given in a specific question is being recorded and if the amount of time spent giving the care exceeds 2 hours in a 24 hour period, record **D** unless otherwise instructed in the guidelines to the specific question.

The scale has been developed, and the weights calculated, to reflect supervision, observation, support, prompting and encouragement in the provision of care to care recipients with dementia or for other reasons, as well as physical assistance.

It is important, when making assessments, to recognise and be aware that care programs of all kinds vary in their intensity and nature to reflect individual needs.

Care programs should reflect a process of assessment, planning, implementation and review. The appraisal completed on the Resident Classification Scale should be a by product of the care planning process and not drive that process.

Individual States and Territories may have different legislation that sets out how care is provided or by whom.

The weights for all questions take into account the need for continuing assessment and the monitoring and review of care plans.

SCHEDULE 1—continued**PART 1—MATTERS TO CONSIDER IN APPRAISING A CARE
RECIPIENT**—continued**Q1 Communication**

This question refers to the degree of difficulty that the care recipient has in communicating with staff, relatives and friends, and other care recipients.

If the care recipient has no difficulty with communication, record **A**.

If the care recipient has difficulty with communication that requires the staff to spend time to enable the care recipient to communicate, for whatever reason, record **B**, **C** or **D** depending on the degree of difficulty.

Difficulty in communication may be due to difficulty with speech, hearing, or comprehension.

In assessing the care recipient's communication difficulties in relation to speech, take account of physical defects, speech defects and also language difficulties if relevant.

In assessing the care recipient's communication difficulties in relation to hearing, assess whether the care recipient is able, or not, to hear normal conversation or loud noises only. Take account of whether or not the care recipient wears a hearing aid or refuses to wear a hearing aid, not whether or not he or she possesses a hearing aid. Time and effort taken in fitting and adjusting a hearing aid should be taken into account.

In assessing the care recipient's communication difficulties in relation to comprehension consider whether these may be affected by the care recipient's mental state, including memory and level of awareness. They may also be affected by the care recipient's vision. When assessing communication difficulties due to comprehension, language difficulties should also be taken into consideration.

In the ratings for this question *support and encouragement* relates to the giving of individual support and encouragement to facilitate communication with staff, relatives and friends, and other care recipients.

In this question:

day means a 24 hour period.

considerable means between once and 10 times daily, but less than 2 hours in any day.

occasional means less frequently than daily.

significant means more than 2 hours in the course of the day.

SCHEDULE 1—continued**PART 1—MATTERS TO CONSIDER IN APPRAISING A CARE
RECIPIENT—continued**

Ratings		Q1 Communication
No difficulty	A	Requires no assistance.
Some difficulty	B	Requires occasional support and encouragement.
Major difficulty	C	Requires considerable support and encouragement.
Extensive difficulty	D	Requires significant time-consuming support and encouragement for all activities and social interactions. Includes using alternative methods of communication.

SCHEDULE 1—continued**PART 1—MATTERS TO CONSIDER IN APPRAISING A CARE
RECIPIENT**—continued*Independence/self care*

This section relates to independence in the activities of daily living.

Q2 Location change, mobility and transfers

This question refers to the degree of a care recipient's need for assistance in changing location. This includes assistance required for walking, or in the use of mobility aids such as wheelchairs or walking frames.

If the care recipient requires no assistance with location change and needs no help with transfers, record **A**.

If the care recipient uses walking aids other than a wheelchair, record **A** unless he or she is accompanied or supervised in which case, record **C** or **D**.

If the care recipient is bed or chair fast, needs physical assistance, supervision or to be accompanied when walking or self wheeling, or with transfers, record **B**, **C** or **D** depending on the degree of staff involvement.

If the care recipient is unconscious, record **A**. If the care recipient requires extensive manual handling, or is unconscious and requires location change, this should be recorded in Question 20. If the care recipient self wheels or is wheeled by staff, and requires assistance from 1 or 2 staff for transfers, record **B**.

If the care recipient is totally bedfast, record **C** unless the care recipient is unconscious.

If the care recipient requires assistance from 1 or 2 staff for transfers and needs to be accompanied or supervised when walking, record **C**.

If the care recipient requires 3 or more staff for transfers, record **D**.

If the care recipient requires assistance from 1 or 2 staff for transfers and needs to be accompanied or supervised when walking, and, in addition requires encouragement and support from staff in order to maintain mobility, record **C**.

Note that the need for staff assistance with transfers may be reduced by the use of lifting machinery. However, the staff need in the absence of that machinery should form the basis of the response for this question.

SCHEDULE 1—continued**PART 1—MATTERS TO CONSIDER IN APPRAISING A CARE
RECIPIENT**—continued

Ratings		Q2 Location change, mobility and transfers
No assistance	A	Requires no assistance.
Some assistance	B	Requires assistance from 1 or 2 staff for transfers, with or without lifting machinery, and, if unable to walk, self wheels or is wheeled by staff.
Major assistance	C	Requires assistance from 1 or 2 staff for transfers, with or without lifting machinery, and needs to be accompanied or supervised when walking, or is totally bedfast.
Extensive assistance	D	Requires considerable assistance and encouragement from staff to maintain mobility or, in the absence of lifting machinery, requires 3 or more staff for transfers.

Q3 Meals and drinks

This question refers to the degree of assistance that the care recipient requires with eating and drinking.

If the care recipient requires no assistance with eating and drinking, record **A**. This includes a care recipient who is unconscious.

If the care recipient is exclusively tube-fed, record **A**. Tube feeding is recorded in Question 20.

If the care recipient has difficulty with eating and drinking and this requires the staff to spend time to enable the care recipient to eat and drink, record **B**, **C**, or **D** depending on the degree of assistance required.

In the ratings for this question, *supervision* relates to the giving of individual assistance and encouragement to ensure that the care recipient is able to consume food and drink. Include time taken to encourage or persuade care recipients to feed themselves.

In the ratings for this question, *physical assistance* relates to the giving of individual help with the physical activity of cutting up and feeding, or assisting the care recipient to drink fluids.

Extensive assistance with all activities would require the assistance to be provided one-on-one and not to a group of residents simultaneously.

SCHEDULE 1—continued**PART 1—MATTERS TO CONSIDER IN APPRAISING A CARE
RECIPIENT—continued**

In this question:

most means putting food in the care recipient's mouth or lifting drinks to enable the care recipient to take in fluids.

some means cutting food and placing meals and drinks conveniently.

Ratings		Q3 Meals and drinks
No assistance or not applicable	A	Requires no assistance, observation only.
Some assistance	B	Requires individual supervision or physical assistance with some activities.
Major assistance	C	Requires individual supervision and physical assistance with most activities.
Extensive assistance	D	Requires extensive assistance with all activities or an equal amount of time spent in encouragement to maintain self feeding function.

Q4 Personal hygiene

Refers to the degree of assistance which the care recipient requires with showering and washing, dressing and undressing, and personal hygiene including all grooming activities.

If the care recipient requires no assistance, record **A**.

If the care recipient has difficulty with these activities, and this requires staff to spend time to enable the care recipient to shower and wash, dress and undress and complete his or her grooming, record **B**, **C** or **D** depending on the degree of assistance given.

In the ratings for this question, **setting up** relates to preparing the care recipient and ensuring that their toiletries, clothes and grooming items are available and readily to hand.

In the ratings for this question, **minimal individual supervision** relates to observing, and 'keeping an eye on' the care recipient, while carrying out other duties.

SCHEDULE 1—continued**PART 1—MATTERS TO CONSIDER IN APPRAISING A CARE
RECIPIENT**—continued

In this question:

may require assistance means that the care recipient is able to complete some activities without assistance but requires help with others, eg. fastening buttons, cleaning teeth, putting on shoes, but is able to shower or wash himself or herself under supervision.

Ratings		Q4 Personal hygiene
No assistance	A	Requires no assistance.
Some assistance	B	Requires setting up and minimal individual supervision. May require assistance with some activities.
Major assistance	C	Requires staff to carry out all activities. Include unconscious care recipients in this category.
Extensive support	D	Requires staff to spend time greater than or equal to that required to provide major assistance, to encourage and persuade care recipient to optimise self-care function.

Q5 Independence/self care—toileting

This question refers to the degree of assistance which the care recipient requires to use a toilet. This includes any kind of toilet such as a commode, urinal or bedpan.

If the care recipient requires no assistance with toileting, or if the care recipient cannot use any kind of toilet, record **A**. Include unconscious care recipients, and care recipients whose incontinence precludes the use of a toilet on any occasion in this category.

Note that care of catheters and colostomies are recorded in Question 20.

When assessing ability to use the toilet, this does not include transfers which are assessed in Question 2. Assess ability to use the toilet, attend to own personal hygiene and adjust clothing.

If the care recipient has difficulty with toileting and this requires the staff to spend time to enable the care recipient to use any kind of toilet, record **B**, **C** or **D** depending on the degree of assistance given.

SCHEDULE 1—continued**PART 1—MATTERS TO CONSIDER IN APPRAISING A CARE
RECIPIENT**—continued

In this question:

extensive assistance means staff are required to carry out all activities related to toileting. This usually requires 2 staff.

setting up means preparing the care recipient who then uses the toilet and attends to own personal hygiene.

some assistance means minor adjustment of clothing.

Ratings		Q5 Independence/self care—toileting
No assistance or not applicable	A	Requires no assistance or cannot use any kind of toilet.
Some assistance	B	Requires setting up and some assistance.
Major assistance	C	Requires staff to encourage and persuade care recipient to optimise self-care function.
Extensive assistance	D	Requires staff to carry out all activities and usually requires 2 staff.

Q6 Contenance—urinary

This question relates to continence of urine and maintenance of continence of urine and the reduction of incontinence.

If the care recipient is continent of urine, record **A**.

If the care recipient is able to remain continent of urine, or have incontinence reduced, only because of the care provided by the staff, record **B**, **C** or **D**.

If the care recipient has an indwelling catheter, record **A**. Catheter care is claimed for in Question 20.

If the care recipient is incontinent because of an inability to access toilet facilities because of impaired mobility or fear of the dark or fear of falling, record **B**.

If appropriate appliances such as pads or condom drainage systems are the only procedure used, record **B**.

SCHEDULE 1—continued**PART 1—MATTERS TO CONSIDER IN APPRAISING A CARE
RECIPIENT—continued**

For a care recipient who does not recognise the urge to void and therefore requires an aid or appliance for hygiene, record **B**. This does not include a catheter, which is addressed in Question 20.

A continence program is an individualised assessment, planning, implementation and evaluation of the continence state.

Ratings		Q6 Continence—urinary
Not applicable	A	Care recipient is continent of urine.
Some support	B	Only using pads or condom drainage system. Continence programs are not possible.
Major support	C	A continence program is in place including regular prompting.
Extensive support	D	Would be generally incontinent, but continence level is maintained only because a continence program is in place.

Q7 Continence—faecal

This question relates to continence of faeces and maintenance of continence of faeces and the reduction of incontinence.

If the care recipient is continent of faeces, record **A**.

If the care recipient is able to remain continent of faeces, or have incontinence reduced, only because of the care provided by the staff, record **B**, **C** or **D**.

If the care recipient has a colostomy, record **A**. Colostomy care is claimed for in Question 20.

If the care recipient is incontinent because of an inability to access toilet facilities because of impaired mobility or fear of the dark or fear of falling, record **B**.

If the care recipient is incontinent because of a lack of opportunity to defecate without apparent risk, for example, because of impaired mobility, record **B**.

If appropriate appliances such as pads are the only procedure used, record **B**.

For a care recipient who does not recognise the urge to defecate and therefore requires an aid or appliance for hygiene, record **B**. This does not include a colostomy, which is addressed in Question 20.

SCHEDULE 1—continued**PART 1—MATTERS TO CONSIDER IN APPRAISING A CARE
RECIPIENT**—continued

A continence program is an individualised assessment, planning, implementation and evaluation of the continence state. A continence program may include the use of aperients. Aperients can include other products such as stool softeners or fibre supplements taken orally (non-oral applications would be recorded in Question 20).

Ratings		Q7 Continence—faecal
Not applicable	A	Care recipient is continent of faeces.
Some support	B	Only using pads. Continence programs are not possible.
Major support	C	A continence program is in place including regular prompting.
Extensive support	D	Would be generally incontinent, but continence level is maintained only because a continence program (including a use of aperients) is in place.

Q8 Comprehension/awareness

This question relates to the care recipient's ability to understand the activities of daily living (*ADLs*) and records the extent to which the care recipient can determine his or her own courses of action and hence undertake activities without help from the staff.

If the care recipient has no difficulty with understanding activities of daily living, record **A**.

If the care recipient requires staff to provide support to assist the care recipient to remember, or be aware of, meals, grooming, personal hygiene or other daily activities record **B**, **C** or **D**, according to the level of support required.

SCHEDULE 1—continued**PART 1—MATTERS TO CONSIDER IN APPRAISING A CARE
RECIPIENT**—continued

In this question:

day means a 24 hour period.

extensive means more than 2 hours in the course of the day.

intermittent means between 1 and 10 times daily, but less than 2 hours in any day.

routine ADLs means meals, drinks, grooming and personal hygiene.

Ratings		Q8 Comprehension/awareness
No difficulty	A	Requires no assistance.
Some difficulty	B	Aware of routine ADLs only. Requires prompting for all other activities.
Major difficulty	C	Intermittent awareness of routine ADLs. Requires considerable prompting or monitoring and observation.
Extensive difficulty	D	Very little comprehension. Requires extensive supervision and help with all activities at all times.

SCHEDULE 1—continued**PART 1—MATTERS TO CONSIDER IN APPRAISING A CARE
RECIPIENT**—continued*Behaviour*

This section, which contains Questions 9 to 16 relates to a care recipient's care needs *in addition to support for daily activities*, caused by the care recipient's behaviour.

The ratings are related to staff time and effort in overcoming the behavioural problems.

If the care recipient has no behavioural problems, record **A**.

If the care recipient exhibits behaviour that requires staff to spend time on this additional care, record **B**, **C** or **D**.

In this section:

extensively means during the day and night.

intermittently means monthly or more often, but not at all times.

occasionally means less often than monthly.

Q9 Wandering or absconding

Ratings		Q9 Wandering or absconding
Not applicable	A	
Occasionally	B	Less often than monthly.
Intermittently	C	Requires supervision for a period of time and monitoring for recurrence.
Extensively	D	Requires extensive supervision at all times.

SCHEDULE 1—continued**PART 1—MATTERS TO CONSIDER IN APPRAISING A CARE
RECIPIENT**—continued**Q10 Interfering with others or others' belongings**

Ratings		Q10 Interfering with others or others' belongings
Not applicable	A	
Occasionally	B	Less often than monthly.
Intermittently	C	Requires supervision for a period of time and monitoring for recurrence.
Extensively	D	Requires extensive supervision at all times.

Q11 Noisy

This question relates to a care recipient who indulges in behaviour that causes sufficient noise to disturb other care recipients and staff.

Ratings		Q11 Noisy
Not applicable	A	
Occasionally	B	Less often than monthly.
Intermittently	C	Requires intervention for a period of time and monitoring for recurrence.
Extensively	D	Requires extensive intervention at all times.

Q12 Aggressive—physically

Ratings		Q12 Aggressive—physically
Not applicable	A	
Occasionally	B	Less often than monthly.
Intermittently	C	Requires intervention for a period of time and monitoring for recurrence.
Extensively	D	Requires extensive intervention at all times.

SCHEDULE 1—continued**PART 1—MATTERS TO CONSIDER IN APPRAISING A CARE
RECIPIENT**—continued**Q13 Aggressive—verbally**

This includes abusive language.

Ratings		Q13 Aggressive—verbally
Not applicable	A	
Occasionally	B	Less often than monthly.
Intermittently	C	Requires intervention for a period of time and monitoring for recurrence.
Extensively	D	Requires extensive intervention at all times.

Q14 Extreme emotional dependence

This includes passive resistance, attention seeking and manipulative behaviour.

Ratings		Q14 Extreme emotional dependence
Not applicable	A	
Occasionally	B	Less often than monthly.
Intermittently	C	Requires supervision for a period of time and monitoring for recurrence.
Extensively	D	Requires extensive supervision at all times.

SCHEDULE 1—continued**PART 1—MATTERS TO CONSIDER IN APPRAISING A CARE
RECIPIENT—continued****Q15 Danger to self or others**

This covers high risk behaviour, which includes behaviour, such as smoking in bed, crossing the road without looking, climbing over bedrails, walking without required aids, leaning out of windows, self-mutilation and suicidal tendencies requiring supervision or intervention, and strategies to minimise the danger.

If the behaviour is intermittent and requires supervision for a period of time and monitoring for recurrence, record **C**.

If the behaviour is frequent and requires extensive supervision day and night, record **D**.

Ratings		Q15 Danger to self or others
Not applicable	A	
Occasionally	B	Less often than monthly.
Intermittently	C	Requires supervision for a period of time and monitoring for recurrence.
Extensively	D	Requires extensive supervision at all times.

Q16 Other behaviour

This covers behaviour not already covered in Questions 9 to 15 that requires staff to spend time and effort in addition to support for daily activities.

Examples of behaviour to be included in this question are agitation, repetitious and bizarre or unsocial behaviour.

If the behaviour is intermittent and requires supervision for a period of time and then monitoring for recurrence, record **C**.

If the behaviour is frequent and requires extensive supervision day and night, record **D**.

SCHEDULE 1—continued**PART 1—MATTERS TO CONSIDER IN APPRAISING A CARE
RECIPIENT**—continued

Ratings		Q16 Other behaviour
Not applicable	A	
Occasionally	B	Less often than monthly.
Intermittently	C	Requires supervision or intervention for a period of time and monitoring for recurrence.
Extensively	D	Requires extensive supervision or intervention at all times.

Q17 Social and human needs—care recipient

This question relates to the care recipient's need for support other than physical care.

The time and effort taken by staff to counsel the care recipient should be recorded in this question.

The care recipient's social, cultural and religious needs are recorded here.

Time and effort given to care recipients to manage their depression (normally given daily) should be recorded here.

The time taken to counsel relatives and friends of the care recipient should not be recorded here. This should be recorded in Question 18.

For routine, in-house group activities such as watching television, group singing and craft work, record **A**.

For some individual activities such as conversation, playing board games and reading to the visually impaired, or some external group activities requiring 1 or more staff with a group of care recipients including outings, churchgoing and escorting groups to clinics, record **B**.

For preparation of a special, individual diet, record **B**.

For outings or reading to the visually impaired once a week, record **B**.

For outings or reading to the visually impaired more frequently than weekly, record **C**.

For one-on-one escort duties, weekly or more often, record **C**.

SCHEDULE 1—continued**PART 1—MATTERS TO CONSIDER IN APPRAISING A CARE
RECIPIENT**—continued

For considerable individual activities including conversation by different means of communication, for example computers, counselling care recipients one-on-one, on a daily basis or more often, record **C**.

For extensive one-on-one activities, including palliative care, highly disabled care recipients and care recipients with unstable medical or psychiatric conditions, record **D**.

In this question:

extensive care, means at least 2 hours a day one-on-one.

major, for group activities, means more often than weekly.

major, for individual contact, means, between 1 and 10 times daily.

some, for group activities, means weekly or less often.

some, for individual contact, means less frequently than daily.

Ratings		Q17 Social and human needs—care recipient
No support	A	Requires no support.
Some support	B	Requires some minor support.
Major support	C	Requires support on a regular basis for social interaction and activities.
Extensive support	D	Unable to participate without extensive one-to-one support regularly.

Q18 Social and human needs—families and friends

This question relates to activities involving 1 or more staff members interacting with families, friends, or the community. The activity may or may not involve the care recipients. It also includes the use of staff as interpreters.

Activities such as counselling, emotional support, care planning, legal or guardianship matters, cultural and religious activities should be recorded here.

The counselling of the families of care recipients receiving palliative care, maintenance of continence programs, and the families of care recipients with increasing dementia should be recorded here.

SCHEDULE 1—continued**PART 1—MATTERS TO CONSIDER IN APPRAISING A CARE
RECIPIENT—continued**

In this question:

extensive means more than 4 hours a week, or support on a daily basis.

major means between 1 and 7 times weekly, but less than 4 hours in a week.

some means less frequently than weekly.

Ratings		Q18 Social and human needs—families and friends
No support	A	Requires no support.
Some support	B	Requires support less frequently than weekly.
Major support	C	Requires support weekly or more often.
Extensive support	D	Requires support daily or more often.

Q19 Medications

This question refers to medication administered on a regular basis. Occasional oral administration of ‘prn’ medications and ‘over the counter’ analgesics such as paracetamol or aspirin, and occasional injections such as influenza vaccination or multi-vitamin injection should not be recorded here.

The question excludes intravenous treatments, eye and ear drops, and the application of medication patches, which are recorded in Question 20.

The question excludes aperients which are recorded in Question 7.

SCHEDULE 1—continued**PART 1—MATTERS TO CONSIDER IN APPRAISING A CARE
RECIPIENT**—continued

In this question:

administer means giving the medicines to the care recipients and supervising to ensure that they are taken or feeding the medicine to the care recipient.

measure means read charts and measure out medicines, including use by staff of individualised blisters on sheets of the same identifiable individual medication.

medication administration aids means either blister packaging systems or compartmentalised boxes, which may contain more than one medication. It excludes individualised blisters on sheets of the same identifiable individual medication.

occasional means less frequently than monthly.

prepare means to draw up intramuscular (i/m) and subcutaneous (s/c) injections, which may include the reconstitution of substances for injection.

Ratings		Q19 Medications
No assistance	A	Requires no assistance. Self manages medication.
Some assistance	B	Requires prompting and supervision including supervision of medication administration aids.
Major assistance	C	Requires staff to measure and administer medication.
Complete assistance	D	Requires staff to prepare, measure and administer medication including i/m and s/c injections.

Q20 Technical and nursing procedures

This question relates to technical and nursing procedures.

Programs need not be carried out by a qualified nurse, but may be undertaken by a staff member under the direct or indirect supervision of a qualified nurse.

If treatment is limited to the routine application of moisturising lotions, record **A**.

For skin integrity 1 to 4 times daily, record **B** and more than 4 times daily, record **C**.

For routine emptying of catheter and colostomy drainage bags, record **B**.

Lists of treatments are indicative and not exhaustive.

SCHEDULE 1—continued**PART 1—MATTERS TO CONSIDER IN APPRAISING A CARE
RECIPIENT**—continued

For **technical procedures** including:

- oral hygiene (excluding cleaning teeth which should be recorded in Q4)
- ear drops
- eye drops
- enemas
- suppositories
- application of medication patches

if the treatments are carried out daily or less frequently, record **B**.

if the treatments are carried out more frequently than daily, record **C**.

if the total treatments require time in excess of 2 hours a day, record **D**.

For **nursing procedures** including:

- eye care other than eye drops
- oxygen therapy
- wound treatments (minor wounds)
- routine catheter care
- routine colostomy care
- nebulisers
- blood sugar levels
- tube feeding
- care and insertion of prosthesis
- suctioning
- blood pressure measurement

record **C**.

if the total treatments require time in excess of 2 hours a day, record **D**.

For specialised **nursing procedures** including:

- insertion, care and maintenance of tubes, other than cleaning post feeds, but including intravenous and naso-gastric tubes
- tracheostomy care
- aseptic wound care
- extensive topical skin care, other than moisturisers, for more than 30% of skin surface
- intravenous therapy
- hot inhalation therapy (not nebulisers)
- dialysis treatment

SCHEDULE 1—continued**PART 1—MATTERS TO CONSIDER IN APPRAISING A CARE
RECIPIENT**—continued

- complex pain management programs excluding drug therapy
- palliative care symptom control
- palliative care drug therapy
- special feeding for care recipients with dysphagia
- extensive manual handling for severely disabled care recipients with limited ability to maintain position and for whom hoists are not suitable. It usually requires more than 2 staff to position such a care recipient. This also includes passive movement and change of location for unconscious care recipients
- regular suctioning
- treatment relating to communicable diseases

record **D**.

In this question:

dysphagia means difficulty with swallowing.

Ratings		Q20 Technical and nursing procedures
None or minimal	A	
Some technical procedures	B	Could be supplied by a visiting nurse.
Nursing Procedures	C	Needed on a regular basis from a qualified nurse (including maintenance of skin integrity).
Specialised nursing procedures	D	Extensive time consuming nursing procedures from a registered nurse, or total technical or nursing procedures that exceed 2 hours a day.

Q21 Therapy—physiotherapy

This question relates to physiotherapy.

Programs need not be carried out by a physiotherapist, but may be implemented by a staff member at the direction of a physiotherapist.

SCHEDULE 1—continued**PART 1—MATTERS TO CONSIDER IN APPRAISING A CARE
RECIPIENT**—continued

In this question:

extensive support means a program based on a care recipient's day to day needs, delivered in large blocks 2 or 3 times per week, or shorter daily blocks.

major support means a regular program once or twice a week.

some support means occasional sessions required.

Ratings		Q21 Therapy—physiotherapy
No support	A	No physiotherapy required.
Some support	B	Requires regular program to maintain current level of independence and function.
Major support	C	Requires therapeutic program to correct specific deficits, for example post acute or trauma.
Extensive support	D	Requires extensive therapeutic input on a regular basis to restore a basic level of function.

Q22 Therapy—other

This question relates to all kinds of allied health professional therapy and input other than physiotherapy, for example:

- occupational therapy
- speech therapy
- podiatry
- diversional therapy
- social work input
- dietician input
- music therapy
- aromatherapy
- stomatherapy
- techniques to promote continence

Programs need not be carried out by a therapist, or practitioner, but may be implemented at the direction of a therapist or practitioner.

SCHEDULE 1—continued**PART 1—MATTERS TO CONSIDER IN APPRAISING A CARE
RECIPIENT**—continued

In this question:

extensive support means a program based on a care recipient's day to day needs, delivered in large blocks 2 or 3 times per week, or shorter daily blocks.

major support means a regular program once or twice a week.

some support means occasional sessions required.

Ratings		Q22 Therapy—other
No support	A	No therapy required.
Some support	B	Requires regular program to maintain current level of independence and social function or to relieve pain.
Major support	C	Requires therapeutic program to correct specific deficits.
Extensive support	D	Requires extensive therapeutic input on a regular basis to restore a basic level of physical or social function.

SCHEDULE 1—continued

PART 2—SCORES TO BE APPLIED TO THE APPRAISAL

<i>Column 1</i>	<i>Column 2</i>	<i>Column 3</i>	<i>Column 4</i>
<i>Question</i>	<i>Question description</i>	<i>Level of support</i>	<i>Score</i>
Q1	Communication	A	0.00
		B	0.28
		C	0.36
		D	0.83
Q2	Location change, mobility and transfers	A	0.00
		B	1.19
		C	1.54
		D	1.82
Q3	Meals and drinks	A	0.00
		B	0.67
		C	0.75
		D	2.65
Q4	Personal hygiene	A	0.00
		B	5.34
		C	14.17
		D	14.61
Q5	Independence/self care —toileting	A	0.00
		B	5.98
		C	10.65
		D	13.70
Q6	Continence—urinary	A	0.00
		B	1.50
		C	1.82
		D	2.26
Q7	Continence—faecal	A	0.00
		B	4.04
		C	7.72
		D	8.23

SCHEDULE 1—continued**PART 2—SCORES TO BE APPLIED TO THE APPRAISAL**—continued

<i>Column 1</i>	<i>Column 2</i>	<i>Column 3</i>	<i>Column 4</i>
<i>Question</i>	<i>Question description</i>	<i>Level of support</i>	<i>Score</i>
Q8	Comprehension/awareness	A	0.00
		B	0.79
		C	1.11
		D	3.40
Q9	Wandering or absconding	A	0.00
		B	0.44
		C	0.83
		D	1.35
Q10	Interfering with others or others' belongings	A	0.00
		B	0.36
		C	0.75
		D	2.65
Q11	Noisy	A	0.00
		B	0.91
		C	1.35
		D	3.17
Q12	Aggressive—physically	A	0.00
		B	2.34
		C	2.69
		D	3.05
Q13	Aggressive—verbally	A	0.00
		B	0.28
		C	0.40
		D	1.43
Q14	Extreme emotional dependence	A	0.00
		B	0.28
		C	1.50
		D	3.84
Q15	Danger to self or others	A	0.00
		B	1.11
		C	1.54
		D	1.98

SCHEDULE 1—continued**PART 2—SCORES TO BE APPLIED TO THE APPRAISAL**—continued

<i>Column 1</i>	<i>Column 2</i>	<i>Column 3</i>	<i>Column 4</i>
<i>Question</i>	<i>Question description</i>	<i>Level of support</i>	<i>Score</i>
Q16	Other behaviour	A	0.00
		B	0.91
		C	1.82
		D	2.61
Q17	Social and human needs— care recipient	A	0.00
		B	0.95
		C	1.98
		D	3.01
Q18	Social and human needs— families and friends	A	0.00
		B	0.28
		C	0.55
		D	0.91
Q19	Medications	A	0.00
		B	0.79
		C	8.55
		D	11.40
Q20	Technical and nursing procedures	A	0.00
		B	1.54
		C	5.54
		D	11.16
Q21	Therapy—physiotherapy	A	0.00
		B	3.64
		C	6.10
		D	7.01
Q22	Therapy—other	A	0.00
		B	0.71
		C	1.46
		D	2.93

SCHEDULE 2

Section 9.17

CLASSIFICATION LEVELS

<i>Column 1</i>	<i>Column 2</i>	<i>Column 3</i>
<i>Item</i>	<i>Aggregate figure range</i>	<i>Classification level</i>
1	0—10.60	Classification level 8
2	10.61—28.90	Classification level 7
3	28.91—39.80	Classification level 6
4	39.81—50.00	Classification level 5
5	50.01—56.00	Classification level 4
6	56.01—69.60	Classification level 3
7	69.61—81.00	Classification level 2
8	81.01+	Classification level 1

Note: Column 3 of the Schedule indicates the range of classification levels that may apply to a care recipient according to the aggregate figure for the care recipient in an item in Column 2. The classification levels are indicated on a numerical scale from the lowest level (classification level 8) to the highest (classification level 1).