



**Australian Government**  
**Department of Health and Aged Care**

# **National Aboriginal and Torres Strait Islander Flexible Aged Care Program**

## **Program Manual 2024**



## Version Control

Version control keeps track of document modifications. Major changes are reflected by updating the version number by 1.0 and minor changes by amending the version number by 0.1.

Version	Date	Author	Details
1.0	01 March 2023	DoHAC	Previous published version
2.0	04 June 2024	DoHAC	<ul style="list-style-type: none"><li>• Full restructure including consolidation of content and appendices into streamlined sections</li><li>• Update existing content (minor rewording and clarification).</li><li>• Inclusion of existing reporting requirements and use of report data (Section 8).</li><li>• Updated terminology ('care recipient' replacing 'consumer', and 'culturally safe' replacing 'culturally appropriate')</li><li>• Clarified Program Responsibilities and Accountabilities</li><li>• Update document template and formatting</li></ul>
2.1	03 September 2024	DoHAC	<ul style="list-style-type: none"><li>• Addition of the Outbreak Management Expenditure tab</li></ul>
2.2	11 December 2024	DoHAC	<ul style="list-style-type: none"><li>• Terminology updates aligned with Single Assessment System terminology changes</li><li>• Addition of content on pathways to becoming a NATSIFAC Provider</li></ul>

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# 1 Introduction

This Manual outlines the operational requirements of the National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program. It is designed for service providers funded under the NATSIFAC Program and forms part of their NATSIFAC Program grant agreement.

The NATSIFAC Program Manual December 2024 replaces the September 2024 version of this Manual. This Manual may be updated or varied from time to time, with updates recorded in the version control table (p ii). The Department of Health and Aged Care (the department) reserves the right to review and amend this Manual as deemed necessary and will provide reasonable notice of any amendments.

## 2 Overview of the NATSIFAC Program

The National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program is part of the Australian Government's strategy to improve the quality of, and access to aged care services for older Aboriginal and Torres Strait Islander people.

The NATSIFAC Program funds service providers to provide flexible, culturally safe aged care to older Aboriginal and Torres Strait Islander people close to their home and/or community.

Service providers deliver a mix of residential and home care services in accordance with the needs of the community which are located mainly in rural and remote areas.

The NATSIFAC Program is currently administered outside of the *Aged Care Act 1997*.

### **Aims and objectives**

The objectives of the NATSIFAC Program are to:

- deliver a range of services to meet the changing aged care needs of the community
- provide aged care services to older Aboriginal and Torres Strait Islander people close to home and community
- improve access to aged care services for Aboriginal and Torres Strait Islander people
- improve the quality of culturally safe aged care services for Aboriginal and Torres Strait Islander people, and
- develop financially viable cost-effective and co-ordinated services outside of the existing mainstream programs.

### **Delivering culturally safe aged care services**

Service providers are required to provide aged care services that meet the needs of the individual care recipient.

Aged care services must provide good quality, culturally safe care that is both acceptable to and accessible by the community. The service provider must have policies, procedures and practices in place to ensure the service delivers flexible, culturally safe care, which meets aged care standards. The service provider should also ensure that individual care recipient's interests, customs, beliefs and cultural backgrounds are valued and nurtured, and the service assists care recipients to stay connected with their family and community.

Cultural safety is about recognising, respecting and nurturing the unique cultural identity of Aboriginal and Torres Strait Islander people and meeting their needs, expectations and rights. It is one of the overarching principles to be incorporated in all aspects of service delivery and quality systems for the NATSIFAC Program.

The delivery of culturally safe aged care is dependent on a variety of elements such as:

- having appropriate buildings to allow for cultural activities, family visits, ceremonies and take into account Aboriginal and Torres Strait Islander customs
- ensuring a comfortable environment and surroundings (e.g. access to the natural environment or outdoor access and bushland gardens, Aboriginal and Torres Strait Islander artefacts)
- employment or engagement of Aboriginal or Torres Strait Islander people
- participation by the local community in planning and providing aged care
- encouraging and assisting care recipients to remain engaged with their community (e.g. by participating in traditional events)
- respecting cultural traditions (e.g., men's and women's business), and
- providing the services in a culturally safe way.

## Contact details for aged care

This Manual is available on the Department of Health and Aged Care website.

Care recipients, families and carers can find a [list of NATSIFAC Service Providers](#) or access more detailed information on aged care services at the [My Aged Care](#) website.

Alternatively, they can call the My Aged Care National Contact Centre on 1800 200 422 between 8.00am to 8.00pm [AEST] Monday to Friday and 10.00am to 2.00pm on Saturday (this 1800 number is a free call from fixed lines; calls from mobiles may be charged).

Service providers who would like more information about their grant agreement should contact their Funding Agreement Manager.

## Program responsibilities and accountabilities

### The Department of Health and Aged Care

The Department of Health and Aged Care (the department) manages the NATSIFAC Program on behalf of the Minister responsible for aged care who has overall responsibility for the NATSIFAC Program.

The department is responsible for:

- meeting the Government's terms and conditions of the grant agreement established with service providers
- ensuring that services provided under the NATSIFAC Program are accountable to the Australian Government under the terms and conditions agreed in the grant agreement and through progress reports as required
- administering the operation of the services in a timely manner
- identifying suitable providers to deliver the activities required as per the grant agreement
- working in partnership with the service provider to ensure the service is implemented and provide the service provider with constructive feedback, and
- ensuring that the outcomes contained within the Grant Opportunity Guidelines are being met and evaluate the provider's performance against the NATSIFAC Program outcomes.

Information on the successful grants are published on [GrantConnect](#) and the department website.

Where the department has invited applications for grants or has received ad hoc proposals, the final decisions about service delivery areas, sites, proposals for service delivery, capital works or requirements to meet a specific need will be made by the department delegate.

Departmental representatives may also visit service providers to review their compliance with the grant agreement and program manual.

### State and Territory Offices of the Department of Health and Aged Care

Officers from the State and Territory Offices of the department work collaboratively with a range of service providers, including those funded under the NATSIFAC Program, to ensure a localised, regional approach to health and aged care system planning, regulation and management.

These regional officers are responsible for a range of tasks including but not limited to:

- Undertaking local engagement activities with NATSIFAC Program service providers
- Engaging and communicating with all relevant stakeholders at a local level
- Contributing to service provider relationships that is not duplicative of Community Grants Hub (CGH) role
- Maintaining regular contact with all providers that is not duplicative of CGH role

- Providing supports for service providers transitioning into or away from NATSIFAC service delivery, including sharing notifications of intent to transition, coordination between different areas of the department and transition supports
- Working collaboratively with National Office to respond as necessary to any emergency situations.

### **NATSIFAC Funded Service Providers**

In entering into a grant agreement with the department, the service provider must comply with all requirements outlined in the suite of documents that comprise the agreement, including this Program Manual, the Whole of Government Standard Grant Agreement and the General Grant Conditions.

Service providers are responsible for ensuring:

- the terms and conditions of the grant agreement are met
- service provision is effective, efficient, and appropriately targeted
- the highest standards of duty of care are applied
- services are operated in line with, and comply with the requirements as set out within all state and territory and Commonwealth legislation and regulations
- Indigenous Australians have equal and equitable access to services
- they work collaboratively to deliver the services under the NATSIFAC Program
- they contribute to the overall development and improvement of the NATSIFAC Program such as sharing best practice
- they meet the costs of applying for funding and associated costs for service delivery
- the provision of comprehensive, coordinated and integrated ongoing support and care services
- through requirements of the Single Quality Framework's Aged Care Quality Standards, staff and/or volunteers are provided with access to training and education
- they maintain quality and service standards
- any sub-contractors are appropriately qualified and experienced
- they maintain contact with the department
- they demonstrate effective management processes based on continuous improvement to service management, planning and delivery
- they meet their own corporate governance responsibilities including matters such as financial management, industrial relations and Work Health and Safety
- they have a complaints mechanism and resolution process, and
- they report data as detailed in the grant agreement.

### **Community Grants Hub**

The Department of Social Services Community Grants Hub (the Community Grants Hub or CGH) manages the funding agreement with the NATSIFAC Program team from the department.

The Community Grants Hub, via the Funding Agreement Managers (FAMs), are responsible for a range of tasks including but not limited to:

- Ongoing management of grant funding agreements including service provider performance against program aims and achievement of key performance indicators, and payments, funding underspends, rollovers and acquittals.
- Updating GPS in accordance with CGH and DoHAC agreed procedures, including uploading documentation and completing grant related milestones.
- Developing relationships with funding recipients to support productive partnerships.



- Distribution, receipt, and analysis of Service Activity Reports (SAR).

### **Aged Care Quality and Safety Commission**

The [Aged Care Quality and Safety Commission](#) was established on 1 January 2019 and operates independently and objectively in performing its functions and exercising its powers as set out in the *Aged Care Quality and Safety Commission Act 2018* and the Aged Care Quality and Safety Commission Rules 2018.

The role of the Aged Care Quality and Safety Commission is to protect and enhance the safety, health, well-being and quality of life of people receiving aged care. The Aged Care Quality and Safety Commission also promotes the provision of quality care and services by NATSIFAC Program services.

The Aged Care Quality and Safety Commission is responsible for:

- conducting a quality review with NATSIFAC Program services and monitoring those services in accordance with the Aged Care Quality Standards
- resolving complaints about NATSIFAC Program services.
- administering the Serious Incident Response Scheme.

### **Pathway to becoming a NATSIFAC Provider**

The NATSIFAC Program is a grant-based program that is funded by the Australian Government and managed by the Department of Health and Aged Care. To be funded to deliver aged care services under the NATSIFAC Program, an organisation must apply and be successful through a competitive grant funding round. The entry pathway for providers is described [here](#).

The type of selection process for each competitive funding round is determined by the Department and guided by *Commonwealth Grant Rules and Principles 2024* (CGRPs). All grant funding opportunities (including eligibility and priority for funding) for the NATSIFAC Program are advertised on the [GrantConnect](#) website. To receive alerts for forecast and/or future grant opportunities, it is recommended that organisations register on <https://www.grants.gov.au>.

A targeted grant funding round is used where there are few providers available due to highly specialised services or specific expertise being required or geographical considerations.

### **Considerations for new providers**

The final selection of new organisations to receive funding under the NATSIFAC Program will have regard to the following:

- the overall capacity of the organisation to ensure that the objective/s and outcomes of the Program will be met, including a capable and appropriately skilled workforce
- community commitment and engagement
- the geographical location where the services will be delivered
- the location of other mainstream health/aged care services, such as Primary Health Care, the Commonwealth Home Support Program (CHSP), Home Care Packages Program and/or respite services
- the capacity of the organisation to deliver services that are sensitive to the needs of the local Aboriginal and Torres Strait Islander communities
- the ability of the organisation to meet regulatory and legislative requirements, and
- the capacity of the organisation to deliver care over a sustained period.

## Considerations for providers seeking to consolidate aged care places under NATSIFAC

Providers may receive funding to deliver aged care services under both the NATSIFAC Program and Commonwealth Home Support Program (CHSP).

Consolidation of places under these programs is not encouraged due to the differences in client eligibility and the risk that existing CHSP clients are rendered ineligible to receive care under the NATSIFAC Program.

Consolidation may only be considered within a competitive grant funding round in limited circumstances and for providers who offer aged care services solely to older Aboriginal and Torres Strait Islander people. In these instances, prospective providers would be expected to demonstrate that they have undertaken reasonable steps to ensure that existing and prospective aged care clients (under all programs) will not be adversely impacted by the move from one program to another.

Factors that must be considered, and which could adversely impact clients include, but are not limited to:

- Client eligibility
- Location of aged care providers
- Quality of care
- Service cost
- Service types, and
- Any possible waiting lists or delays for receipt of care.

## Advertising of grant opportunities

As grant funding opportunities (including eligibility and priority for funding) for the NATSIFAC Program become available, they will be advertised on the [GrantConnect](#) website.

[GrantConnect](#) is the Australian Government's whole-of-government grants information system, which centralises the publication and reporting of Commonwealth grants in accordance with the CGRGs. It is available at [GrantConnect](#).

To receive alerts for forecast and/or future grant opportunities, it is recommended that organisations register on <https://www.grants.gov.au>. To register, click on the 'New User Registration' link (top right-hand corner) and enter your details.

## 2024 Aged Care Reforms

At the date of publication, the Australian Government is progressing its aged care reforms to ensure a better standard of care for all older people in Australia, and in particular addressing social and economic disadvantages that prevent older Aboriginal and Torres Strait Islander people from accessing aged care services.

Aged care models will be improved as the reforms are implemented, and all aged care programs will be impacted, including the National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program. Changes to the NATSIFAC Program will align with key reforms, such as the new Aged Care Act.

Further information on changes that will impact NATSIFAC providers is available at: [New programs to be regulated](#).

## 3 NATSIFAC Services

### Eligibility to receive services

Care recipients eligible to receive services under the NATSIFAC Program are people aged 50 years and older who are of Aboriginal or Torres Strait Islander descent who identify as an Aboriginal or Torres Strait Islander person and is accepted as such by the community in which he [or she] lives.

### Entry pathway to NATSIFAC services

Potential care recipients may be referred to aged care services provided under the NATSIFAC Program through or by:

- [My Aged Care](#)
- Assessment organisations for:
  - home support assessments for the Commonwealth Home Support Program (CHSP) and
  - comprehensive assessments for Home Care Packages (HCP) Program, flexible aged care programs, residential respite and entry into residential aged care
- General Practitioners
- Social workers
- Geriatricians
- Hospitals, and
- Community health workers

Potential care recipients are not required to be assessed by an aged care needs assessor to receive care services under the NATSIFAC Program, but it is recommended.

### Nature and location of care services

Care can be provided flexibly in response to the assessed needs of the care and may include a range of services as detailed in the grant agreement or at [Appendix A](#).

Services may be provided on a permanent (ongoing), short term (non-ongoing), or respite care either emergency or planned basis, and can be:

- Residential care in a residential facility, which includes assistance with personal care, care that meets the persons nursing needs, meals and cleaning services, and furnishings, furniture and equipment for the provision of that care and accommodation. Residential care services must be available 24 hours per day 7 days per week, and/or
- Home care, which supports people to remain living at home and is delivered in a care recipient's own home, a respite centre, day respite centre, or other place where the care recipient stays whilst receiving a package of services under the NATSIFAC Program.

In developing care choices, the service provider should take into account the different environments in which they may provide services, e.g. in town, small communities or remote locations.

The service provider will also have effective emergency contact arrangements in place at all times.

## 4 NATSIFAC Program Funding

### Recurrent funding and payments

NATSIFAC operational funding is based on an agreed allocation of places and not the occupancy of those places.

Payments are provided under a “block funded” model which means payments are made at the beginning of each quarter, in advance of service delivery.

This provides a constant income stream so that the service provider has both the stability of income from the funding and the flexibility to manage the delivery of aged care services to meet the changing needs of the community. Funding is based on daily rates for the type of allocated place.

The funding for the NATSIFAC Program is provided by the department through a grant agreement with the service provider. The service provider should ensure that the funds are used as per the conditions of the grant agreement. The amount of funding paid and the frequency of payments are set out in the Schedule to the grant agreement.

Recurrent funding under the NATSIFAC Program is provided based on the number and type of allocated place. Aged care providers receive a base daily rate for the following type of allocated place:

- Residential Care place
- Home Care place

### Residential funding

In addition to the daily funding rate, services with an allocation of *residential aged care places* will also receive the following:

- the Veterans’ Supplement
- the Residential Concessional Supplement
- the Respite Supplement and, if eligible,
- the Residential Aged Care Viability Supplement.

Residential aged care places also receive ‘frailty indexation’ which is a financial supplement provided to address the disparity in funding per residential aged care place funded under the Program as compared with mainstream residential aged care services operating under the *Aged Care Act 1997*. This helps to ensure the increasing frailty of indigenous residents are addressed.

### Home care funding

In addition to the daily funding rate services with an allocation of *home care places* will also receive the following supplements:

- the Dementia and Cognition Veterans Supplement; if eligible
- the Home Care Viability Supplement.

These supplements are in line with those provided to aged care services administered under the *Aged Care Act 1997*.

### Eligible use of operational funds

In accordance with the NATSIFAC Program grants may be used for:

- the provision of care services as shown in the grant agreement or at [Appendix A](#);
- staff salaries and on-costs which can be directly attributed to the provision of services under the NATSIFAC Program in the identified service area or areas as per the grant agreement;

- employee training for paid and unpaid staff including Committee and Board members, that is relevant, appropriate and in line with the provision of services; and
- operating and administration expenses directly related to the delivery of services, such as:
  - telephones and internet
  - rent and outgoings
  - computer / IT/website/software
  - insurance
  - utilities
  - postage
  - stationery and printing
  - accounting and auditing
  - travel/accommodation costs directly associated to the delivery of aged care services
  - assets as described in the Whole of Government Grant Agreement, including motor vehicle lease, and
  - repairs and maintenance of aged care assets.

Additionally, if approved by the department, non-recurrent or one-off funding may be used for the provision of staff accommodation which is essential to the delivery of aged care services and/or equipment essential to the delivery of aged care services.

### **Prohibited use of operational funds**

NATSIFAC operational funding cannot be used:

- a) for any international travel or expenses related to international travel
- b) to pay fines or penalties
- c) to cover the costs of any legal action or proceedings or to settle or agree to consent orders in relation to, or otherwise resolve, any proceeding or application for reinstatement and/or wrongful dismissal by a current or former employee
- d) to lend or gift money or assets to any person
- e) to provide gift cards to any person
- f) to provide cab charge/taxi vouchers/rideshare services to any person except for staff to attend training, offsite staff meetings or other work-related travel
- g) to provide redundancy payments, advances, commissions, bonuses, performance-based benefits or similar benefits to any person
- h) to pay sitting fees to any person, including a member of the organisation's governing board for his or her attendance at a meeting, or involvement in the business of the board
- i) to pay internal or in-house project management fees using people from within your organisation to manage and monitor a project
- j) for a sale and lease back arrangement
- k) to lease an item of property that the service provider owns
- l) for the purpose of establishing a subsidiary or other commercial entity or activity
- m) to pay the service provider any fee or charge that is calculated on a basis other than the costs the service provider actually incurs in the performance of the providing aged care services
- n) to purchase a car or other vehicle
- o) depreciation costs or to provide for the future replacement of any asset or to dispose of, acquire or provide for the future replacement of any land, building or other real property
- p) food referred to as 'takeaway' is an excluded item. 'Takeaway' food is generally defined as food you would buy from a restaurant or food outlet

- q) coverage of retrospective cost – is a cost that has already been incurred; direct treatment for acute illness, including convalescent or post-acute care
- r) payment for services and items covered by the Medicare Benefits Schedule or the Pharmaceutical Benefits Scheme
- s) medical aids, appliances and devices which are to be provided as a result of a medical diagnosis or surgical intervention and which would be covered under a Health Care system, such as oxygen tanks or continence pads
- t) activities that are already funded under other Commonwealth, state, territory or local government programs
- u) client accommodation expenses, as these are provided for within the social security system
- v) client medical transfer travel expenses, as these are provided by state/territory administered patient transport services, unless there are extraordinary circumstances of which need to be referred to and approved by the department
- w) staff travel costs, such as airfare and accommodation when accompanying clients to a medical appointment, unless there are extraordinary circumstances of which need to be referred to and approved by the department
- x) client funeral expenses
- y) household items which are not related to improvement of functional impairment, i.e. general household or furniture or appliances, or
- z) items which are likely to cause harm to the participant or pose a risk to others

Service providers must not use any of the following as security for the purpose of obtaining or complying with any form of loan, credit, payment or other interest, or for the preparation of, or in the course of, any litigation:

- a) the grant funds for providing aged care services
- b) the Funding Agreement or any of the department's obligations under the provision of aged care services, or
- c) any assets, land, building or other real property or Intellectual Property rights, except to the extent that the department has agreed in writing or otherwise.

## Funding limitations

The following limitations on funding use apply:

- No more than **14 per cent of management fees** can be funded from Commonwealth government grants. In addition, management fees must not be funded in any part from care recipient fees. Care recipient fees must be used entirely to fund the cost of personal and clinical care.
- The service provider cannot use funding from other Commonwealth, state, territory or local government sources to contribute to its share of eligible expenditure.
- The service provider is responsible for the delivery of aged care services and to have systems in place for budgeting, controls, recording and monitoring.

## Other contributions

As outlined in the grant agreement, if the service provider earns money from the services provided under the Project Schedule, including fees, rent, board or services charged, the service provider is required to deal with the money earned as if it were part of the Funds and in accordance with any requirements set out in the Project Schedule.

## **Client related costs**

### **Packaged meals**

The provision of packaged meals must be a result of special dietary needs, must be nutritionally sound, and included in the clients care plan, e.g. Tender Loving Cuisine and Lite N' Easy may meet this criterion.

Pre-packaged meals or frozen meals from supermarket chains do not meet this criterion.

Clients must contribute a minimum of 30% to the cost of the meals, equivalent to the raw food component of the meals.

The service provider must provide in their yearly financial acquittal, a line item identifying the costs of these meals, an attachment to the financial acquittal must include a list of the clients receiving meals, the cost and their contribution to the cost.

It is expected that packaged meals do not constitute a client's total weekly dietary intake, i.e. 3 meals a day, 7 days a week.

### **Medical transport transfer costs**

Transport services delivered under the NATSIFAC Program are not intended to replace or fund transport services more appropriately provided under another system, such as state/territory administered patient transport services.

### **Funeral costs**

Funeral costs should be borne by the family, not service providers. If the family cannot afford the funeral, there are Centrelink bereavement payments and other government assistance that should be explored.

## **Annual depreciation of assets**

NATSIFAC Program service providers should claim a tax deduction for depreciating assets and other capital expenses.

A depreciating asset is one that has a limited effective life and can reasonably be expected to decline in value over the time it is used. Land, trading stock and some intangible assets are not depreciating assets.

Businesses can generally claim a tax deduction for capital expenses over a period of time.

Eligible businesses may be able to claim an immediate or accelerated deduction for the business portion of the cost of an asset using one of the tax depreciation incentives.

Information is available on the [Australian Taxation Office's website](#).

## **Annual infrastructure and equipment funding**

The department will make provision under the Dementia and Aged Care Services (DACs) Fund and NATSIFAC Program for an annual infrastructure and equipment grants which are essential to the delivery of aged care services, including but not limited to:

- the provision of staff accommodation essential to the delivery of aged care services
- equipment, and
- building works.

The department may also procure services to provide education and training to improve the quality of care services delivered under the NATSIFAC Program.

## Emergency funding

Ad hoc grants are designed to be established in response to an urgent matter or an unexpected situation. They do not involve a planned selection process and grant funding is not available on an ongoing basis. Like all other grants, one-off or ad hoc grants are subject to the Commonwealth Grants Rules and Guidelines' approval and selection processes.

The department makes provision under the DACS Fund for one-off emergency grant proposals which are essential to supporting the health, safety and wellbeing of care recipients and staff where there is serious risk involved, or to ensure continuity of aged care services in unforeseen circumstances.

The department can invite eligible organisations to apply for an emergency ad-hoc grant if they can demonstrate:

- Justification as to why the funding is needed, including factors that contribute to the urgent nature of the project
- How the funding will ensure continuity of aged care services and/or mitigate serious risk to care recipients
- The reason why the organisation cannot fund this work out of recurrent funding or reserves

If invited, eligible organisations will be required to respond to Grant Opportunity Guidelines which will be published on GrantConnect for transparency and accountability.

Services that directly impact the quality of care for aged care recipients, include but are not limited to:

- replacement of air conditioning units
- replacement of generators
- replacement of hot water units
- nurse advisors and administrators and
- transition funding.

Items that will not be considered for emergency funding include:

- equipment
- furniture
- building works, and
- staff training.



## 5 Care recipient assessment, planning and discharge

### Care recipients' rights and responsibilities

The Australian Government is committed to promoting and protecting the civil, human and legal rights of the care recipient.

The [Charter of Aged Care Rights](#) (the Charter) sets out the rights of all people receiving Government-subsidised aged care services. The Charter applies regardless of the type of care or service (see [Appendix B](#)).

The Charter makes it easy to understand what quality care looks like. It also gives clear expectations about the services supplied by aged care providers. The Charter is a requirement of the *Aged Care Act 1997*.

The Charter applies to care recipients once they start receiving Australian Government funded aged care, including:

- residential care
- home care packages
- flexible care
- services provided under the Commonwealth Home Support Programme and
- the National Aboriginal and Torres Strait Islander Flexible Aged Care Program.

Service providers have responsibilities to support care recipients to understand the Charter.

Providers must give care recipients a copy of the Charter signed by the provider and ensure that the care recipient or their authorised person has been given a reasonable opportunity to sign a copy of the Charter.

The purpose of requesting the care recipient's signature is to allow them to acknowledge they have received the Charter, had assistance to understand it and understand their rights.

Care recipients are not required to sign the Charter and can commence, and/or continue to receive care and services, even if they choose not to sign the Charter.

### Comprehensive assessment

Service providers are required to have policies, procedures and practices in place to ensure all care recipients have a comprehensive assessment of their care needs. Each care recipient should be supported to actively participate in the service provider's assessment of their care needs. The assessment should take into consideration the care recipient's:

- eligibility
- medical history
- life story
- functional status
- cognitive and sensory status
- nutritional status/needs
- special care needs, and
- clinical risk factors.

In some cases, the assessment may determine that the care needs of the care recipient exceed the type of care that can be delivered through the service, or that the care recipient's characteristics are such that staff of the service provider may be at risk if the care recipient was admitted.

In such cases, the service provider should work with the care recipient to ensure continuity of care and referral to more appropriate types and levels of service.

The decision-making process should still be recorded even where a care recipient is assessed as ineligible for care at a service, there are not available places at the service, or if it is determined that the care needs of the care recipient exceed the type of care that can be delivered through the service.

## **Care planning**

On admission to the service, a care plan should be developed between the care recipient and/or their representative and the service provider. The care plan is a document that identifies the care recipient's identified care and service needs, goals and preferences, and details how and when the assessed and agreed care and services will be delivered.

The care plan includes a cultural support plan which describes how the addressed needs and care recipient preferences will be met in a culturally safe way.

Care and cultural support plans include strategies to maintain privacy and dignity, individual interests, customs and beliefs, independence and family connectedness.

When developing care plans, the service provider must ensure that the services can be delivered within budget using the grant funding provided by the department, any care recipient contribution and other funds, i.e. interest and other contributions.

In developing care choices, the service provider should take into account the different environments in which they may provide services, e.g. in town, small communities or remote locations.

Care plans should be prepared and documented for every care recipient and reviewed routinely to ensure the needs of the care recipient are being met on an ongoing basis. Initial review should occur within six months of care commencing, then annually and/or as care recipients' needs change to ensure all needs are being met. This includes ongoing monitoring or review of the appropriateness of the service provision. The review is informed by observations and feedback from staff and others who are in contact with the care recipient.

Information from the care review should be documented and the care plan updated accordingly.

The service provider should assist care recipients to stay connected with their family and community.

## **Care recipient agreement**

The service provider must offer each care recipient an agreement, referred to as a consumer, care recipient or service agreement.

A care recipient agreement should:

- include a clear statement of the charges payable by the care recipient and how amounts of each charge are to be worked out
- include how the charges payable will be collected by the service provider
- allow the care recipient to suspend provision of care
- state a date for the start of the services
- provide conditions under which either party may terminate the care services
- include the steps the service provider will take to assist the care recipient to access alternative care arrangements if the service provider can no longer meet the care needs of the care recipient
- refer to the care plan
- state the care recipient's rights in relation to decisions about the kind of care that the care recipient is to receive
- include a guarantee that all reasonable steps will be taken to protect the confidentiality, so far as legally permissible, of information provided by the care recipient, and details of use to be made by the service provider of the information

- state that the care recipient is entitled to make any complaint about the provision of care without fear of reprisal, and state the mechanisms for making such a complaint, and
- be expressed in plain language and be readily understandable.

The service provider needs to ensure that the care recipient and/or their representative understands the terms and conditions of care and services, even if the care recipient chooses not to enter into a care recipient agreement. The agreement must be formalised in writing and a copy placed in the care recipient's file. If requested, the service provider must provide the care recipient or their representative with a copy of the care recipient agreement.

If English is a second language for the care recipient, or they do not speak English at all, the service provider must arrange for an interpreter (not a family member) who speaks the care recipient's language. The interpreter's role is to:

- explain the agreement to the care recipient
- explain the care recipient's response to the service provider, and
- record both the explanation and the care recipient's response onto the agreement.

The agreement should be signed by both the interpreter and a representative of the service provider, such as the care manager.

## **Discharge from the service**

The care recipient agreement must specify the conditions under which either party may terminate the agreement. All care recipients are entitled to security of tenure.

When a care recipient commences with the service, the service provider should explain that the care recipient might have to transfer out of the service at some stage if they no longer need care or if their care needs increase beyond the resources available to the service provider.

Care needs may increase beyond the capacity of the service provider, such as where:

- the care recipient's personal care needs exceed what can be delivered through the service (e.g. the technical skills of the service provider staff) or
- the care recipient's characteristics change to an extent that the service provider believes staff may be at risk.

If and when a care recipient's needs increase beyond the capacity of a service, the service provider should work with the care recipient and alternative service providers to ensure continuity of care and a smooth transition to more appropriate types and levels of service.

Discharge from the service may involve counselling, meetings with the care recipient and their family, carer(s) or representatives, consultation with an aged care needs assessor or other health professionals, and liaison with residential care or other service providers. If the service provider is unable to continue the provision of services to the care recipient, the service provider is obligated to ensure that appropriate alternative care arrangements are in place.

An outcome assessment for each care recipient must be completed at discharge to review the achievements or otherwise of the care plan. A copy of the outcome assessment at discharge must be filed and the original provided to the care recipient or, if appropriate, the person or service provider responsible for the ongoing care of the care recipient.

## 6 Care recipient fees

### Policy

Service providers must have a policy about charging fees for provision of services funded under the NATSIFAC Program and an assessment of care recipients' capacity to pay for, or contribute to, the cost of these services.

Service providers should be able to obtain information from care recipients required to assess their capacity to pay. The information obtained must not be shared for any other purpose (Refer to Privacy Section of this Manual for further information).

### Charging fees

The Australian Government pays for the bulk of aged care in Australia, however, as with all aged care services a care recipient may be asked to contribute to the cost of their care if they can afford to do so. Care recipients will never be denied the care they need because they cannot afford it.

How much a care recipient pays depends on their financial situation and there are strong protections in place to make sure that care is affordable for everyone. The Government sets the maximum fees for care.

While no person should be refused services due to an inability to contribute to the costs of services, it is important that those care recipients who can afford to pay all or some of the costs are required to do so.

The process of setting care recipient fees should be simple, and as unobtrusive as possible respecting the care recipient's right to privacy and confidentiality. In determining a care recipient's capacity to pay fees, the service provider must take into account any exceptional and unavoidable expenses incurred by the care recipient, such as high pharmaceutical bills, rent, utilities and other living expenses.

A care recipient's access to a service should not be affected by their ability to pay fees but should be decided on the basis of need for care and the capacity of the service provider to meet that need.

Any fees should be fully explained to the care recipient, and the amount charged should form part of the Care recipient Agreement between the care recipient and the service provider. Any fees must be agreed upon with the care recipient before the service is delivered.

The maximum fee charged to care recipients should not exceed 17.5% of the annual single basic aged care pension for a home care package and 85% of the annual single basic aged care pension for a residential service.

Some care recipients may be eligible for the Services Australia Centrelink Rent Assistance. Care recipients are encouraged to contact their local Centrelink office for further information about Rent Assistance.

### Use of collected fees

Service providers are required to use any fees which are collected from an individual care recipient to contribute to the direct cost of providing aged care services.

Additional costs to the care recipient for support services, such as hairdresser and personal supplies, are not considered to be fees and should not be included in any reports relating to the NATSIFAC Program.

## 7 Service planning, management and administration

The NATSIFAC Program is funded by the Australian Government, subject to Parliamentary appropriation. As outlined in the *Commonwealth Grant Rules and Principles 2024*, services funded under the NATSIFAC Program must be effective, efficient and provide value for money. Accordingly, there are a number of responsibilities that the service provider must meet.

These responsibilities are specified in the grant agreement, which includes documents that have been incorporated by reference, including this Program Manual.

### Service provider policies

Service providers are required to develop and maintain internal policies, protocols and procedures, in line with relevant Commonwealth and state and territory legislation, to support quality service provision. These include:

- emergency procedures such as evacuation
- Workplace Health and Safety
- procedures to address concerns about care recipient welfare
- Police Check and Serious Incident Response Scheme requirements
- fees and care recipient contribution
- 'No response' guidelines
- privacy
- risk management
- ensuring that workers (paid and voluntary) are suitably qualified or are undertaking training appropriate to the service they deliver'
- necessary qualifications or skills sets of staff (paid or voluntary) and provision of staff development Programs, and
- staffing contingencies for holiday, training, sickness or other instances of short staffing.

Service providers may also choose to have other types of protocols such as specific aspects of service provision or local stakeholder engagement.

Governance and management systems are required to be culturally safe and responsive to the needs of care recipients, their carer(s), their representatives, staff and stakeholders to ensure efficient, effective and quality service delivery.

### Care minutes

Care minutes refers to the time that older Australians who live in government-funded residential aged care services receive care from:

- registered nurses (RNs)
- enrolled nurses (ENs)
- personal care workers (PCWs).

Care minutes do not include the worked hours of allied health staff. However, there are a range of services that aged care providers are required to make available, including access to allied health services. To better understand the provision of these services, the department is collecting information related to allied health staff, along with other direct care staff, as part of reporting on care minutes.

The initial care minutes target was a **sector wide average** of 200 minutes of care per resident per day, including 40 minutes from RN.

From 1 October 2023, mandatory provision of 200 minutes per resident per day is required, including a minimum of 40 minutes of RN time per day.

From 1 October 2024, mandatory provision of 215 minutes per resident per day is required, including a minimum of 44 minutes of RN time per day.

### **How to report**

As NATSIFAC Services are not funded under Australian National Aged Care Classification (AN-ACC), and therefore residents are not assessed and allocated an AN-ACC class, case mix targets will not apply.

NATSIFAC Services will be required to report via a separate tab in the SAR. Data collected will include:

- Labour worked hours data for registered nurses, enrolled nurses, personal care workers and allied health workers for the reporting period.
- Labour cost for registered nurses, enrolled nurses, personal care workers and allied health workers for the reporting period.
- Number of occupied beds for the reporting period.

### **Compliance and auditing**

Worked hours data for registered nurses, enrolled nurses and personal care workers collected through the SAR will be monitored by the department.

Data collected can be provided to the Aged Care Quality and Safety Commission. They may use this information, along with other regulatory intelligence, to monitor the right nursing skills mix within services. This includes having an appropriately qualified enrolled nursing workforce.

Residential aged care providers that do not have an appropriately skilled workforce are at risk of not meeting Aged Care Quality Standard 7 and facing compliance actions.

## **24/7 Registered nurse requirement**

From 1 July 2023, providers of residential aged care must have at least one RN on site and on duty at each residential facility they operate 24 hours a day, 7 days a week. Under the Aged Care Quality Standards, service providers must maintain an adequate number of appropriately skilled staff to ensure the care needs of residents are met. The 24/7 RN requirement supports this responsibility through improved quality of care and additional safety for residents.

### **Exemption from 24/7 registered nurse requirement**

NATSIFAC residential aged care facilities with 30 or less places in Modified Monash Model (MMM) 5-7 locations have been provided an exemption from the 24/7 RN requirement if the provider takes reasonable steps to ensure that the clinical care needs of the residents of the facility will be met during the exemption period. This exemption period will be extended to 30 June 2026.

### **Funding support to meet nursing requirements**

The Australian Government is providing extra funding to all residential aged care services to ensure they have an appropriate mix of RNs, ENs and PCWs and meet their care minute responsibilities.

The NATSIFAC Program funding model includes funding to cover the cost of providing direct care (through RNs, ENs and PCWs) to residents, including the wages for these aged care workers. This includes a funding uplift that was applied via variation in January 2023, to enable residential aged care services to meet their initial care minutes targets and their forthcoming reporting requirements. Care minute funding was incorporated into the quarterly payments for the 2023-24 to 2024-25 grant funding agreements.

## Serious Incident Response Scheme

The Serious Incident Response Scheme (SIRS) commenced on 1 April 2021 for residential aged care, including flexible care delivered in a residential aged care setting. From 1 December 2022, the SIRS will apply to home care and flexible care delivered in home and community settings.

The SIRS aims to reduce abuse and neglect in aged care.

Under the SIRS, service providers have responsibilities to manage incidents and take reasonable steps to prevent incidents, including implementing and maintaining an incident management system. Service providers are required to report certain incidents to the Aged Care Quality and Safety Commission (the Commission).

Service providers will also have to provide certain protections to persons who make disclosures about reportable incidents.

### Incident management system

The SIRS requires service providers to have in place and maintain an effective incident management system – a set of protocols, processes and standard operating procedures that staff are trained in and expected to use when reporting and responding to incidents.

The incident management system is used to deal with a range of incidents that occur, or are alleged or suspected to have occurred, in connection with the delivery of aged care, that either have caused, or could reasonably have been expected to have caused, harm to a care recipient or another person. For example, this would include a care recipient assaulting a staff member of the service provider, or a staff member of the service provider using unreasonable use of force against a care recipient. Service providers must establish and document a set of incident management procedures to be followed to support the identification, management and resolution of incidents that can occur during the course of delivering care and services to clients. At a minimum, the procedures must address the following:

- how incidents are identified, recorded, and reported, and to whom incidents must be reported to,
- how the service provider will provide support and assistance to those affected by an incident to ensure their health, safety, and wellbeing (e.g. providing information about access to advocates),
- how those affected by an incident (or their representatives) will be involved in managing and resolving the incident,
- when and how the service provider will require an investigation into an incident to work out the cause, any harm, and any operational issues that may have contributed to the incident occurring,
- when remedial action is required and what that action would be, and
- who is responsible (e.g. a staff member) for notifying the Commissioner about reportable incidents (explained under the 'Reportable Incidents' heading below).

This set of procedures will assist service providers and their staff to have a standardised approach to identify, respond to, resolve, and learn from incidents. The documented procedures must be made available in an accessible form to care recipients, their families, representatives, advocates and other significant persons), and each staff member of the service provider. The service provider should be able to assist these persons to understand how the procedures operate and ensure that all of their staff comply with the incident management system.

The service provider must also provide training for each staff member on using and complying with the incident management system including staff roles and responsibilities.

As part of the incident management system, the service provider must have a recording tool that is used to capture information about incidents. Some incident management systems use computer-based electronic tool, while others are paper-based. When recording incidents, the incident management system must include the following details about each incident:

- a description of the incident including the harm that was caused, or could reasonably have been expected to have caused, to each person affected by the incident, and if known, the consequences of that harm,
- if known, the time, date, and place it happened, or was alleged or suspected to have happened,
- the time and date the incident was identified
- the name and contact details of the person/s directly involved in the incident
- the name and contact details of any witnesses
- details of the assessment of the support and assistance required, and the actions taken to ensure the health, safety and wellbeing of those affected by the incident
- details of the assessment of whether the incident could have been prevented and how well the incident was managed and resolved,
- details of what action could be taken to improve management and resolution of future similar incidents and what actions have been taken in response to the assessment,
- details of the assessment of whether remedial action needs to be taken, and if so the details of the action taken,
- whether there were reasonable grounds to report the incident to police, and if so the details of when and how the incident was reported,
- details of the assessment of how to appropriately involve those affected by the incident in the management and resolution, the actions taken to involve those persons and any other consultations undertaken with the people affected by the incident,
- whether persons affected by the incident have been provided with any reports or findings about the incident,
- if an investigation was undertaken into the incident, and if so, the details and outcomes,
- the name and contact details of the person making the record of the incident, and
- whether the incident is a reportable incident (explained under the 'Reportable Incidents' heading below).

These records must be kept for seven years after the incident was identified. The Commission may request to see these records as part of its compliance and monitoring functions.

Service providers must be able to use the information collected through their incident management system to be able to identify similar incidents, and to assist with meeting other incident management responsibilities (explained under the 'Managing and responding to incidents' heading below).

While all incident management systems should have the above components in common, the detailed design of each provider's incident management system is likely to be different. This is because an incident management system should be tailored to the service size, location, the types of services provided, and the care recipients at the service.

For more information and examples on incident management systems, please review guidance on the [Commission's website](#).

### **Managing and responding to incidents**

Under the SIRS service providers need to manage incidents and take reasonable steps to prevent incidents with a focus on the safety, health and wellbeing of care recipients.

Consistent with the incident management system arrangements, these responsibilities relate to a broad range of incidents that occur, or are alleged or suspected to occur, in connection with the delivery of aged care, that either have caused, or could reasonably have been expected to have caused, harm to a care recipient or another person.

As part of these responsibilities, service providers must respond to incidents by assessing and providing support and assistance to persons affected by incidents to ensure their health, safety and



wellbeing. Service providers should use an open disclosure process and make sure to involve persons affected by incidents in the management and resolution of the incident.

Services providers must also assess the incident (taking into account the view of those affected), including whether:

- it could have been prevented,
- if any remedial action needs to be undertaken to prevent similar incidents and minimise harm,
- it was managed and resolved well,
- any actions could be taken to improve management in future, and
- other persons or bodies should be notified.

Service providers must take reasonable steps to implement any remedial actions that may need to be taken to prevent similar incidents identified through this process. The service provider should also implement any actions identified through this process to improve management in future and must notify other persons or bodies that have been identified through this process.

Service providers must also collect data relating to incidents (e.g. through their recording tool that forms part of their incident management system) to assist with continuous improvement of their management and prevention of incidents. This data should assist the service provider to identify trends or systemic issues with the quality of care they provide and enable the provider to give feedback and provide training to staff members about the management and prevention of incidents.

The service provider must regularly review and analyse this data to assess the effectiveness of their management and prevention of incidents and what if any actions could be taken to improve their effectiveness. This assessment should be used to take any actions that may improve their management and prevention of incidents.

For more information refer to the Serious Incident Response Scheme guidance for providers on [Aged Care Quality and Safety Commission](#).

**Reportable incidents**

Under the SIRS, service providers are required to report certain types of incidents to the Commission. This includes incidents that occur, or are alleged or suspected to have occurred, and will include incidents involving a care recipient with cognitive or mental impairment (such as dementia). There are 8 types of reportable incidents involving care recipients that must be reported to the Commission and the police if the incident is of a criminal nature.

This table is designed to set out the differences in the definitions of what is considered to be a reportable incident for residential settings and home and community settings.

<b>Residential setting</b>	<b>Home or community setting</b>
<b>Unreasonable use of force</b> – for example, hitting, pushing, shoving, or rough handling a care recipient	<i>Same as the residential setting</i>
<b>Unlawful sexual contact or inappropriate sexual conduct</b> – such as sexual threats against a care recipient, stalking, or sexual activities without care recipient consent	<i>Same as the residential setting</i>
<b>Psychological or emotional abuse</b> – such as name calling, bullying, intimidation, or threats to withhold care or services	<i>Same as the residential setting</i>

Residential setting	Home or community setting
<p><b>Stealing or financial coercion by a staff member</b> – for example, if a staff member coerces a care recipient to change their will to their advantage, or steals valuables from the care recipient</p>	<p><i>Same as the residential setting</i></p>
<p><b>Neglect of a care recipient</b> – for example, withholding personal care, untreated wounds, or insufficient assistance during meals</p>	<p><i>Same as the residential setting other than in the circumstances outlined below</i></p> <p>However, it is not a reportable incident if it results from a choice by the care recipient about the care or services offered by the service provider (e.g. if a care recipient with diabetes refuses to eat a diabetic diet and as a result develops a wound with poor healing prognosis).</p> <p>Details of the care recipient’s choice or refusal, as well as details of any discussions or actual or attempted interventions, should be recorded in the care recipient’s care plan.</p>
<p><b>Unexplained absence from care</b> – where the care recipient is absent from the service without explanation and there are reasonable grounds to report the absence to the police</p>	<p><b>Unexplained absence from care</b> – where the care recipient goes missing in the course of providing home care or flexible care provided in a community setting to the care recipient and there are reasonable grounds to report the absence to the police</p>
<p><b>Unexpected death</b> – including where reasonable steps were not taken by the provider to prevent the death of a care recipient, or the death is the result of care or services provided by the provider or a failure by the provider to provide care and services</p>	<p><b>Unexpected death</b> – including where the death of a care recipient is the result of care or services provided by the provider, or a failure by the provider to provide care and services</p>
<p><b>Inappropriate use of <a href="#">restrictive practices</a></b> – where a restrictive practice is used in relation to a care recipient and is not in accordance with specific requirements such as the requirement to:</p> <ul style="list-style-type: none"> <li>• use the restrictive practice only as a last resort to prevent harm to the care recipient or other persons</li> <li>• only use the restrictive practice with the prior consent from the care recipient or their representative, unless it is in an emergency</li> </ul>	<p><b>Inappropriate use of <a href="#">restrictive practices</a></b> – where a restrictive practice is used and it does not meet all of the following requirements:</p> <ul style="list-style-type: none"> <li>• before the restrictive practice is used, the client’s care plan must detail the circumstances in which the restrictive practice may be used and the behaviours it is seeking to address,</li> <li>• the care plan must outline how the restrictive practice is to be used, including its duration, frequency and intended outcome,</li> <li>• the restrictive practice must be used in the circumstances and manner set out in the care plan and in accordance with any other</li> </ul>

Residential setting	Home or community setting
	provisions of the plan that relate to the use of the restrictive practice <ul style="list-style-type: none"> <li>the service provider must ensure details about the actual use of the restrictive practice are documented and is consistent with the care plan as soon as practicable after its use</li> </ul>

For more detail on what is a reportable incident and examples, please review guidance on the [Commission’s website](#).

Further, if a reportable incident relates to a particular care recipient who has been diagnosed with dementia and experiences delusions, and continues to report a particular event which has been investigated and is found to be based on a delusion, the service provider may [contact the Commission](#) regarding this.

### Reporting of SIRS incidents

Reportable incidents must be reported using the form available through the [My Aged Care Service and Support Portal](#). If the online form available via the My Aged Care Service and Support Portal is not available to your service, you can use the [SIRS manual form](#) to notify the Aged Care Quality and Safety Commission (the Commission) of a reportable incident.

The department provides information and support to [access](#) and [log in](#) to the My Aged Care Service and Support Portal. Fact sheets are also available with further information about [My Aged Care](#). Alternatively, service providers can call the My Aged Care National Contact Centre on 1800 200 422 between 8.00am to 8.00pm [AEST] Monday to Friday and 10.00am to 2.00pm on Saturday (a free call from fixed lines; calls from mobiles may be charged).

Under the Aged Care Quality and Safety Commission Rules 2018 (see Part 6A – Division 2), once the Commissioner has been notified of a reportable incident by a service provider, the Commissioner may require that further information be provided, or other actions be taken by the service provider in relation to the reportable incident. This may include undertaking remedial action, conducting an investigation of the reportable incident, or providing a report to the Commissioner containing any specified information about the reportable incident.

Service providers must comply with these requirements or requests in the manner and timeframes required by the Commissioner. The Commissioner may also take other actions in relation to reportable incidents that the Commissioner considers reasonable in the circumstances, including referring the matter to the police or any person or body with responsibilities in relation to the incident.

If service providers have any questions or issues they can contact the Commission at [SIRS@agedcarequality.gov.au](mailto:SIRS@agedcarequality.gov.au) or 1800 081 549 between 9.00am to 5.00pm [AEST] Monday to Friday and 8.00am to 6.00pm Saturday to Sunday (a free call from fixed lines; calls from mobiles may be charged).

### Reporting timeframes

All ‘**Priority 1**’ reportable incidents must be reported to the Commission, and the police where the incident is of a criminal nature, within 24 hours of becoming aware of the incident. Priority 1 reportable incidents are:

- where the incident has caused, or could reasonably have been expected to have caused, a care recipient physical or psychological injury, illness or discomfort that requires medical or psychological treatment to resolve, or

- any incident where there are reasonable grounds to report that incident to the police.

There are certain types of reportable incidents that must always be reported as a Priority 1 incident:

- unexplained absence from care
- unexpected death of a care recipient
- unlawful sexual contact or inappropriate sexual conduct.

If it is a Priority 1 reportable incident, the service provider does not need to include all of the above information if it is not available to them within 24 hours of becoming aware of the incident. Although if not provided within 24 hours, that information must be provided to the Commissioner within five days of becoming aware of the incident (or another period specified by the Commissioner).

If a service provider later becomes aware of significant new information about a reportable incident that has already been reported to the Commissioner, they must provide this information to the Commissioner [in writing](#) as soon as possible.

All ‘**Priority 2**’ incidents must be reported to the Commission within 30 days of becoming aware of the incident. Priority 2 incidents include all other reportable incidents that do not meet the criteria for a ‘Priority 1’ incident. Service providers must ensure that if their staff become aware of a reportable incident, they must notify one of the service provider’s executive decision makers, a supervisor or manager or the person who is responsible for notifying the Commissioner of reportable incidents as soon as possible.

### Reportable incidents involving other service providers

Where a reportable incident occurs, or is alleged or suspected to have occurred, and it is known or suspected that another service provider committed or caused the incident, the service provider that becomes aware of the incident (Provider A) should notify the provider that allegedly committed or caused the incident (Provider B).

If a service provider has concerns about another provider’s behaviour, conduct or management of incidents other than reportable incidents, they are encouraged to contact the Commission via email [complaints@agedcarequality.gov.au](mailto:complaints@agedcarequality.gov.au) or through the online form on the [Commission’s website](#). Alternatively, service providers can call the Commission on 1800 951 822 between 9.00am to 5.00pm [AEST] Monday to Friday, or can leave a voice message (a free call from fixed lines; calls from mobiles may be charged). Please note that complaints are able to be made to the Commission anonymously or confidentially.

### Protecting disclosers of information about reportable incidents

Under the SIRS, the service provider must have procedures in place to protect disclosers from being victimised. Disclosers are specified persons or bodies who disclose information about reportable incidents.

The following table summarises the disclosers that the service provider must ensure they have procedures to protect, and who they need to have disclosed the information about a reportable incident to in order to be protected:

Disclosers	Persons or bodies disclosers must disclose to in order to be protected
A person or body who is, or was, any of the following: <ul style="list-style-type: none"> <li>• a service provider under the NATSIFAC Program</li> </ul>	The disclosure is made to one of the following: <ul style="list-style-type: none"> <li>• the Commission or Commissioner</li> <li>• the service provider</li> <li>• one of the service provider’s key personnel or executive decision makers</li> </ul>

Disclosers	Persons or bodies disclosers must disclose to in order to be protected
<ul style="list-style-type: none"> <li>• one of the service provider’s key personnel or executive decision makers</li> <li>• a staff member of the service provider</li> <li>• a care recipient of the service provider</li> <li>• a family member of a care recipient of the service provider</li> <li>• a carer of a care recipient of the service provider</li> <li>• a representative of a care recipient of the service provider</li> <li>• an advocate of a care recipient of the service provider</li> <li>• another person who is significant to a care recipient of the service provider</li> <li>• a volunteer who provides care or services for the service provider</li> </ul>	<ul style="list-style-type: none"> <li>• a staff member of the service provider</li> <li>• another person authorised by the service provider to receive reports of reportable incidents, or</li> <li>• a police officer</li> </ul>

The service provider’s procedures must protect the discloser where:

- they have disclosed information about an incident to the persons or bodies listed in the table above,
- the discloser discloses their name before disclosing information about the incident (it is not an anonymous disclosure),
- the discloser has reasonable grounds to suspect that the information indicates that a reportable incident has occurred, and
- the discloser discloses information about the incident in good faith.

As part of the above procedures, the service provider must not engage in conduct which causes detriment, or threatens to cause detriment, to another person because that person or another person is a discloser.

The service provider must also ensure, as much as possible, that its staff members, and other parties with whom it contracts services, comply with the above requirements to protect disclosers. Specifically, they must protect the discloser from:

- conduct by a person (Person A) that is intended to cause detriment to another person (Person B) because Person B or a third person (Person C) is a discloser, and
- threats by Person A, to cause any detriment to Person B or Person C that is intended to cause fear or is reckless as to causing fear that the threat will be carried out, because Person B or Person C has or may make such a disclosure.

The service provider must also authorise specified persons to receive reports of reportable incidents (authorised report recipient), and the discloser’s identity.

Where a person reports a reportable incident to the service provider, or one of the service provider’s executive decision makers or authorised report recipient, the service provider must take reasonable measures (including ensuring that the executive decision makers and authorised report recipient are aware) to protect the discloser’s identity, and ensure that the discloser’s identity is only disclosed to:

- the Commissioner (and the Commission); or

- as required by a law of the Commonwealth or a state or territory; to one of the service provider's executive decision makers, or to a police officer and is not disclosed to any other person.

The service provider must not enforce a contractual or other remedy or exercise any other right against a discloser with whom they have an agreement because that person has made a disclosure (e.g. the provider cannot terminate the person's employment, or any other person's employment, based on the disclosure).

### Reporting other events

Service providers should continue to advise their Funding Arrangement Manager [as listed in the Commonwealth grant Agreement under F. Party representatives and address for notices] if any of the following events occur: a fire, natural disaster, accident or other incident that will or is likely to prevent the delivery of all or part of any activity and result in the closure of premises, or significant damage to premises or property or pose a significant threat to the health and safety of any person;

- minor accidents, including vehicle accidents where the service provider is transporting a care recipient; or
- incidents that may bring negative media attention to the service provider and/or the Australian Government as the funding body.

This ensures that those affected receive timely help and support and that operational and service provider strategies are put in place to prevent the situation from occurring again. Such strategies help maintain a safe and secure environment for care recipients.

These requirements do not affect any obligation the service provider has under a law of a state or territory to report such incidents.

### Minimising the use of restrictive practices

Restrictive practices must only be used as a last resort and in the least restrictive form.

On 1 July 2021, the *Quality of Care Principles 2014* were updated to clarify and strengthen requirements in relation to the use of restrictive practices in aged care.

These changes replaced the term 'restraints' with 'restrictive practices', strengthened requirements in relation to consent and documentation, and required the provider to have a behaviour support plan in place for each care recipient who has restrictive practices considered, implemented or used as part of their care.

On 1 December 2022, the *Quality of Care Principles 2014* were further refined to clarify requirements around restrictive practices in relation to consent when the care recipient is unable to consent themselves to the use of the restrictive practice. These changes ensure that when there are explicit legal avenues in the state or territory (where the care recipient is receiving care) to appoint someone to act as a restrictive practices substitute decision maker these arrangements are always used in the first instance.

The changes then provide a hierarchy of individuals or bodies who can consent to the use of restrictive practices when the care recipient cannot consent themselves and when there are no explicit legal avenues in the state or territory where the care recipient is receiving residential aged care.

The hierarchy is as follows; an individual nominated by the care recipient, the care recipient's partner, the care recipient's family or friend who was their carer prior to their entry to care, the care recipient's family or friend (who was not their carer prior to their entry to care), or a person authorised to consent to medical treatment/procedures under the state or territory laws.

Information on the types of restrictive practices, the requirements around their use and the new consent arrangements can be found on the department's [website](#).

If required, restrictive practices should only be used as a last resort, in the least restrictive form, for the shortest period of time, and after careful consideration of the impacts on the care recipient.

Consent must be given by the care recipient or their substitute decision maker before any restrictive practice is used. A behaviour support plan must also be in place as part of the existing care and services plan for care recipients, detailing:

- the need for behaviour support;
- where the use of a restrictive practice has been assessed as necessary; and
- where a restrictive practice is being used.

Information about the use of restrictive practices in aged care, including education and requirements, can also be found on the [Aged Care Quality and Safety Commission's Website](#).

## **Community engagement and networking**

The service provider engages with the community to ensure that care recipients achieve maximum independence, maintain friendships, and participate in the life of the community.

### **Community engagement**

This may involve the service provider encouraging and assisting care recipients to be engaged with social activities outside the service/their home so that they stay connected with their family and community (e.g. by participating in traditional events). The service provider may also consider inviting family, carers, volunteers and/or the community to attend social activities run by the service (e.g., cultural activities, Mother's Day, barbecues, Christmas).

The service provider should ensure that the local communities are consulted about available services and participate in planning, developing and providing aged care. This will both help the service provider and the local communities to understand the types of services they provide, including their limitations.

### **Networking**

Wherever possible, the service provider should consider being part of a network of services that care for older people and ensure there are links with other related and relevant services, such as Primary Health Care, the CHSP, the HCP Program and/or respite services.

This will help the service provider and ensure that other relevant services or agencies understand the types of services they provide, including their limitations.

## **Information technology**

Service providers must have systems in place to allow them to collect data in order for them to meet their reporting obligations which are outlined in the grant agreement. Refer to Section 8 for further details on reporting requirements for NATSIFAC Service Providers.

## **Risk management strategy**

All the department's grant agreements are managed according to their level of assessed risk. Service providers will be subject to a provider capacity risk assessment prior to any negotiation of grant agreements. Service providers may also be required to participate in a financial viability assessment during the assessment of a grant funding application. Service delivery is monitored during the term of the grant agreement and is used to provide supporting information and evidence for ongoing risk assessments.

## **Continuity of service – Transition-out plans**

Ensuring continuity of service provision is of critical importance to the Australian Government. Where there is a risk to ensuring continuity of service provision the service provider will be required to develop a Transition-Out Plan as detailed in the grant agreement.

The aim of the Transition-Out Plan is to guarantee the smooth transition or ceasing of the services and to ensure minimal disruption of services to care recipients.

The Transition-Out Plan should address issues that enable the orderly transition of the services from the service provider to an alternative service provider on expiry or termination of the grant agreement.

The service provider is required to provide the department with at least nine months written notice of any intention to cease providing care and services under the grant agreement.

Guidance for the Transition-Out Plan follows.

## Guide to Transition-out Plans

The following are matters that should be considered for inclusion in the Transition-Out Plan, however, the matters are intended as guidance only. The list is not exhaustive or prescriptive and Transition-Out Plans will depend on each service provider's individual arrangements and the outcome of any negotiations.

The Transition-Out Plan should include a transition-out strategy for each schedule of the grant agreement, particularly specific requirements for different service types.

The Transition-Out Plan must include:

- **Service provider details** – include name, address, and relevant contacts (position(s) only and the contact details for the position(s) – do not include names as these are subject to change).
- **The Auspice body** – including name, address, and relevant contacts (position(s) only and the contact details for the position(s) – do not include names as these are subject to change).
- **Activity description** – briefly describe the Activity to which the Transition-Out Plan relates. Include information about related service providers with which the service provider has linkages and contact details (position(s) only and the contact details for the position(s) – do not include names as these are subject to change).
- **Service provider arrangements** – include information/ description of service provider specific administrative policies, processes and procedures; operational protocols; subcontracting arrangements; geographical areas serviced, including any cross-border arrangements; hours of operation; staff; operation of service provider vehicles; and additional services provided by the service provider.
- **Timeframe for transition** – specify the transition-out period (assume a period of one to three months before the date of termination or expiry of the grant agreement, to be negotiated and agreed with the department at the time of termination/expiry). Include timetable for the transition - events, milestones etc.
- **Staffing arrangements** – include staffing details and the basis on which service provider staff are employed, e.g. awards and arrangements for transition of staff to a new service provider (subject to the agreement of the new service provider). While there is provision in project funding for staff entitlements, the Transition-Out Plan should address conditions and arrangements for staff not wishing to transfer, e.g. redeployment and redundancy.
- **Service provider property/ accommodation** – information about the accommodation arrangements for premises currently occupied by the service provider. Would the office space currently used be available on termination of the Agreement? If available, arrangements required to transfer, e.g. lease arrangements, etc.
- **Assets** – in accordance with the grant agreement, details of all assets purchased with the department funding are to be recorded in an Assets Register should be attached to the Plan and kept current for the duration of the grant agreement. Identify how and when the transfer of assets to the department or nominee is to take place, e.g. whether the Assets are to be sold and proceeds paid to the department, and arrangements for this.



- **Information and records** – identification of, and arrangements for the transfer to the alternative service provider of all documents which are necessary to enable services similar to the existing service to be provided by the department or its nominee. In particular, the service provider should consider arrangements for the transfer of care recipient records, giving due regard to privacy requirements.
- **Intellectual property** – the arrangements must be set out for the delivery to the alternative service provider, as agreed with the department, of the service provider’s relevant databases or directories that are used by them as per the grant agreement.
- The intellectual property register with up-to-date contact details of all owners and licensees of intellectual property should also be attached to the plan.
- **Financial records** – all financial acquittals must be finalised in accordance with the conditions set down in the grant agreement.
- **Database arrangements** – arrangements for the transfer of software for service and care recipient data arrangements, including web-based data base services if applicable.
- **Service contracts** – arrangements to novate (transfer) to the department or its nominee all contracts relating to services provided or any other relevant contracts to which the service provider is a party, including Subcontractors.
- **Communication plan** – plan to inform care recipients, particularly regarding continuity of care for care recipients in the short term, including arrangements for another service provider to deliver existing services.
- **Unspent funds** – identification and details of any unspent funds.
- **Risks** – identification and details of any risks including any actions taken to date or proposed actions to remedy the risks.

### **‘No response’ guidelines**

Service providers must have a policy on how to respond when a consumer does not respond to a scheduled visit.

As part of the development of nationally consistent protocols to deal with non-response from a consumer when a home care worker arrives to provide a scheduled service, in June 2008 the Ministerial Conference on Ageing (MCA) agreed that a Guide for Community Care, now known as home care, service providers including service provider should be developed and implemented across jurisdictions.

Aged Care Guides and Policies can be accessed on the Department of Health and Aged Care website [Aged Care Guides and Policies](#)

## 8 Reporting

Reports are critical tools for informed decision-making, compliance, transparency and accountability, program improvements, resource allocation, and clear and accurate communication between program stakeholders.

This section outlines the reports that must be completed by NATSIFAC funded service providers, and the ways in which the collected data is used.

### Reporting requirements

As part of the deliverables under the NATSIFAC Program, providers are required to complete and submit the following:

- Biannual **Service Activity Reports** (SARs) (referred to in Funding Agreements as Performance Reports), including an Income and Expenditure Report for the relevant period
- An **annual Financial Acquittal Report**, including a Financial Declaration and an Audited Income and Expenditure Statement, and
- **Mandatory Aged Care provider** reporting, including:
  - For residential aged care providers:
    - COVID-19 vaccinations for Residential Aged Care staff
    - Residential aged care residents
    - Influenza Vaccination Status for Residential Aged Care Residents
    - Reporting for Basic Daily Fee Supplement

and/or

- For home-care providers:
  - COVID-19 vaccinations for Residential Aged Care staff.

### Service Activity Reports (SARs)

NATSIFAC Service Activity Reports (SARs) (also referred to as Performance Reports) are submitted twice a year on a template provided by the Funding Agreement Manager. These reports are due in July and January each year covering the preceding six-month period, and cover services, places and people, including:

- Staff profiles
- Board member and staff profiles
- Visiting health professions
- Care minutes
- Client information for residential, home and day care care recipients.
- Aged Care Staff COVID-19 vaccinations (home care and/or residential care staff)
- Residential aged care residents influenza vaccination status
- Complaints
- Traditional events
- Finances
- Serious reportable incidents
- Outbreak management expenditure data, and
- Other reportable incidents (including fire, natural disaster, accident or other incidents, including minor accidents or incidents that may bring negative media attention to the service provider and/or the Australian Government).

NATSIFAC providers are responsible for using the current SAR template provided by the Funding Agreement Manager (FAM). Reports submitted on out-dated templates will be returned to the provider.

A Sample Service Activity Report can be obtained by contacting [natsifacp@health.gov.au](mailto:natsifacp@health.gov.au).

### **Outbreak management expenditure data**

Outbreak management expenditure data is crucial for assessing the financial impacts of outbreak management. This information is used to inform government decisions regarding future outbreak management support and supplements.

### **Annual Financial Acquittal**

NATSIFAC providers are required to submit an annual financial acquittal, including the following, both of which must be signed by the Grantee:

- Financial Declaration certifying that grant funding was expended as set out in the Funding Agreement. This document must also include details of any unspent funds.
- An Audited Income and Expenditure Report (including the audit opinion) that is prepared by:
  - d) a Registered Company Auditor under the *Corporations Act 2001 (Cth)*
  - e) a member of CPA Australia
  - f) a member of the Institute of Public Accountants in Australia, or
  - g) a member of the Institute of Chartered Accountants in Australia.

The Audited Income and Expenditure Statement must:

- be prepared in accordance with the applicable Australian Accounting Standards
- be based on proper accounts and records for the grant recipient
- verify that grant funding was spent to perform the activity as set out in the Agreement, and
- Include other matters as specified in the Agreement.

For multi-year grant agreements, it is normal the department practice to acquit funding annually.

### **Other mandatory aged care provider reporting**

#### **Residential aged care staff COVID-19 vaccination requirements**

From 1 January 2022, NATSIFAC Program residential aged care providers must report annually on 30 June each year, the following information:

- a) Total number of service staff providing services
- b) The number of service staff who have received a single dose only of a COVID-19 vaccine
- c) The number of service staff who have received two doses only of a COVID-19 vaccine
- d) The number of service staff who have received one booster dose of a COVID-19 vaccine
- e) The number of service staff with an authorised permanent exemption to a COVID-19 vaccination, or who are not required to be vaccinated, for medical reasons
- f) The number of service staff with an authorised temporary exemption to a COVID-19 vaccination, or who are not required to be vaccinated, on a temporary basis for medical reasons
- g) The number of service staff with an authorised temporary exemption to a COVID-19 vaccination, or who are not required to be vaccinated, due to inability to access a COVID-19 vaccine
- h) The number of service staff with an authorised temporary exemption to a COVID-19 vaccination, or who are not required to be vaccinated, due to a critical workforce shortage

OR to maintain the provision of quality of care OR to protect the health and safety of care recipients

- i) The number of service staff with an authorised exemption related to another category in the relevant state/territory public health order.

The My Aged Care Service and Support portal will be the reporting mechanism for aged care providers. Providers who face connectivity challenges in using the My Aged Care Service and Support portal can submit reports, using the template provided, to [COVID19VacTFRAC1A@Health.gov.au](mailto:COVID19VacTFRAC1A@Health.gov.au).

A NATSIFAC Program residential aged care provider is not required to report if the number of service staff and workers vaccinated is the same as in the last report given by the NATSIFAC Program provider.

Evidence of aged care workers' COVID-19 vaccination status could include:

- a) a vaccination certificate or other evidence such as a text received from a vaccine provider;
- b) a signed declaration;
- c) a record from a health practitioner; or
- d) alternatively, consider providing an immunisation history statement which they can access from Medicare online or the Express Plus Medicare mobile app.

From 17 September 2021, it will be mandatory for all residential aged care workers to have received a minimum first dose COVID-19 vaccine.

From 17 September 2021, it will be mandatory for all residential aged care workers delivering services in a residential aged care facility at a minimum, to have received a first dose of a COVID-19 vaccine. The exact nature and scope of the requirement is dependent on the terms of the applicable state or territory public health order or directions.

### **Home care staff COVID-19 vaccination requirements**

From 1 January 2022, NATSIFAC Program home care providers must report annually on 30 June each year, the following information:

- a) the total number of service staff in relation to the service on the reporting day;
- b) the number of those service staff who have voluntarily informed the approved provider that they have received the annual seasonal influenza vaccination for the calendar year that includes the reporting day;
- c) the number of those service staff who have voluntarily informed the approved provider that they have received all required doses of a COVID-19 vaccine.

The My Aged Care Service and Support portal will be the reporting mechanism for aged care providers.

A NATSIFAC Program home care provider is not required to report if the number of service staff and workers vaccinated is the same as in the last report given by the NATSIFAC Program provider.

Evidence of aged care workers' COVID-19 vaccination status could include:

- a) a vaccination certificate or other evidence such as a text received from a vaccine provider;
- b) a signed declaration;
- c) a record from a health practitioner; or
- d) alternatively, consider providing an immunisation history statement which they can access from Medicare online or the Express Plus Medicare mobile app.

### **Residential aged care residents COVID-19 vaccination status**

From 1 January 2022, quarterly reports will be submitted on 31 March, 30 June, 30 September and 31 December of each subsequent year.

- a) Total number of residents at the service
- b) The number of residents at the service who are unwilling or clinically unsuitable to receive one or more doses of a COVID-19 vaccine
- c) The number of unvaccinated residents at the service who are willing and clinically suitable to be vaccinated
- d) The number of residents at the service who have received a single dose only of a COVID-19 vaccine, who are willing and clinically suitable to receive additional doses
- e) The number of residents at the service who have received two doses only of a COVID-19 vaccine, who are willing and clinically suitable to receive additional doses
- f) The number of severely immunocompromised residents at the service who have received three doses of a COVID-19 vaccine, who are willing and clinically suitable to receive additional doses
- g) The number of residents at the service who have received a booster dose of a COVID-19 vaccine, who are willing and clinically suitable to receive additional doses
- h) The number of residents at the service who have received a Winter dose of a COVID-19 vaccine.

The My Aged Care Service and Support portal is the reporting mechanism for aged care providers however, providers who face connectivity challenges in using the My Aged Care Service and Support portal can submit reports to [COVID19VacTFRAC1A@Health.gov.au](mailto:COVID19VacTFRAC1A@Health.gov.au).

Further [Guidance](#) is available to assist providers understand these new arrangements.

### **Residential aged care residents influenza vaccination status**

From 1 January 2022, annual reporting is required for residential aged residents' influenza vaccine status in June of each year.

### **Food and nutrition payment for residential aged care providers**

NATSIFAC Program residential aged care providers receive a payment of \$10 per day per 'funded residential place' to assist with delivery of better care and services to residents, with a focus on food and nutrition.

Reporting for this payment must be completed through the [Quarterly Financial Report](#) (QFR) Food and Nutrition Reporting tab. One report is required for each service.

The Forms Administration helpdesk is available to assist with the completion and submission of the QFR. Providers can call the helpdesk on (02) 4403 0640 or email enquiries to [health@formsadministration.com.au](mailto:health@formsadministration.com.au).

Service providers who do not submit their quarterly reports will be referred to the Aged Care Quality and Safety Commission as a breach of the quality standards.

It should be noted that packaged food for Care at Home clients is not to be reported in the quarterly BDF report.

### **Data use**

The information and data collected and collated from these reports provides the department with significant critical insights into service delivery, both in qualitative and quantitative format. This data not only ensures that the program is meeting its objectives, but it also informs future policy change, program improvements and funding decisions.

### **Privacy note**

We collect personal information about:

- aged care service providers and their staff

- people receiving care under the NATSIFAC Program.

Personal information provided in reports is protected under the *Privacy Act 1988*. This information is *not* disclosed to any external parties.

### Provider and service level data

Individual provider and service level data are used by the Department to meet its obligations to the Australian Community and older First Nations people by:

- ensuring that providers are complying with funding agreements
- ensuring that providers are meeting required performance indicators
- allowing early identification of potential risks and enhancing our capacity to take corrective action
- responding quickly to emergency events
- identifying the size, impact and support required for potential disease outbreaks and to allow implementation of targeted interventions to prevent the spread of disease.

### Program level data

Report data supports the department to work toward policy and program improvements and respond to challenges in a manner that is beneficial for all stakeholders. The provider level data, when collated and deidentified, allows the department to:

- evaluate the impact of funding investments in first nations aged care
- support informed decisions on future budget allocations and policy changes
- provide accurate program statistics to inform the Government in relation to critical new policy proposals and initiatives, such as the Fair Work Commission (FWC) wage increases
- understand governance structures involved in the management of NATSIFAC funded provider organisations and the delivery of care services
- track and respond to individual and collective provider issues and challenges
- monitor and better understand service delivery costs in regional and remote locations
- monitor and improve public health outcomes for vulnerable populations
- contribute to a range of datasets that are held by the Australian Institute of Health and Welfare ('GEN' website) in the National Aged Care Data Clearinghouse (NACDC), a central and independent repository of national aged care data. Publications include:
  - the annual Report on the Operation of the *Aged Care Act (ROACA) 1997*
  - the Dashboard on [Aboriginal and Torres Strait Islander People Using Aged Care](#)
  - one-off reports such as the [Older Aboriginal and Torres Strait Islander People](#).

## 9 Staffing and training

Service providers are responsible for ensuring staff and volunteers have appropriate skills, knowledge and attributes, and receive adequate training with an emphasis on quality care. Service providers are also responsible for ensuring staff members are trustworthy, have integrity and will respect the privacy and dignity of care recipients.

### **Qualifications of staff**

There are a range of service types delivered under the NATSIFAC Program, and the department recognises that qualifications and skills required vary across services and jurisdictions. Service providers must be aware of any registration, accreditation or licensing requirements for the professions from which they draw their workforce and must ensure their personnel (including any Subcontractors approved by the department) comply with these requirements.

It is expected that staff will have the appropriate level of skills and training in order to provide quality care to care recipients, and for the service provider to meet its responsibilities of the Aged Care Quality Standards.

The service provider should regularly monitor roles and tasks of staff to ensure that all staff and workers are adequately trained, supported and supervised where required.

Service providers should encourage staff to undertake vocational and other formal education and training to enhance the skill base of their workforce.

### **Medication administration**

State and territory legislation governs medication management and service providers must take into account all relevant legislation and guidelines in developing policies and procedures around medication administration. They must also ensure that staff has appropriate levels of skills, knowledge and training in relation to medication management and administration and duty of care.

### **Volunteers**

Service providers may use volunteers in the operation of their service. If volunteers are used, service providers must ensure that they have the necessary knowledge, skills and training to undertake their duties.

Service providers who use volunteers must have policies and procedures in place regarding the management of their volunteer workforce including police checks.

Volunteer management policies and procedures should include any policy relating to volunteer reimbursement. The reimbursement of volunteer expenses will depend on the financial and human resources available to the service provider.

Policies should reflect the circumstances of the service provider, such as remoteness, isolation, and other regional differences that can impact on their capacity to attract and retain volunteers.

### **Subcontractors**

Where a service provider engages a Subcontractor to deliver a service, this is defined in the grant agreement as Subcontracting.

If a service provider plans to use any Secondary Subcontractors, or its Subcontractors plan to use any Secondary Subcontractors, the service provider must request prior written consent from the department for use of the Subcontractor before an agreement is entered into with that Subcontractor.

The request must include the Subcontractor's name and ABN, the tasks which the Subcontractor will complete under the grant agreement, the period of the subcontract and any other information requested by the department.

Regardless of how subcontracted services are delivered, the service provider remains responsible for service quality and meeting all regulatory responsibilities.

Further information about subcontracting is located in the service providers grant agreement.

### **Requirements for police checks**

Service providers funded under the NATSIFAC Program have a responsibility to ensure:

1. All staff members working with vulnerable people, volunteers and executive decision makers undergo police (or relevant) checks.
2. All staff, volunteers and executive decision makers working in NATSIFAC Program services are suitable for the roles they are performing.
3. That staff involved in service delivery, including sub-contractor staff meets the NATSIFAC Program Police Certificate Guidelines ([Appendix C](#) of this Program Manual) which have been developed to assist service providers with the management of police check requirements under the NATSIFAC Program.



## 10 Work Health and Safety

On 1 January 2012 the *Work Health and Safety Act 2011* (Cth) (WHS Act) for the Commonwealth jurisdiction was enacted. There are a number of other legislative instruments that support the WHS Act including:

- Work Health and Safety (Transitional and Consequential) Act 2011 (Cth);
- Work Health and Safety Regulations 2011 (Cth); and
- Work Health and Safety Approved Codes of Practice 2011 (Cth).

The WHS laws contains the following important safety obligations including:

- the health and safety of people must underpin all operational decisions
- appropriate consultation, training and safe systems of work
- workplaces free from harassment and bullying, and
- agencies and service providers are subject to enforcement action for non-compliance.

### **Providing a safe and healthy workplace**

Service providers must provide a safe and healthy workplace for their employees and volunteers delivering services to a care recipient.

Service providers should also consider and assess Work Health and Safety (WHS), Australian Building Standards and other local legislative requirements, as these relate to their own offices and facilities, vehicles, and other physical resources used by their staff and volunteers.

### **Making others aware of their responsibilities**

Employees of service providers are also responsible for ensuring their own safety, and the safety and health of others, including care recipients.

Service providers must ensure that their employees and volunteers:

- have adequate WHS training;
- are aware of WHS responsibilities;
- comply with WHS requirements and instructions associated with the work being performed;
- use the appropriate equipment; and
- identify and report hazards, risks, accidents and incidents.

### **Banning orders under the code of conduct**

Before employing or otherwise engaging, or extending or renewing the contract or agreement of a person (whether as a staff member, volunteer or executive decision-maker), service providers have a responsibility to take reasonable steps to ensure that they do not commence the employment or engagement of an individual to whom a banning order under the *Aged Care Quality and Safety Commission Act 2018* applies inconsistently with the requirements of that banning order.

### **Obligations to document work health and safety policies and procedures**

Service providers must have in place appropriate policies and procedures to reflect WHS legislative requirements. The following is an example of policies and procedures that may be required:

- management of communicable diseases
- minimising the risk of infection
- safe lifting and transfer procedures
- asbestos
- fire safety, and

- first aid.

For more information, see the [Safe Work Australia website](#).

# 11 Quality assessment and monitoring

## **Aged Care Quality Standards**

The grant agreement requires the service provider to be committed to ensuring the delivery of quality aged care services.

The Australian Government is committed to high quality care for older Australians and considers the health, safety and welfare of aged care recipients a high priority. As part of reforms to the aged care system, the department worked with the sector to develop a single set of quality standards for all aged care services. Assessment and monitoring against the new Aged Care Quality Standards commenced from 1 July 2019.

The Aged Care Quality Standards:

- increase the focus on quality outcomes for care recipients
- recognise the diversity of service providers and care recipients
- better target assessment activities based on risk, and
- reflect best practice regulation.

Service providers are required to meet the Aged Care Quality Standards.

## **Quality review and monitoring**

The Aged Care Quality and Safety Commission conducts quality reviews of services funded under the NATSIFAC Program to assess performance against the Standards in accordance with the Quality Standards.

The Aged Care Quality and Safety Commission undertakes a quality review of each National Aboriginal and Torres Strait Islander Flexible Aged Care service at least once every two years. The form and frequency of monitoring visits between quality reviews is determined on a case-by-case basis and is guided by the service's performance and all other relevant information received by the Aged Care Quality and Safety Commission.

The Aged Care Quality and Safety Commission has developed quality review guidelines that provide information about the Quality Framework including quality reviews, assessment contacts and continuous improvement. They are designed to assist providers to prepare for visits and to demonstrate continuous improvement in their care and services for clients and service users.

The [quality review guidelines](#) are located here.

## 12 Complaints

If care recipients are concerned about any aspect of service delivery, they should, in the first place, approach the service provider. In most cases, the service provider is best placed to resolve complaints and alleviate the care recipients concerns.

If the care recipient is unsatisfied with the service provider's response to a concern or a complaint the Aged Care Quality and Safety Commission is also available to assist care recipients.

### **Complaints handling policy**

Service providers should have a transparent and accessible complaints handling policy. This policy should acknowledge the complainant's right to complain directly to the service provider, outline the process for both dealing with the complaint and provide options for escalation both within the service provider's organisation and to the department, if necessary.

Service providers need to ensure that all care recipients and their families are informed of the arrangements in place to make complaints about matters related to the care provided and to have their complaints dealt with fairly, promptly, confidentially and without retribution.

Service providers must ensure that they provide information about their complaints handling policy and processes in all correspondence to care recipients and potential care recipients.

Service providers must accept a complaint regardless of whether it is made orally, in writing or anonymously.

### **Aged care complaints**

The Aged Care Quality and Safety Commission is a free service for anyone to raise their concerns about the quality of care or services being delivered by Australian Government funded aged care services.

In most cases care recipients (or their representative) are expected to raise any concerns with the service provider directly. If a care recipient (or their representative) does not feel comfortable raising an issue directly with the provider or an issue has not been resolved satisfactorily, the care recipient or their representative may contact the Aged Care Quality and Safety Commission.

The Aged Care Quality and Safety Commission can be contacted directly on free call 1800 951 822, online at [agedcarequality.gov.au](http://agedcarequality.gov.au) or by writing to:

Aged Care Quality and Safety Commission  
GPO Box 9819  
[CAPITAL CITY] [STATE]

When a care recipient or their representative lodges a complaint with the Aged Care Quality and Safety Commission that has been accepted as in-scope, they will explain the process for handling the complaint, options for resolution and what can be achieved through these options. Options available for the resolution of complaints include:

- asking the service provider to resolve concerns directly with the complainant and report back to the Aged Care Quality and Safety Commissioner on the outcomes;
- conciliating an outcome between the service provider and the complainant; and
- investigating the concerns.

The Aged Care Quality and Safety Commission has the capacity to require a service provider to take action where they are not meeting their responsibilities. In a small number of cases, the complaint raised with the department may be of such a nature that the department will manage the complaint without asking the person to first raise their concerns with the service provider.

## Privacy

Any personal information provided is protected under the *Privacy Act 1988*. It can only be disclosed to someone else if the person in respect of whom the information relates has been given reasonable notice of the disclosure; where disclosure is authorised or required by law or is reasonably necessary for the enforcement of the criminal law; if it will prevent or lessen a serious and imminent threat to a person's life or health; or if the person in respect of whom the information relates has consented to the disclosure.

If a person in respect of whom the information relates has questions or concerns about how their personal information is handled they can contact the Privacy Officer at the department on 02 6289 1555 or free call 1800 020 103 or by emailing [privacy@health.gov.au](mailto:privacy@health.gov.au) or the Australian Information Commissioner on 1300 363 992 (local call cost, but calls from mobile and pay phones may incur higher charges) or by emailing [enquiries@oaic.gov.au](mailto:enquiries@oaic.gov.au).

For further information please see the [Australian Privacy Principles here](#).

## 13 Advocacy

The care recipient or their representative can request that another person assist them in dealings with the service provider. A care recipient has the right to call on an advocate of their choice to represent them in managing their care. Should the care recipient not have an advocate one may be made available through the National Aged Care Advocacy Program.

### **National Aged Care Advocacy Program**

The National Aged Care Advocacy Program ([NACAP](#)) is funded by the Australian Government and provides free, confidential advocacy support and information to care recipients or potential care recipients of Australian Government subsidised aged care services about their rights and responsibilities when accessing services.

To contact a NACAP provider in their local area, a care recipient or their representative can contact the National Aged Care Advocacy line on 1800 700 600 (a free call from fixed lines; calls from mobiles may be charged).

## 14 Glossary and Acronyms

Term	Description
Accountability	The state of being answerable and responsible for one's actions.
Aged Care Outbreak Management Supplement (ACOMS)	This supplement contributes to the cost of planning for and managing outbreaks, including COVID-19 and other infectious diseases.
Act	The <i>Aged Care Act 1997</i> .
Advocacy	The process of speaking out on behalf of an individual or group to protect and promote their rights and interests.
<i>Aged Care Act 1997</i>	The principal legislation that regulates the Residential Aged Care, Flexible Care, and Home Care Programs from 1 October 1997. The flexible aged care services funded under NATSIFAC Program operate outside the regulatory framework of the <i>Aged Care Act 1997</i> .
Aged Care Quality and Safety Commission (ACQSC)	The Commission independently accredits, assesses and monitors aged care services that are subsidised by the Australian Government. The Commission also seeks to resolve complaints about these services, provides education and information about Commission functions and engages with care recipients to develop and promote best practice models to engage care recipients in the provision of their care.
Allied Health	The term used to describe health professionals providing a range of therapies other than medicine and nursing; for example, physiotherapists, occupational therapists, speech pathologists, social workers, dieticians, psychologists and podiatrists.
Assessment organisation	Assessment organisations conduct aged care needs assessments and residential aged care funding assessments. Aged care needs assessments include comprehensive assessments and home support assessments.
Carer	Carers can include family members, friends or neighbours who are identified as providing regular and sustained care and assistance to the care recipient. Carers frequently live with the person for whom they care.
Care Plan	A plan developed in consultation with the care recipient which describes the type of services to be provided, the frequency and hours of actual service provision, the location at which the service will be provided and the respective responsibilities of the service provider, its staff and the care recipient.
Care recipient	A person receiving flexible aged care services. Formerly referred to as consumer.
Care recipient Agreement	An agreement between the care recipient and the service provider, sometimes also called a consumer agreement or a service agreement.
Clinical Care	Care supervised or provided by a registered practitioner (i.e. Doctor, Registered nurse or Enrolled nurse).
Continuous Improvement	Ongoing pursuit of better practices with demonstrated outcomes.
Cultural Safety	Cultural Safety is about recognising, respecting and nurturing the unique cultural identity of Aboriginal and Torres Strait Islander people and meeting their needs, expectations and rights. It is expected that the principle of cultural safety, outlined in the Quality Framework for services delivered under the NATSIFAC Program, will be

Term	Description
	<p>recognised and embedded in all aspects of the service provider's service delivery and quality systems.</p> <p>The service provider should ensure that policies, procedures and practices are in place to ensure the service delivers flexible, culturally safe care.</p> <p>The service provider should also ensure that individual care recipient interests, customs, beliefs and cultural backgrounds are valued and nurtured, and that the service assists care recipients to stay connected with their family and community.</p>
Dementia and Cognition Supplement	Specific funding provided for dementia care in Home Care.
The department	The Australian Government Department of Health and Aged Care (The department).
Frailty Indexation	A financial supplement provided to address the disparity in funding per residential aged care place funded under the Program as compared with mainstream residential aged care services operating under the <i>Aged Care Act 1997</i> .
Grant Agreement	The Agreement between the Australian Government and the service provider. These are performance based and legally enforceable agreements between the parties which set out the terms and conditions governing the business relationship.
Grant Recipient	The grant recipient is the legal entity or Organisation that enters into a grant agreement with the department to provide Aboriginal and Torres Strait Islander Flexible Aged Care Services. In this Program Manual, the grant recipient is referred to as a 'service provider' and in the grant agreement a 'Provider'.
Governance	A method or system of government or management.
Home Care	A coordinated package of care services aimed at supporting people to remain living at home.
Home Care Subsidy	The subsidy payable by the Australian Government for providing home care.
Modified Monash Model (MMM)	The Modified Monash Model is a geographical modelling tool that defines whether a location is metropolitan (MMM1), rural, remote or very remote (MMM7).
My Aged Care	'My Aged Care' consists of a national phone line and a website which provide general information on aged care services and finders to locate local services.
National Aged Care Advocacy Program (NACAP)	The National Aged Care Advocacy Program (NACAP) is funded by the Australian Government and provides free, confidential advocacy support and information to care recipients or potential care recipients of Australian Government subsidised aged care services about their rights and responsibilities when accessing services.
Program	Refers to the National Aboriginal and Torres Strait Islander Flexible aged Care (NATSIFAC) Program.
Quality	Providing products or services of high quality or merit.
Residential Care	Personal and/or nursing care that is provided to a person in an aged care home in which the person is also provided with accommodation that includes appropriate staffing, meals and cleaning services, as well as furnishings, furniture and equipment for the provision of that care and accommodation.



<b>Term</b>	<b>Description</b>
Residential Concessional Supplement	A financial supplement paid to Aboriginal and Torres Strait Islander flexible aged care services for the provision of services.
Residential Viability Supplement	A financial supplement paid to eligible Aboriginal and Torres Strait Islander flexible aged care services to assist in the operation of small, rural and remote services to assist with viability.
Respite	Respite care (also known as short-term care) is a form of support for carers. It gives carers the opportunity to attend to everyday activities and have a break from their caring role.
Service Activity Report (SAR)	Service Activity Reports (SARs) are twice-yearly Performance Reports that must be completed on the supplied template and submitted by NATSIFAC funded services.
Service provider	The grant recipient, referred to in this Program Manual as the service provider, is the legal entity or Organisation that enters into a grant agreement with the department to provide Aboriginal and Torres Strait Islander Flexible Aged Care Services.
The Service	The aged care service funded under the Program to deliver the services detailed in the grant agreement.
Veterans' Supplement	The Veterans' Supplement in residential and home care provides funding for veterans with service-related mental health conditions to ensure their service-related mental health condition does not act as a barrier to accessing appropriate care.

## Appendix A – range of services

The care services provided by the service provider must be based on the assessed care needs of the care recipient, when negotiating and agreeing to the care plan and the care services to be provided. The service provider must also ensure that these care services can be provided within their budget. It is not expected that all of the care and services listed will be provided to an individual care recipient.

### Home care services

The range of care and services for home care may include the following:

A. Care services	Home care can include:
Personal services	Personal assistance, including individual attention, individual supervision and physical assistance, with: <ul style="list-style-type: none"> <li>• bathing, showering including providing shower chairs if necessary, personal hygiene and grooming, dressing and undressing, and using dressing aids</li> <li>• toileting</li> <li>• mobility</li> <li>• transfer (including in and out of bed)</li> </ul>
Activities of daily living	Personal assistance, including individual attention, individual supervision and physical assistance, with <ul style="list-style-type: none"> <li>• communication including assistance to address difficulties arising from impaired hearing, sight or speech, or lack of common language, assistance with the fitting of sensory communication aids, checking hearing aid batteries, cleaning spectacles and assistance in using the telephone</li> </ul>
Nutrition, hydration, meal preparation and diet	Includes: <ul style="list-style-type: none"> <li>• assistance with preparing meals</li> <li>• assistance with special diet for health, religious, cultural or other reasons</li> <li>• assistance with using eating utensils and eating aids and assistance with actual feeding if necessary</li> <li>• providing enteral feeding formula and equipment</li> </ul>
Management of skin integrity	Includes: <ul style="list-style-type: none"> <li>• providing bandages, dressings, and skin emollients</li> <li>• sheets, sheepskins, tri-pillows, and pressure relieving mattresses and</li> <li>• assistance in using the above aids</li> </ul>
Continence management	Includes: <ul style="list-style-type: none"> <li>• assessment for and, if required, providing disposable pads and absorbent aids, commode chairs, bedpans and urinals, catheter and urinary drainage appliances and enemas (except where available through other Australian Government Schemes)</li> <li>• assistance in using continence aids and appliances and managing continence</li> </ul>
Mobility and dexterity	Includes:

<b>A. Care services</b>	<b>Home care can include:</b>
	<ul style="list-style-type: none"> <li>• providing crutches, quadruped walkers, walking frames, walking sticks and wheelchairs;</li> <li>• providing mechanical devices for lifting, bed rails, slide sheets, sheepskins, tri-pillows, and pressure relieving mattresses; and</li> <li>• assistance in using the above aids</li> </ul>

<b>B. Support services</b>	<b>Home care can include:</b>
Support services	<p>Includes (continued):</p> <ul style="list-style-type: none"> <li>• cleaning</li> <li>• personal laundry services, including laundering of the care recipient’s clothing and bedding that can be machine-washed, and ironing;</li> <li>• arranging for dry-cleaning of the recipient’s clothing and bedding that cannot be machine washed;</li> <li>• medication management;</li> <li>• rehabilitative support, or helping to access rehabilitative support, to meet a professionally determined therapeutic need;</li> <li>• emotional support including ongoing support in adjusting to a lifestyle involving increased dependency and assistance for the recipient and carer if appropriate;</li> <li>• support for recipient’s with cognitive impairment, including individual therapy, activities and access to specific programs designed to prevent or manage a particular condition or behaviour, enhance quality of life and provide ongoing support;</li> <li>• providing 24-hour on-call access to emergency assistance including access to an emergency call system if the care recipient is assessed as requiring it;</li> <li>• transport and personal assistance to help the recipient shop, visit health practitioners or attend social activities</li> <li>• respite care;</li> <li>• assisting the care recipient, and the homeowner if the homeowner is not the care recipient, to access technical advice on major home modifications;</li> <li>• advising the care recipient on areas of concern in their home that pose safety risks and ways to mitigate these</li> <li>• arranging social activities and providing or coordinating transport to social functions, entertainment activities and other out-of-home services;</li> <li>• assistance to access support services to maintain personal affairs</li> </ul>
Leisure, interests and activities	<p>Includes:</p> <ul style="list-style-type: none"> <li>• encouragement to take part in social and community activities that promote and protect the care recipient ’s lifestyle, interests and wellbeing</li> </ul>

<b>C. Clinical services</b>	<b>Home care can include:</b>
Clinical care	Includes nursing, allied health and therapy services such as speech therapy, podiatry, occupational or physiotherapy services and other clinical services such as hearing and vision services
Access to other health and related services	Includes referral to health practitioners or other service providers

## Residential care services

The range of residential care and services include the following:

Care and services	For residential care recipients including:
Daily living activities assistance	<p>Personal assistance, including individual attention, individual supervision, and physical assistance, with the following:</p> <ul style="list-style-type: none"> <li>a) bathing, showering, personal hygiene and grooming;</li> <li>b) maintaining continence or managing incontinence, and using aids and appliances designed to assist continence management;</li> <li>c) eating and eating aids, and using eating utensils and eating aids (including actual feeding if necessary);</li> <li>d) dressing, undressing, and using dressing aids;</li> <li>e) moving, walking, wheelchair use, and using devices and appliances designed to aid mobility, crutches, quadruped walkers, walking frames, walking sticks, and wheelchairs, including the fitting of artificial limbs and other personal mobility aids;</li> <li>f) communication, including to address difficulties arising from impaired hearing, sight or speech, or lack of common language (including fitting sensory communication aids), and checking hearing aid batteries and cleaning spectacles;</li> <li>g) Excludes motorised wheelchairs and custom made aids;</li> <li>h) Excludes hairdressing</li> </ul>
Emotional support	Emotional support to, and supervision of, care recipients
Treatments and procedures	<p>Treatments and procedures that are carried out according to the instructions of a health professional or a person responsible for assessing a care recipient's personal care needs, including supervision and physical assistance with taking medications, and ordering and reordering medications, subject to requirements of state or territory law.</p> <p>Includes bandages, dressings, swabs and saline</p>
Recreational therapy	Recreational activities suited to care recipients, participation in the activities, and communal recreational equipment
Rehabilitation support	Individual therapy programs designed by health professionals that are aimed at maintaining or restoring a care recipient's ability to perform daily tasks for himself or herself, or assisting care recipients to obtain access to such programs
Assistance in obtaining health practitioner services	Arrangements for aural, community health, dental, medical, psychiatric and other health practitioners to visit care recipients, whether the arrangements are made by care recipients, relatives or other persons representing the interests of care recipients, or are made directly with a health practitioner
Assistance in obtaining access to specialised therapy services	Making arrangements for speech therapists, podiatrists, occupational or physiotherapy practitioners to visit care recipients, whether the arrangements are made by care recipients, relatives or other persons representing the interests of care recipients

Care and services	For residential care recipients including:
Support for care recipients with cognitive impairment	Individual attention and support to care recipients with cognitive impairment (for example, dementia and behavioural disorders), including individual therapy activities and specific programs designed and carried out to prevent or manage a particular condition or behaviour and to enhance the quality of life and care for such care recipients and ongoing support (including specific encouragement) to motivate or enable such care recipients to take part in general activities of the residential care service
Administration	General operation of the residential care service, including documentation relating to care recipients
Maintenance of buildings and grounds	Adequately maintained buildings and grounds
Accommodation	Utilities such as electricity and water
Furnishings	Bedside lockers, chairs with arms, containers for personal laundry, dining, lounge and recreational furnishings, draw-screens (for shared rooms), wardrobe space, over-bed tables and towel rails Excludes furnishings a care recipient chooses to provide
Bedding	Beds and mattresses, bed linen, blankets, absorbent or waterproof sheeting, bed rails, incontinence sheets, ripple mattresses, sheepskins, tri-pillows, air mattresses appropriate to each care recipient's condition
Goods to assist staff to move care recipients	Mechanical devices for lifting care recipients, stretchers, and trolleys
Cleaning services, goods and facilities	Cleanliness and tidiness of the entire residential care service Excludes a care recipient's personal area if the care recipient chooses and is able to maintain this himself or herself
Waste disposal	Safe disposal of organic and inorganic waste material
General laundry	Heavy laundry facilities and services, and personal laundry services, including laundering of clothing that can be machine washed Excludes cleaning of clothing requiring dry cleaning or another special cleaning process, and personal laundry if a care recipient chooses and is able to do this himself or herself
Toiletry goods	Bath towels, face washers, soap, toilet paper, tissues, toothpaste, toothbrushes, denture cleaning preparations, mouthwashes, moisturiser, shampoo, conditioner, shaving cream, disposable razors and deodorant
Meals and refreshments	<ul style="list-style-type: none"> <li>a) Meals of adequate variety, quality and quantity for each care recipient, served each day at times generally acceptable to both care recipients and management, and generally consisting of 3 meals per day plus morning tea, afternoon tea and supper;</li> <li>b) Special dietary requirements, having regard to either medical need or religious or cultural observance;</li> <li>c) Food, including fruit of adequate variety, quality and quantity, and non-alcoholic beverages, including fruit juice</li> </ul>
Care recipient social activities	Programs to encourage care recipients to take part in social activities that promote and protect their dignity, and to take part in community life outside the residential care service

Care and services	For residential care recipients including:
Goods to assist with toileting and incontinence management	Absorbent aids, commode chairs, bed pans and urinal covers, disposable pads, over-toilet chairs, shower chairs and uridomes, catheter and urinary drainage appliances, and disposable enemas
Nursing services	<p>Initial assessment and care planning carried out by a nurse practitioner or registered nurse, and ongoing management and evaluation carried out by a nurse practitioner, registered nurse or enrolled nurse acting within their scope of practice.</p> <p>Nursing services carried out by a nurse practitioner, registered nurse or enrolled nurse, or other professional appropriate to the service (for example, medical practitioner, stoma therapist, speech pathologist, physiotherapist or qualified practitioner from a palliative care team), acting within their scope of practice.</p> <p>Services may include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>a) establishment and supervision of a complex pain management or palliative care program, including monitoring and managing any side effects;</li> <li>b) insertion, care and maintenance of tubes, including intravenous and naso-gastric tubes;</li> <li>c) establishing and reviewing a catheter care program, including the insertion, removal and replacement of catheters;</li> <li>d) establishing and reviewing a stoma care program;</li> <li>e) complex wound management;</li> <li>f) insertion of suppositories;</li> <li>g) risk management procedures relating to acute or chronic infectious conditions;</li> <li>h) special feeding for care recipients with dysphagia (difficulty with swallowing);</li> <li>i) suctioning of airways;</li> <li>j) tracheostomy care;</li> <li>k) enema administration;</li> <li>l) oxygen therapy requiring ongoing supervision because of a care recipient's variable need;</li> <li>m) dialysis treatment.</li> </ul> <p>The service provider should facilitate access to nursing:</p> <ul style="list-style-type: none"> <li>n) where these are not available in the service; or</li> <li>o) the costs of providing the nursing are greater than the resources available in the Activity.</li> </ul>
Therapy services, such as, recreational, speech therapy, podiatry, occupational, and physiotherapy services	<ul style="list-style-type: none"> <li>a) Maintenance therapy delivered by health professionals, or care staff as directed by health professionals, designed to maintain care recipients' levels of independence in activities of daily living;</li> <li>b) More intensive therapy delivered by health professionals, or care staff as directed by health professionals, on a temporary basis that is designed to allow care recipients to reach a level</li> </ul>

Care and services	For residential care recipients including:
	<p>of independence at which maintenance therapy will meet their needs</p> <p>Excludes intensive, long-term rehabilitation services required following, for example, serious illness or injury, surgery or trauma</p> <p>c) The service provider should facilitate access to therapies: where these are not available in the service; or</p> <p>d) the costs of providing the therapy are greater than the resources available in the Activity.</p>
Emergency assistance	At least one responsible person is continuously on call and in reasonable proximity to render emergency assistance



# Appendix B – Charter of Aged Care Rights

## Charter Of Aged Care Rights

All people receiving residential care, home care or care in the community have rights in aged care.

You have the right to:

1. safe and high quality care and services
2. be treated with dignity and respect
3. have your identity, culture and diversity valued and supported
4. live without abuse and neglect
5. be informed about your care and services in a way you understand
6. access all information about yourself, including information about your rights, care and services
7. have control over, and make choices about, your care, personal and social life, including where choices involve personal risk
8. have control over, and to make decisions about, the personal aspects of your daily life, financial affairs and possessions
9. your independence
10. be listened to and understood
11. have another person of your choice, including an aged care advocate, support you or speak on your behalf
12. complain free from reprisal, and to have your complaints dealt with fairly and promptly
13. personal privacy and to have your personal information protected
14. exercise your rights without it adversely affecting the way you are treated.

If you have concerns about the aged care you are receiving you can:

- talk to your aged care provider in the first instance
- speak with an aged care advocate on 1800 700 600, to receive help understanding your rights
- contact the Aged Care Quality and Safety Commission on 1800 951 822. The Aged Care Quality and Safety Commission can also support you to resolve your concern with your aged care provider.

# Appendix C – Police certificate guidelines

## NATSIFAC Program - Police certificate guidelines

### Introduction

The Whole of Government Standard Grant Agreement sets out the conditions under which service providers are funded by the Australian Government for activities under the NATSIFAC Program.

The Police Certificate Guidelines have been developed to assist service providers with the management of police check requirements under the NATSIFAC Program.

Police checks are intended to complement robust recruitment practices and are part of a service provider's responsibility to ensure all staff, volunteers and executive decision makers are suitable to provide services to clients of the NATSIFAC Program.

### Your obligations

Service providers must ensure that all staff, volunteers and executive decision makers working in NATSIFAC Program services are suitable for the roles they are performing. They must undertake thorough background checks to select staff in accordance with the requirements under the Whole of Government Standard Grant Agreement.

As part of this, service providers must ensure national criminal history record checks, not more than three years old, are held by:

- staff (including employees and officers) who are reasonably likely to interact with care recipients
- volunteers who are reasonably likely to interact with care recipients; and
- executive decision makers.

Service providers must ensure they have policies and procedures in place to assess police certificates. A service provider's decision to employ or retain the services of a person needs to be rigorous, defensible and transparent. For information about assessing police certificates for staff, volunteers and executive decision makers see: 5 Assessing a Police Certificate in these Police Check Guidelines.

## Police certificates and police checks

### Police certificates and police checks

A police certificate is a report of a person's criminal history; a police check is the process of checking a person's criminal history. The two terms are often used interchangeably in aged care.

### Police certificate requirements

A police certificate that satisfies requirements under the Whole of Government Standard Grant Agreement and NATSIFAC Program Manual is a nation-wide assessment of a person's criminal history (also called a "National Criminal History Record Check" or a "National Police Certificate") prepared by the Australian Federal Police, a state or territory police service, or a CrimTrac accredited agency.

In place of a national criminal history record check, service providers may accept staff members and volunteers who hold a card issued by a state or territory authority following a vetting process that enables the card holder to work with vulnerable people. Executive decision makers are required to have a national criminal history record check see: 5.5 Assessing information obtained from a police certificate for executive decision makers.

For more information about assessing police certificates, including the different types, please see: Section 5 Assessing a Police Certificate.

## Australian Criminal Intelligence Commission (ACIC) Checks

Police certificates or reports prepared by CrimTrac accredited agencies are considered by the department as being prepared on behalf of the police services and therefore meet the department's requirements. More information about CrimTrac is available at: [CrimTrac](#).

### Statutory declarations

Statutory declarations are generally only required in addition to police checks in two instances:

- For essential new staff, volunteers and executive decision makers who have applied for, but not yet received, a police certificate
- For any staff, volunteers or executive decision makers who have been a citizen or permanent resident of a country other than Australia after the age of 16.
- In these two instances, a staff member, volunteer or executive decision maker can sign a statutory declaration stating either that they have never, in Australia or another country, been convicted of an offence or, if they have been convicted of an offence, setting out the details of that offence.

Statutory declarations relating to police certificate requirements must be made on the form prescribed under the Commonwealth Statutory Declarations Act 1959 (the Declarations Act). Anyone who makes a false statement in a statutory declaration is guilty of an offence under the Declarations Act.

A link to the statutory declaration template is provided at Appendix 3b of these [Police Certificate Guidelines](#). More information about statutory declarations is available at: [Statutory Declarations](#).

### Staff, volunteers and executive decision makers

Police certificates, not more than three years old, must be held by:

- staff (including employees and officers) who are reasonably likely to interact with care recipients;
- volunteers who have unsupervised interaction with care recipients;
- and executive decision makers.

#### Definition of a staff member

A staff member is defined, for the purposes of the Guidelines, as a person who:

- is employed, hired, retained or contracted by the service provider (whether directly or through an employment or recruitment agency) to provide care or other services under the control of the service provider
- interacts, or is reasonably likely to interact, with care recipients.

Examples of individuals who are staff members include:

- employees and subcontractors of the service provider who provide services to care recipients (this includes all staff employed, hired, retained or contracted to provide services under the control of the care recipients whether in a community setting or in the care recipient's own home); and
- employees and subcontractors who contact the care recipients by phone.

#### Definition of non-staff members

Individuals, who are not considered to be staff members, for the purposes of the Guidelines, include:

- employees who, for example, prepare the payroll, but do not interact with clients
- independent contractors.
- Generally, an independent contractor is a person:

- who is paid for results achieved
- provides all or most of the necessary materials and equipment to complete the work
- is free to delegate work to others
- has freedom in the way that they work
- does not provide services exclusively to the service provider
- is free to accept or refuse work
- is in a position to make a profit or loss.

For the purposes of these Guidelines, a subcontractor who has an ongoing contractual relationship with the service provider is not taken to be an independent contractor but is regarded as a staff member. A person who is contracted to perform a specific task on an ad hoc basis may fall within the definition of an independent contractor.

Having an Australian Business Number does not automatically make a person an independent contractor.

### **Definition of a volunteer**

A volunteer is defined, for the purposes of these Guidelines, as a person who:

- is not a staff member
- offers his or her services to the service provider
- provides care or other services on the invitation of the service provider and not solely on the express or implied invitation of a care recipient
- has, or is reasonably likely to have, unsupervised interaction with care recipients.

A student undertaking a clinical placement in the community who is over 18 years and has, or is reasonably likely to have, unsupervised interaction with care recipients would be a volunteer.

Examples of persons who are not volunteers under this definition include:

- persons volunteering who are under the age of 16 (except where they are a full-time student, then under the age of 18)
- persons who are expressly or impliedly invited into the client's home by a client (for example, family and friends of the client)
- persons who only have supervised interaction with clients.

### **Definition of unsupervised interaction**

Unsupervised interaction is defined as interaction with a client where a volunteer is unaccompanied by another volunteer or staff member.

In regard to volunteers, if volunteers are visiting a client in pairs it is not a requirement for either of those volunteers to have a police certificate.

### **Definition of an executive decision maker**

An executive decision maker is:

- a member of the group of persons who is responsible for the executive decisions of the entity at that time
- any other person who has responsibility for (or significant influence over) planning, directing or controlling the activities of the entity at that time
- any person who is responsible for the day-to-day operations of the service, whether or not the person is employed by the entity.

In determining who are executive decision makers, grant recipients service providers need to consider the functional role individuals perform rather than their job title.

### **New staff**

While service providers must aim to ensure all new staff members, volunteers and executive decision makers have obtained a police certificate before they start work, there are exceptional circumstances where new staff, volunteers and executive decision makers can commence work prior to receipt of a police certificate.

A person can start work prior to obtaining a police certificate if:

- the care or other service to be provided by the person is essential
- an application for a police certificate has been made before the date on which the person first becomes a staff member or volunteer
- until the police certificate is obtained, the person will be subject to appropriate supervision during periods when the person interacts with care recipients
- the person makes a statutory declaration stating either that they have never, in Australia or another country, been convicted of an offence

In such cases, the service provider must have policies and procedures in place to demonstrate:

- that an application for a police certificate has been made
- the care and other service to be provided is essential
- the way in which the person would be appropriately accompanied
- how a person will be appropriately accompanied in a range of working conditions, e.g. during holiday periods when staff numbers may be limited.

### **Staff, volunteers and executive decision makers who have resided overseas**

Staff members, volunteers and executive decision makers who have been citizens or permanent residents of a country other than Australia must make a statutory declaration before starting work with any NATSFAC Program service provider, stating either that they have never, in a country other than Australia, been convicted of an offence or, if they have been convicted of an offence, setting out the details of that offence.

This statutory declaration is in addition to a current national police certificate, as this reports only those convictions recorded in Australian jurisdictions.

## **Assessing a Police Certificate**

### **Police certificate format**

Police certificates may have different formats, including printed certificates or electronic reports. Every police certificate or report must record:

- the person's full name and date of birth
- the date of issue
- a reference number or similar.

A service provider must be satisfied that a certificate is genuine and has been prepared by a police service or a CrimTrac accredited agency. An original police certificate or a certified copy must be provided rather than an uncertified photocopy.

It is up to the service provider to be satisfied that a certificate meets the requirements, and enables them to assess a person's criminal history. Any police certificate decision must be documented by the service provider.

For more information on record keeping, and the sighting and storing of police certificates, see: 6 Police Check Administration.

## **Purpose of a Police Certificate**

A police certificate that best satisfies requirements under the NATSIFAC Program is one obtained for the purposes of aged care. However, a national criminal history record check undertaken for another purpose will generally also satisfy the requirements. It is best practice to specify the purpose of the police check to the police service or CrimTrac agency issuing the certificate.

### **Police certificate disclosure**

A police certificate discloses whether a person:

- has been convicted of an offence
- has been charged with and found guilty of an offence but discharged without conviction
- is the subject of any criminal charge still pending before a Court.

### **A risk assessment approach**

The following considerations are intended as a guide to assist service providers to assess a person's police certificate for their suitability to be either a staff member, volunteer or an executive decision maker for the NATSIFAC Program service provider:

- **Access:** the degree of access to care recipients, their belongings, and their personal information. Considerations include whether the individual will work alone or as part of a team, the level and quality of direct supervision, the location of the work, i.e. community or home based settings
- **Relevance:** the type of conviction and sentence imposed for the offence in relation to the duties a person is, or may be undertaking. Service providers must only have regard to any criminal record information indicating that the person is unable to perform the inherent requirements of the particular job
- **Proportionality:** whether excluding a person from employment is proportional to the type of conviction
- **Timing:** when the conviction occurred
- **Age:** the ages of the person and of any victim at the time the person committed the offence. The service provider may place less weight on offences committed when the person is younger, and particularly under the age of 18 years. The service provider may place more weight on offences involving vulnerable persons
- **Decriminalised offence:** whether or not the conduct that constituted the offence or to which the charge relates has been decriminalized since the person committed the offence
- **Employment history:** whether an individual has been employed since the conviction and the outcome of referee checks with any such employers
- **Individual's information:** the findings of any assessment reports following attendance at treatment or intervention programs, or other references; and the individual's attitude to the offending behaviour
- **Pattern:** whether the conviction represents an isolated incident or a pattern of criminality
- **Likelihood:** the probability of an incident occurring if the person continues with, or is employed for, particular duties
- **Consequences:** the impact of a prospective incident if the person continues, or commences, particular duties
- **Treatment strategies:** procedures that will assist in reducing the likelihood of an incident occurring including, for example, modification of duties.

## Assessing Police Certificate information

Serious offences that preclude a person under the NATSIFAC Program police check regime from performing the functions and duties of staff members, volunteers or an executive decision maker are:

- a crime or offence involving the death of a person

Serious offences also include a person who was in the last 5 years from the date of the conviction and a person who was sentenced to imprisonment for one year or longer for:

- a sex-related offence or a crime, including sexual assault (whether against an adult or child); child pornography, or an indecent act involving a child;
- a crime or offence involving dishonesty that is not minor; and
- fraud, money laundering, insider dealing or any other financial offence or crime, including those under legislation relating to companies, banking, insurance or other financial services.

Service providers must ensure they have policies and procedures in place to assess police certificates. A service provider's decision to employ or retain the services of a person with any relevant recorded convictions will need to be rigorous, defensible and transparent. The overriding principle that service providers must bear in mind is to minimise the risk of harm to care recipients.

For more information see: Refusing or Terminating Employment on the Basis of a Criminal Record.

## Assessing information obtained from a police certificate for executive decision makers

NATSIFAC Program service providers may use limited discretion when assessing a person's criminal history to determine whether any recorded offences are relevant to performing the functions and duties of an executive decision maker.

A NATSIFAC Program service provider must not allow a person whose police certificate records a precluding offence to perform the functions and duties of an executive decision maker.

The offences that preclude a person under the NATSIFAC Program police check regime from performing the functions and duties of an executive decision maker are:

- a conviction for murder or sexual assault
- a conviction and sentence to imprisonment for any other form of assault
- a conviction for an indictable offence within the past 10 years.

Whether or not an offence is an indictable offence will depend on legislation within the jurisdiction. Service providers might need to seek legal advice if there is any doubt. If a conviction for what would otherwise be a precluding offence is considered 'spent' under the law of the relevant jurisdiction (refer to Spent convictions), the conviction does not preclude the person from performing the functions and duties of an executive decision maker.

While a service provider may not use discretion to allow a person whose police certificate records a conviction for a precluding offence to perform the functions and duties of an executive decision maker, service providers may use discretion in determining whether any other recorded convictions are relevant to performing those functions and duties. The risk assessment approach may be used as a guide to assist service providers to assess the relevance of any non-precluding offences to performing the functions and duties of an executive decision maker.

A service provider's decision to allow a person with any recorded convictions to perform the functions and duties of an executive decision maker must be rigorous, defensible and transparent. The overriding principle that service providers must bear in mind is to minimise the risk of harm to clients.

## Committing an offence during the three year police certificate expiry period

Service providers must take reasonable measures to require each of their staff members, volunteers and executive decision makers to notify them if they are convicted of an offence in the three year period between obtaining and renewing their police check. If a staff member, volunteer or an executive decision maker has been convicted of an offence they must not be allowed to continue working for the grant recipient.

## Refusing or terminating employment on the basis of a criminal record

If a service provider refuses or terminates employment on the basis of a person's conviction for an offence, the conviction must be considered relevant to the inherent requirements of the position. If in any doubt, service providers must seek legal advice regarding the refusal or termination of a person's employment on the basis of their criminal record.

Under the Fair Work Act 2009 there are provisions relating to unfair dismissal and unlawful termination by employers. More information about the *Fair Work Act 2009* is available at: Fair Work Commission ([www.fwa.gov.au/](http://www.fwa.gov.au/)). In addition, under the *Human Rights and Equal Opportunity Act 1986*, the Australian Human Rights Commission has the power to inquire into discrimination in employment on the ground of criminal record.

If a person feels they have been discriminated against based on their criminal record in an employment decision of a service provider, they may make a complaint to the Australian Human Rights Commission. Further information on discrimination on the basis of criminal record is available at: Australian Human Rights Commission

## Spent Convictions

Convictions that are considered 'spent' under state, territory and Commonwealth legislation will not be disclosed on a police certificate unless the purpose for the application (for example, working with children) is exempt from the relevant spent conviction Commissioner. If a conviction has been 'spent' the person is not required to disclose the conviction. The aim of the Commissioner is to prevent discrimination on the basis of old minor convictions, once a waiting period (usually 10 years) has passed and provided the individual has not re-offended during this period.

Spent conviction legislation varies from jurisdiction to jurisdiction. In some circumstances or jurisdictions certain offences cannot be spent.

Further Information on spent convictions can be found at: Spent Conviction Commissioner

## Police Check Administration

### Record keeping responsibilities

Service providers must keep records that can demonstrate that:

- there is a police certificate, which is not more than three years old, for each staff member, volunteer and executive decision maker
- an application has been made for a police certificate where a new staff member, volunteer or executive decision maker does not have a police certificate
- a statutory declaration has been provided by any staff member, volunteer or executive decision maker who has not yet obtained a police certificate or was a citizen or permanent resident of a country other than Australia.

How a service provider demonstrates their compliance with record keeping requirements is a decision for their organisation to make based on their circumstances.



## Sighting and storing police certificates

The collection, use, storage and disclosure of personal information about staff members and volunteers must be in accordance with the *Privacy Act 1988* (Commonwealth). State and territory privacy laws can also impact on the handling of personal information such as a police certificate. Further information about privacy is available at: Office of the Australian Information Commissioner.

When individuals undertake to obtain their own police certificate, or employment agencies hold police certificates, service providers must sight an original or a certified copy of the police certificate and the information and reference number must be recorded on file.

If it is impossible to assess a person's police certificate for any reason, the individual may be required to obtain a new police certificate in order for the service provider to meet their responsibilities under the NATSIFAC Program police check regime.

## Cost of police certificates

Service providers have a responsibility to ensure all staff members, volunteers and executive decision makers undergo police checks. However, the payment of the cost of obtaining a police certificate is a matter for negotiation between the service providers and the individual.

Individuals may be able to claim the cost of the police certificate as a work-related expense for tax purposes. Further advice on this issue is available from the Australian Taxation Office through their website at: Australian Taxation Office

Volunteers may be eligible to obtain a police certificate at a reduced cost whether the certificate is requested by an individual or by a service provider on behalf of a volunteer. This must be confirmed with the agency issuing the police certificate.

Obtaining certificates on behalf of staff, volunteers or executive decision makers

A person may provide a police certificate to the service providers or give consent for the service providers to obtain a police certificate on their behalf.

Service providers can obtain consent forms from the relevant police services or a CrimTrac accredited agency. In some jurisdictions, parental consent may be required to request a police certificate for an individual under the age of 18 years.

## Police certificate expiry

Police certificates for all staff, volunteers and executive decision makers must remain current and need to be renewed every three years before they expire. If a police certificate expires while a staff member is on leave, the new certificate must be obtained before the staff member can resume working at the service. Service providers must note that the application or renewal process can take longer than eight weeks.

## Documenting decisions

Any decision taken by a service providers must be documented in a way that can demonstrate to an auditor the date the decision was made, the reasons for the decision, and the people involved in the decision i.e. the service provider, the individual, a legal representative, board members etc.

## Monitoring compliance with police check requirements

Service providers must have policies and procedures in place to demonstrate suitable management and monitoring of the police certificate requirements for all staff members, volunteers and executive decision makers. This includes, for example:

- three-year police check renewal procedures
- appropriate storage, security and access requirements for information recorded on a police certificate

- evidence of a service providers decisions in respect of all individuals, or where staff are contracted through another agency, evidence of contractual arrangements with the agency that demonstrates the police certificate requirements.

For more information see: Record Keeping Responsibilities.

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All information in this publication is correct as at December 2024.