Australian Government

Department of Health, Disability and Ageing

National Aboriginal and Torres Strait Islander Flexible Aged Care Program

Program Manual 2026

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About the manual

Purpose

The Department of Health, Disability and Ageing (DHDA, the Department) has prepared the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) program manual for NATSIFACP providers.

The program manual outlines the operational requirements of the NATSIFACP. It is intended to assist providers to understand and comply with the NATSIFACP rules, procedures and provider obligations. This will support providers to deliver high-quality and culturally safe aged care services that meet the needs of older Aboriginal and/or Torres Strait Islander people.

The chapters of the NATSIFACP Manual align broadly with the chapters of the Aged Care Act 2024 (the Act).

Audience

The program manual is intended for registered NATSIFACP providers funded to deliver services under the NATSIFACP. It forms part of the NATSIFACP grant agreement.

How the program manual is updated

This program manual replaces the March 2026 version of this manual. The NATSIFACP and the broader aged care system continue to operate in an environment of change. The Department will update the manual, as required, to ensure its currency, and will provide reasonable notice of any amendments.

Please refer to the online version of the program manual to ensure you have the most recent version. The program manual can be downloaded on the Department's website: www.health.gov.au/resources/publications/natsifacp-manual.

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	1 November 2025	DHDA	New NATSIFACP Manual reflecting implementation of the *Aged Care Act 2024*.
2.0	20 March 2026	DHDA	• Update to document style and format. • Inclusion of information on Assistive Technology and Home Modifications (AT-HM) • Updated links for service lists • Inclusion of information on Record Keeping • Inclusion of policies that must be made publicly available • Correction of broken links
3.0	17 September 2026	DHDA	• Updated provider registration information. • Updated alternative entry pathway requirements. • Inclusion of guidance on the 24/7 registered nurse exemption process for NATSIFACP providers. • Expanded complaints, feedback and whistleblower information. • Updated incident management and Serious Incident Response Scheme reporting information.

Disclaimer

The Act governs the delivery of funded aged care services by registered providers (providers). The NATSIFACP refers to delivery of home support, assistive technology, home modifications and residential care under the Act and related rules.

The information in this program manual is intended as a general guide to providers on the policy intent of the NATSIFACP. It is not intended as legal or professional advice on interpretation of the legislation or how it applies in individual circumstances.

Providers are responsible for complying with all relevant legislation when delivering funded aged are services. In addition to legislation referred to in this program manual,

other Australian Government portfolios and state and territory jurisdictions may have separate legislation relevant to providers' operations as a registered provider. It is the registered providers' responsibility to understand and meet their obligations as they relate to all applicable legislation.

Providers should consider obtaining their own legal or professional advice relevant to their circumstances, especially in relation to requirements and obligations for delivering funded aged care services that may be new or different under the Act and related rules.

The department will review and update the information in the manual as needed. The most up-to-date version of the manual will be published on the department's website. Please refer to the online version of the manual to ensure that you have the most recent version. The footer on the front page includes the issue date.

If you are reading a printed copy of this manual, please make sure it is the same as the most up-to-date version published on the department's website. The revisions and summary of changes made to the manual are outlined at the beginning of the document in the version history.

The department does not guarantee the accuracy or completeness of information in the manual. The department also does not accept liability for any loss or damage resulting from reliance on the manual or the information it contains.

Additional information and resources that may further support providers to understand their responsibilities and obligations are available through the following Australian Government resources:

- Department of Health, Disability and Ageing – health.gov.au
- My Aged Care – MyAgedCare.gov.au
- Aged Care Quality and Safety Commission – agedcarequality.gov.au
- Services Australia – servicesaustralia.gov.au
- Australian Competition and Consumer Commission – accc.gov.au
- Australian Taxation Office – ato.gov.au

Chapter 1

Introduction

Chapter 1 – Introduction

About the NATSIFACP

NATSIFACP is part of the Australian Government's strategy to improve the quality of, and access to, aged care services for older Aboriginal and/or Torres Strait Islander people.

NATSIFACP funds service providers to provide flexible, culturally safe aged care to older Aboriginal and/or Torres Strait Islander people close to their family, country, island home and community. Service providers deliver a mix of services in accordance with the needs of the community which are located mainly in rural and remote areas.

NATSIFACP is included in the new Act as a specialist aged care program. Specialist aged care programs are government funded aged care programs where there is an agreement or arrangement, such as a grant, in place to deliver services.

Aims and objectives

The objectives of the NATSIFACP are to:

- provide aged care services to older Aboriginal and/or Torres Strait Islander people close to family, country, island home and community
- improve the quality of culturally safe aged care services for older Aboriginal and/or Torres Strait Islander people
- improve access to aged care services for older Aboriginal and/or Torres Strait Islander people
- deliver a range of services to meet the changing aged care needs of the community.

Delivering culturally safe aged care services

The term cultural safety that is used throughout the Act and defined in the Explanatory Memorandum, refers to the recognition, respect and nurturing of the unique cultural identities of each Aboriginal and/or Torres Strait Islander person. Cultural safety must be incorporated into all aspects of aged care service delivery and quality systems.

Cultural safety means the understanding of one's own culture and the impact that your culture, thinking, and actions may have on the culture of others through ongoing critical self-reflection. Gaining such truthful insight about oneself is critical for ensuring access to a culturally safe, respectful, responsive and racism free aged care system providing for the optimal safety, autonomy, dignity, and absolute wellbeing of Aboriginal and/or Torres Strait Islander Elders and individuals accessing funded aged care services, and their families. Only the Aboriginal and/or Torres Strait Islander person who is the recipient of a service or interaction can determine whether it is culturally safe.

National Aboriginal and Torres Strait Islander Ageing and Aged Care Council

The delivery of culturally safe aged care centres on trusted relationships with Aboriginal and/or Torres Strait Islander service users and their families, and the lived experiences, and cultural and ageing needs, as determined by Aboriginal and/or Torres Strait Islander service users themselves.

To deliver culturally safe aged care, all registered providers must:

- facilitate a greater understanding and respect for individual and collective cultures, histories, knowledge, traditions, stories, and values of Aboriginal and/or Torres Strait Islander individuals, their families and communities
- have policies, procedures and practices in place to ensure the delivery of flexible, culturally safe care that meets legislative obligations.
- ensure that the individual's interests, customs, beliefs and cultural backgrounds are valued and nurtured, and
- assist individuals to stay connected with their family and community, and
- firmly commit to continuously measure and improve structures and behaviours necessary for cultural safety and quality support.

Culturally safe aged care also includes:

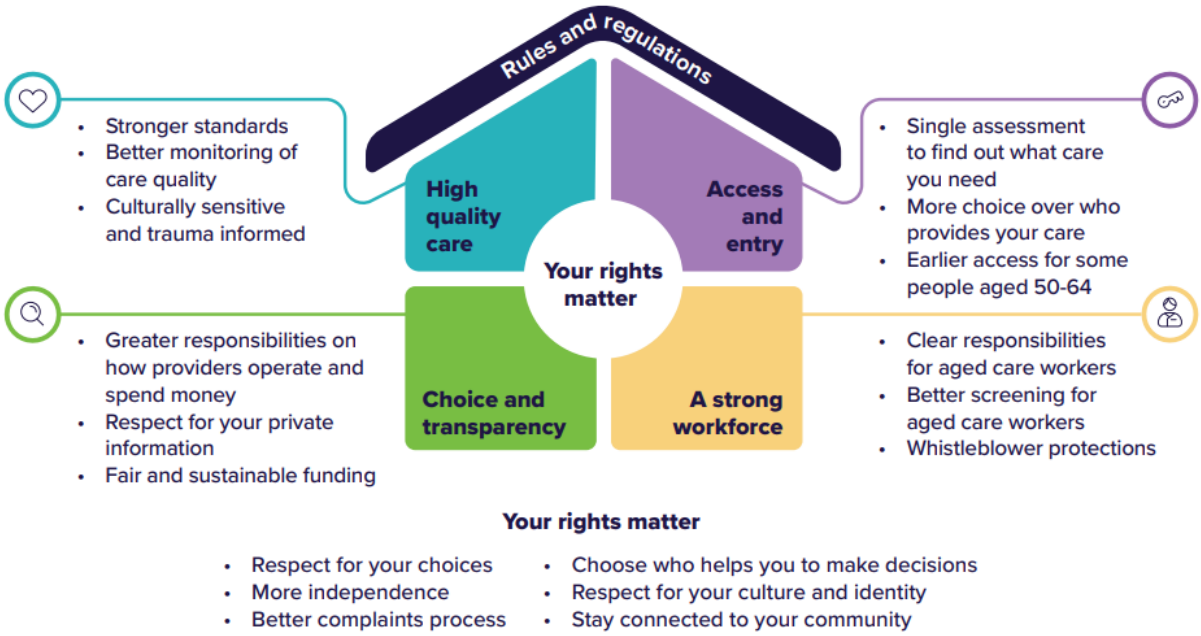
- having buildings appropriate for cultural activities, family visits, ceremonies and Aboriginal and/or Torres Strait Islander customs
- ensuring a comfortable environment and surroundings, such as having access to the natural environment and bushland gardens, and having Aboriginal and/or Torres Strait Islander artefacts
- employing or engaging Aboriginal and/or Torres Strait Islander people
- encouraging participation by the local community in planning and providing aged care
- encouraging and assisting individuals to remain engaged with their community, including participating in traditional events
- respecting cultural traditions such as men's and women's business, and

- providing the services in a culturally safe way.

About the Aged Care Act 2024

The Act was developed in response to the number one recommendation from the final report of the Royal Commission into Aged Care Quality and Safety to place the needs of older people at the centre of the aged care system. It aims to make aged care safer, fairer and more respectful.

The infographic below outlines the main parts of the Act and how they work together to support the older person at the centre.



The Act establishes a rights-based legislative framework that focuses on the safety, health, and wellbeing of older people by:

- outlining the rights of older people who are seeking and accessing aged care services
- creating a single entry point, with clear eligibility requirements
- including a fair, culturally safe single assessment framework
- supporting the delivery of aged care services
- establishing a new system oversight and accountability arrangements
- increasing provider accountability through a new regulatory model, and
- strengthening the aged care regulator.

Further information about the new rights-based Act is available: health.gov.au/our-work/aged-care-act/about.

Statement of Rights and Statement of Principles

The Act includes the Statement of Rights, which outlines the rights older people have in the aged care system. It also includes the Statement of Principles, which provides guidance for those involved in making decisions, administering and regulating the aged care system. While they are closely related, they serve different purposes.

Further information is in the Rights, Principles and Code of Conduct section below.

Aged care system governance

The Act establishes a framework of leadership and oversight that is designed to ensure transparency, safety, and quality in aged care service delivery. The framework outlines the key roles and entities that are responsible for the coordination, regulation, monitoring, and continuous improvement of aged care services.

Additionally, the independent oversight provided by the Inspector-General of Aged Care—established under separate legislation—reinforces the commitment to safeguarding older Australians through fair and transparent governance.

Chapter 5 provides more information on the responsibilities, powers, and interactions of the governance bodies to help you understand how the aged care system is steered and held to account.

New regulatory model

The Act introduces a new regulatory model that sets out how all aged care providers are required to operate under the Act. Chapter 6 provides additional information on the key features of the new Regulatory Model, including provider registration and obligations, monitoring and enforcement, and complaints and whistle-blower protections.

Chapter 2

Assessment and access to NATSIFACP services

Chapter 2 – Assessment and access to NATSIFACP services

Entry into the aged care system has often been seen as complex, with multiple entry points and varied assessment processes. The Act introduces a streamlined and consistent approach to accessing aged care services, making it easier for older people to find and access the care they need.

The new aged care system also aims to ensure that Aboriginal and/or Torres Strait Islander people can:

- access aged care services in ways that are culturally safe, respectful, and responsive to their unique needs
- receive person-centred care that reflects their values, traditions, and lived experiences.

The reforms have sought to embed culturally appropriate practices into the assessment and access process, including through recognising the importance of community-controlled organisations, supporting flexible models of care, and ensuring assessors are trained in cultural safety and trauma-informed approaches.

The assessment process seeks to be more inclusive, with options for face-to-face engagement, support from trusted community members, and recognition of diverse family and kinship structures.

Single Assessment System

The Single Assessment System is a new approach designed to simplify how older Australians access government-funded aged care services. This reform replaces multiple, often confusing assessment pathways, with one streamlined system, so older people only need to go through one assessment process, even if their care needs change over time. The system aims to reduce wait times and improve access in regional and remote areas, making the experience more consistent and user-friendly.

The system includes three key parts:

- the Integrated Assessment Tool (IAT) that is used to assess eligibility for Government-funded aged care services
- a unified workforce that merges the three previous assessment teams into one
- new Aboriginal and Torres Strait Islander assessment organisations to provide culturally safe and trauma-informed assessments for Aboriginal and/or Torres Strait Islander people.

The process for registering for an aged care needs assessment under the Single Assessment System is described below.

Aboriginal and Torres Strait Islander assessment organisations

Aboriginal and Torres Strait Islander aged care assessment organisations are funded to deliver culturally safe, trauma-aware, and healing-informed assessments that support older Aboriginal and/or Torres Strait Islander people to access aged care services tailored to their needs.

A small number of organisations commenced providing these services from August 2025. Over time, these services will extend their reach and progressively cover more areas across Australia.

A culturally safe assessment process uses approaches such as yarning, face-to-face visits, and community engagement to respect cultural identity and improve the experience for older Aboriginal and/or Torres Strait Islander people.

More information is on the department's website: health.gov.au/our-work/single-assessment-system/needs/first-nations-aged-care-assessments.

Aged care needs assessments

Under the Act, all older people seeking access to funded aged care services need to register with My Aged Care, the entry point to the aged care system.

My Aged Care helps older Australians to access Government-funded aged care services and provides information and support to help people to understand and navigate the aged care system.

The table below outlines the different parts of the process of applying for an aged care needs assessment. More information on aged care needs assessments is available in the health.gov.au/resources/publications/my-aged-care-assessment-manual:

Steps	Description
Individual registers with My Aged Care	The first step in getting an aged care needs assessment is to register with My Aged Care. This requires the older person to contact My Aged Care either online or by phone (1800 200 422) to create a client record. During registration, individuals provide their name, date of birth and contact details, as well as their consent for a profile to be created. If they meet the eligibility requirements for aged care, they will progress to the screening stage. The older person can be assisted with registration or have someone apply on their behalf. This includes, for example, registered supporters, family members, friends, advocates, carers, allied health professionals, registered providers (and their aged care workers) and social workers.

Steps	Description
Screening	Screening helps to determine the individual's eligibility for government-funded aged care services in Australia. It will occur at the same time as registration and requires the older person to answer personal and health-related questions to help identify their care needs and determine their pathway to aged care services. During the screening process, older Aboriginal and/or Torres Strait Islander people can indicate a preference for an assessment with an Aboriginal and Torres Strait Islander assessment organisation if they are deemed eligible.
Referral to an assessment organisation	If the older person is deemed eligible through the above screening questions, they will be referred to an aged care assessment organisation. Eligible older Aboriginal and/or Torres Strait Islander people will be referred to an Aboriginal and Torres Strait Islander assessment organisation if, at the time of screening, the individual indicated a preference and one is locally available. The assessment organisation will need to accept the referral before progressing.
Triage by assessment organisation	Triage is the process of determining the priority of assessment needs for older people. It happens after accepting a referral and before conducting a home support or comprehensive assessment. Triage is done for every accepted referral and generally takes place via a telephone call. A trained triage delegate at the assessment organisation will review the referral and consider the older persons circumstances and referral priority (based on the level of risk and need) and make contact with the older person or their supporter, generally via a phone call. They will: • validate that the older person is eligible for an assessment • determine the assessment pathway • allocate an assessment urgency and a priority. If the Triage Delegate validates the older person's eligibility for assessment, their referral will be allocated to an aged care assessor to undertake an assessment. If unable to validate the older person's eligibility for an assessment, the older person will be notified of this decision in writing within 14 days. The My Aged Care website includes information to help individuals prepare for an assessment: MyAgedCare.gov.au/assessment/prepare-your-assessment.
Aged care needs assessment and Support Plan development	The aged care needs assessment is used to evaluate an older person's care needs and the types of care and services they may be eligible for. Both home support and comprehensive assessments are done by a trained aged care assessor using the Integrated Assessment Tool (IAT). The IAT includes questions that guide conversation across domains such as physical health and function, cognition and psychological state, social engagement, home safety, medical conditions and medications, financial or

Steps	Description
	legal, and support considerations. The IAT also includes validated clinical tools to improve the depth and clinical relevance of the assessment. An overview of the IAT is available at: health.gov.au/resources/publications/integrated-assessment-tool-iat-overview. During the assessment, the assessor will work with the older person to develop a support plan, including their strengths, difficulties, goals, what they would like to achieve and their preferences for services. The assessor will provide the older person with a copy of the support plan. It is important to note there are two types of assessment: • entry level home support services arising from a home support assessment which can be approved by a non-clinical assessor. • comprehensive assessment for all service groups, classification types and classification levels, which must be approved by a Clinical Assessor. Note: Clinical Assessment Delegates can approve entry-level home support services (as non-clinical Assessment Delegates do) if assessment organisations have chosen to allocate home support assessments to Clinical Assessment Delegates. The My Aged Care website includes information to help individuals prepare for an assessment: MyAgedCare.gov.au/assessment/prepare-your-assessment. Support Plans may be reviewed when circumstances change or upon request. Information on Support Plan reviews is on the department's website at: • health.gov.au/resources/publications/when-to-request-a-support-plan-review-from-an-assessor-fact-sheet • health.gov.au/our-work/single-assessment-system/needs/reviews-reassessments#about-reviews. Note: A classification assessment is generally undertaken at the same time as an aged care needs assessment. Classification levels determine the amount of funding allocated to an older person and will only be relevant if the older person chooses to access aged care services outside of the NATSIFACP. Older people will be assigned a classification type for each service group they have been approved for (either ongoing, short-term or hospital transition) and may also be assigned classification levels.
Recommendation to the clinical assessment delegate	Clinical assessment delegates are responsible for reviewing completed aged care assessments and approving (or making necessary corrections to) the recommendations made by an aged care needs assessor. This step ensures that the decision meets the requirements outlined in the Act and provides the correct level and type of care for the older person.
Decision notification	When the clinical assessment delegate has reviewed the recommendations and finalised their decision, the assessment organisation will send a formal Notice of Decision to the older person.

Steps	Description
	The Notice of Decision is the last step in the process before an older person can receive care and support. It confirms the older person's eligibility and approval to access care and provides a comprehensive summary of the approved services, including such detail as the: • approved service groups, types, their classification and priority • reasons for the assessment and evidence that support the decision • rights of review if an individual wishes to dispute a decision. While it does not apply to NATSIFACP clients, the Notice of Decision will also include an approved budget for specific supports financial aspects of support for other forms of funded aged care (including for the Assistive Technology and Home Modifications scheme, short-term restorative support, or end-of-life care).

Eligibility

Under the Act, Aboriginal and/or Torres Strait Islander people who are at least 50 years of age are eligible to apply for an aged care needs assessment.

They must also have need for aged care services due to experiencing difficulty (physical, mental or social) undertaking any daily living activities, or requiring help from another person, or the assistance of one or more aids, to maintain physical, mental or social capacity to function independently.

Priority

Priority is given to older people with the greatest needs. The allocation of a priority category for a referral is done at the triage stage and is based on a client's level of function, their circumstances and needs, the level of risk in relation to the care situation and any other relevant concerns.

Consideration is given for people living in remote or very remote regions and, if applicable, the risk of vulnerability for the below list will be taken into account:

- Aboriginal and/or Torres Strait Islander
- Veteran
- change in family/carer support arrangements
- refugees, asylum seekers or recent migrants without support
- LGBTI+ or other gender diverse individuals
- culturally and linguistically or ethnically diverse individual
- socially isolated individual.

Alternative entry

The alternative entry pathway into the aged care system in Australia allows older people to access care without following the standard route through My Aged Care. This pathway was designed to ensure that those in immediate need receive support before completing the full assessment and approval process, while still maintaining a structured approach to assessment and eligibility determination.

NATSIFACP providers can begin delivering services to eligible older Aboriginal and/or Torres Strait Islander people before they have an aged care needs assessment, if one of the following acceptable circumstances for utilising the alternative entry pathway are met:

- the individual urgently needs access to funded aged care services and there was a significant risk of harm to the individual if those services were not delivered to the individual before the approval was given, or
- the individual is an Aboriginal and/or Torres Strait Islander person and at the time the individual was seeking to access funded aged care services there was a lack of availability of an approved needs assessor to undertake a culturally safe aged care needs assessment for the individual, or
- the individual commenced accessing funded aged care services under a specialist aged care program before the approval was given and at the time the individual was seeking to access funded aged care services there was a significant delay in the availability of an approved needs assessor to undertake an aged care needs assessment for the individual.[1]

Under the alternative entry pathway, an older person must still apply for an assessment using the standard channels. **Registration for an assessment must occur within 30 days of starting aged care services with a NATSIFACP provider**. NATSIFACP providers can apply for this assessment on behalf of the older person with their consent.

Note: the period for applying for an assessment varies between program types. Alternative entry into NATSIFACP and Multi-Purpose Service (MPS) services allows 30 days from the start of services to apply for an assessment, but CHSP allows for 5 days.[2] The System Governor can also give a written notice providing a longer period for individuals.[3] Alternative entry does not apply to Support at Home.

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1 Section 71 of the *Aged Care Act 2024.*

2 Section 71 of the *Aged Care Act 2024* and rule 71-5 of the Aged Care Rules 2025.

3 Section 71(6) of the *Aged Care Act 2024.*

Initial provider assessment under the alternative entry pathway

If NATSIFACP providers begin delivering services to an older person before an aged care needs assessment has occurred, the provider must conduct an initial assessment to determine the older person's care needs that considers the older persons:

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

The older person should be supported to actively participate in and inform this assessment.

When using the alternative entry pathway NATSIFACP providers must develop a service agreement and a care and services plan within 28 days of the start of services.

While waiting for an aged care needs assessment, the services that providers deliver should meet the needs identified during this initial assessment as long as the services:

- are within the bounds of the type of care the provider can deliver
- are within a registration category the provider is registered to deliver
- are reasonably likely to be approved following that individual's aged care needs assessment.

If an assessment determines that the care needs of the individual exceed the type of care that can be delivered through the service, or that the individual's characteristics are such that staff of the service provider may be at risk if the individual was admitted, the service provider should work with the individual to ensure continuity of care and referral to a more appropriate type and level of service.

The decision-making process should still be recorded even where:

- an individual is assessed as ineligible for care at a service
- there are not available places at the service
- if it is determined that the care needs of the individual exceed the type of care that can be delivered through the service.

Registering a supporter

If an older person wants or needs help making decisions, they can elect to have one or more registered supporters of their choosing. Supporters must be registered with My

Aged Care with the consent of the older person. When registered, they can help an older person to make and communicate their decisions, will and preferences throughout their aged care journey.

Registered supporters are trusted by the older person to request, access and receive information about the older person they support. They may also hold guardianship powers, enduring power of attorney or similar. These people are appointed decision makers for the older person and can make decisions on behalf of the older person under state or territory arrangements. An appointed decision maker can only make decisions on the older person's behalf in line with their active, legal authority.

Registered supporters do not:

- have decision-making authority for the older person; their role is to support the older person to make their own decisions.
- prevent an older person from doing something they can do themselves. Older people can continue to request, receive and communicate information and make decisions.

There is no requirement to have a registered supporter even where an appointed decision-maker is in place under a state and territory arrangement. The absence of a registered supporter or appointed decision-maker in an older person's life is no grounds for exclusion from access to, or receipt of, aged care services or the older person's involvement in their own decision-making for aged care matters.

More information on registered supporters is available on the department's website: health.gov.au/our-work/aged-care-act/about/registered-supporters-in-aged-care

Support for older people seeking aged care services

The Australian Government funds a range of programs that support vulnerable older people to navigate the complexities of the aged care system and access aged care services, including:

- Elder Care Support Program – assistance for older Aboriginal and/or Torres Strait Islander people and their families, friends and carers to understand, access and select funded aged care services, including in regional and remote areas. For more information visit health.gov.au/our-work/elder-care-support
- Care finder program – support for vulnerable older people who require intensive support to interact with My Aged Care and connect them to other relevant supports in the community. Contact information for services in each region is on the My Aged Care website MyAgedCare.gov.au/help-care-finder
- Older Persons Advocacy Network (OPAN) provides free, confidential, and independent information and support to older people receiving government-funded

aged care. Clients can contact the Aged Care Advocacy Line 1800 700 600 or visit opan.org.au.

Interactions with other aged care programs

While a participant receives services under NATSIFACP, it may be possible for them to also receive services and supports through other programs and schemes.

The Act and its Rules govern how the NATSIFACP program interacts with other programs. As providers of services under the program, providers must comply with these laws.

Support at Home

In general, in-home care services must not be provided to individuals who are receiving other similar government-subsidised services. However, individuals may access both the NATSIFACP and Support at Home at the same time, provided the services accessed under the programs are different. For example, a participant could access personal care via the NATSIFACP and gardening through Support at Home.

Assistive Technology and Home Modifications (AT-HM) Scheme

Providers may be aware of the Assistive Technology and Home Modifications (AT-HM) scheme. This is a short-term pathway specifically accessed through registered Support at Home providers, under which separate funds are made available to support older people with the assistive technology and home modifications. The AT-HM scheme applies priority categories and funding tiers (with a price cap) to an individual's assessment, and funding must generally be expended within a twelve-month period. These categories, funding tiers and time limits do not apply to NATSIFACP providers or clients.

Older people receiving aged care through the NATSIFACP may only access the AT-HM scheme if they have a Support at Home approval. In these instances, services should not be duplicative. For example, if an older person receives assistive technology through their NATSIFACP provider, they should not also have an AT funding tier from the AT-HM scheme.

Further information on the AT-HM Scheme for providers delivering Support at Home can be found at health.gov.au/our-work/support-at-home/delivering-services-for-support-at-home/assistive-technology-and-home-modifications-at-hm-scheme.

For information on provision of AT-HM items to clients through the NATSIFACP, please see section below on Assistive Technology and Home Modifications.

Chapter 3

Registered providers, workers and responsible persons

Chapter 3 – Registered providers, workers and responsible persons

Registered providers

Provider registration

Under the Act, all providers intending to deliver Commonwealth funded aged care services need to be registered by the Aged Care Quality and Safety Commission (the Commission). This includes NATSIFACP providers.

Registered providers are entities that deliver aged care services to older people in their own home, in community settings or to older people who can no longer live at home.

Providers of Commonwealth funded aged care services (including NATSIFACP providers) must be registered at the provider level, under one or more of six registration categories.

Registration categories group together service types of similar complexity and risk. Service types are grouped this way to facilitate the management of rules and responsibilities for providers delivering the same types of service.

Universal provider registration under the new regulatory model means that providers only need a single registration to deliver services across all aged care programs, such as home care and residential care. Providers that deliver multiple programs only need to register once, in multiple registration categories to cover all the services they offer.

Registration for NATSIFACP providers

NATSIFACP providers that had a grant funding agreement in place at 1 November 2025 were automatically deemed as registered into:

- categories 1, 2, 3, 4 and 5 if they had places allocated to provide home care services and/or
- category 6 if they have places allocated to provide residential services.

After 1 November 2025, organisations seeking to become NATSIFACP providers will need to apply to the Commission for registration into the relevant categories. For more information on how to become a registered provider, please visit https://www.agedcarequality.gov.au/providers/provider-registration/becoming-registered-provider.

Vary a registration for NATSIFACP providers

NATSIFACP providers can apply to change their registration, including adding or removing registration categories, residential care homes, or conditions of registration. The Commission assesses requests based on the provider's circumstances, ongoing compliance and any risks to care recipients. The Commission may also vary, suspend or revoke a registration to protect older people or ensure compliance with the Act.

When considering the removal of a registration category, the potential impact on community access to services should be assessed, particularly in communities with no alternate providers. Once a category is removed, the provider will no longer be authorised to deliver services in that category. This may affect existing clients, reduce future service delivery opportunities, and limit the organisation's ability to respond to changing service and community needs.

The Aged Care Quality and Safety Commission will also consider the impact on older people receiving care and any associated risks before approving the removal of a registration category. For more information on how to vary a registration, please visit:

Vary a registration | Aged Care Quality and Safety Commission

Renewal of registration

The Commission registers providers for a fixed term. The duration of each registration period is determined during the registration process; it is not the same for all providers.

Registered providers will be invited by the Commission to renew their registration before their registration period ends. Once invited, registered providers will need to apply to the Commission to renew their registration.

The Commission will consider multiple factors in their decision to renew a provider's registration, including, for example, compliance with relevant laws, previous experience and performance in delivering funded aged care services, audits against the strengthened Aged Care Quality Standards (if they apply to the provider registration category), and any non-conformance issues.

Information on renewing registration is available through the Commission registration resources page at agedcarequality.gov.au/providers/provider-registration/renew-registration.

Approval of residential care homes

Residential care homes need to be approved by the Commission.

Existing NATSIFACP residential providers that had a current grant funding agreement at 1 November 2025 had their residential care homes automatically approved so they could continue to provide services after 1 November 2025.

New NATSIFACP providers applying to register in the residential care category will also need to apply to have their residential care home/s approved by the Commission.

Service delivery branches

A service delivery branch is the site or place of business from which NATSIFACP providers will deliver funded aged care services. Each branch is part of the provider's overall organisation and registration but is recognised separately for regulatory and operational purposes.

Providers must notify the department of any new, changed, merging or closing service delivery branches, or a decision not to open, merge or close a branch. Rules 166-910 to 166-930 of the Aged Care Rules 2025 outline the required timeframes for notifying the department of these occurrences. All notifications must be retained by the provider for 7 years.

Services delivered

Provider registration categories, service groups and types

Under the Act, Commonwealth funded aged care services are grouped as follows:

- service group – the overarching categories under which aged care services are grouped. The service groups are home support, assistive technology, home modifications and residential care
- service type – sub-categories under each service group
- services – the specific aged care services that can be delivered under each service type.

The following table outlines the service types under each service group, and which category of registered provider can deliver these service types. The specific services that can be delivered under these service types, and a description of these services can be found in the Residential Care Service List and the Home Care Service List (NATSIFACP providers use the same list as the Support at Home providers).

Provider registration category	Service group	Service types
Category 1 Home and community services	Home support	• Domestic assistance • Home maintenance and repairs • Meals • Transport
Category 2 Assistive technology and home modifications	Assistive technology	• Equipment and products • Home adjustments
Category 3 Advisory and support services	Home support	• Hoarding and squalor assistance • Social support and community engagement
Category 4 Personal care and care support in the home or community (including respite)	Home support	• Allied health and other therapy • Personal care • Nutrition • Therapeutic services for independent living • Home or community general respite • Community cottage respite • Care management • Restorative care management

Provider registration category	Service group	Service types
Category 5 Nursing and transition care	Home support	• Nursing care • Assistance with transition care
Category 6 Residential care (including respite)	Residential care	• Residential accommodation • Residential everyday living • Residential services • Residential clinical care

More information on registration categories is on the department's website: https://www.health.gov.au/news/understanding-aged-care-provider-registration-categories.

Obligations of registered providers

Under the Act, all registered aged care providers must meet a set of universal conditions of registration designed to ensure safe, high-quality, and accountable care, including:

- operating within the Aged Care Code of Conduct
- adhering to the Statement of Rights and the Statement of Principles
- meeting care planning and discharge obligations
- ensuring workforce and worker screening requirements are met
- maintaining complaints and whistleblower mechanisms
- protecting personal information
- a commitment to continuous improvement towards the delivery of high-quality care.

Other conditions apply to providers registered in a specific registration categories.

Vaccinations

Registered providers registered in the provider registration category 'residential care' must provide access to the following vaccinations:

- influenza
- COVID-19
- pneumococcal
- shingles.[4]

These vaccinations must be provided for free, and in accordance with the Australian Immunisation Handbook, to:

4 Section 153(1)(a) and 153(2) of the Act and Rules 153-5, 153-10 and 153-15 of the Aged Care Rules 2025.

- individuals to whom the provider is delivering funded aged care services
- aged care workers of the provider who access, or are reasonably likely to access, any premises where the delivery of funded aged care services occurs.

Providers must promote the benefits of vaccination for individuals and service staff.

Statement of Rights

The Statement of Rights is a key part of the new rights-based framework for aged care, replacing the Charter of Aged Care Rights from 1 November 2025. It explains the legal rights that older people have when accessing funded aged care services and is designed to ensure that aged care is person-centred, respectful, and empowering. Providers must make sure older people are informed of their rights under the Statement of Rights.

The Statement of Rights gives older people the right to:

- make decisions about their own lives
- have their decisions not just accepted, but respected
- get information and support to help them make decisions
- communicate their wishes, needs and preferences
- feel safe and respected
- have their culture and identity respected
- stay connected to community, Country and Island Home.

For older Aboriginal and/or Torres Strait Islander people, it embeds the right to access culturally safe, trauma aware and healing informed assessments and aged care services, and stay connected to family, community, Country and Island Home.

It is a requirement under the Act that all NATSIFACP providers take reasonable steps to act compatibly with the rights when delivering aged care services.[5] Learn more and read the Statement of Rights on the department's website.

Further information, including a plain language Fact Sheet is available on the Aged Care Quality and Safety Commission website: AgedCareQuality.gov.au/older-australians/reform-changes-older-people/statement-rights.

Statement of Principles

The Statement of Principles provides guidance on how the aged care system should operate, and will be used to guide the decisions, actions and behaviours of anyone performing functions or exercising powers under the Act.

The Statement of Principles aims to ensure that the aged care system:

- is person-centred, and respects individual preferences and entitlements

5 Section 23 of the *Aged Care Act 2024*.

- values and empowers workers and carers
- remains transparent, sustainable and represents value for money, and
- continues to improve.

More information about the Statement of Principles is on the department's website: health.gov.au/resources/publications/guide-to-aged-care-law/chapter-1-introduction/statement-of-principles.

Aged Care Code of Conduct[6]

The Act incorporates an Aged Care Code of Conduct (Code of Conduct) that all NATSIFACP providers, their responsible persons and aged care workers (including volunteers) must adhere to when delivering aged care services. It describes how providers must behave and how they should treat older people receiving funded aged care services.

The Code of Conduct:

- supports a person's right to personal choice, dignity and respect
- promotes kind, honest and respectful behaviour
- keeps people receiving care from harm.

The Commission monitors and enforces compliance with the Code of Conduct. Where a provider, responsible person or aged care worker fails to comply with the Code of Conduct, they may be subject to enforcement action by the Commission.

The Code of Conduct is available to view on the department's website: health.gov.au/resources/publications/guide-to-aged-care-law/chapter-1-introduction/aged-care-code-of-conduct.

Care planning and discharge obligations

Providers play a vital role in care planning, ensuring that on admission to services each resident is aware of their rights to high-quality, person-centred care, and that their needs, preferences, and goals are consistently identified, documented, and addressed through development of both a service agreement and a care and services plan.

Provision of information to individuals on admission

The following table outlines the information NATSIFACP providers must provide to individuals *before or when they start to receive services*.

Information	Requirement
Statement of Rights	The older person has been:

6 Rules 14-1 to 14-10 of the Aged Care Rules 2025.

Information	Requirement
	• provided with information on their rights under the Statement of Rights and a copy of the Statement of Rights • assisted to understand the Statement of Rights.
Complaints and feedback	The older person has been provided with and assisted to understand information on: • how to make a complaint or give feedback to the provider • what the person can expect from the feedback and complaints management process. • how feedback or a complaint can be made to the Complaints Commissioner
Code of conduct	The older person has been: • provided with a copy of the Aged Care Code of Conduct • assisted to understand the Aged Care Code of Conduct.
Protection of personal information	The older person has been: • given an explanation that their personal information will be protected and only used in the ways authorised under the Act • assisted to understand the information provided.
Ceasing services	The older person has been: • given information about the circumstances in which the provider may cease services • given an explanation of the provider's requirement to provide notice when intending to cease delivery of funded aged care services • assisted to understand the information provided.

Explaining the Statement of Rights

Older people should be aware of, understand and be empowered to exercise their rights under the Statement of Rights. NATSIFACP providers have a responsibility to provide individuals with a copy of the Statement of Rights before or when services commence, and to support individuals to understand the Statement of Rights.

Providers must give individuals a copy of the Statement of Rights signed by the provider and ensure that the individual or their authorised person has been given a reasonable opportunity to sign a copy of the Statement of Rights.

The Statement of Rights toolkit provides information for organisations to inform older people, their families and carers about the Statement of Rights under the Act. The

toolkit which includes links to the Statement of Rights is available at health.gov.au/resources/publications/stakeholder-communications-toolkit-on-the-statement-of-rights.

Service Agreements

It is a condition of registration that a provider has a service agreement in place for each individual accessing funded aged care services. The service agreement is a legal contract between a provider and an individual that sets out the terms and conditions by which a provider will deliver services.

The service agreement outlines the rights and responsibilities of each party and lists the services that will be provided to the individual under the provider's registration classification.

The service provider and individual must enter into a service agreement before services can be delivered. This should happen on or before the individual's start day.

If the individual has started services under the alternative entry pathway, the NATSIFACP provider has 28 days from the start of services to enter into both a service agreement and a care and services plan.

For more information about the requirements for Service Agreements, please refer to the Aged Care Rules 2025 at https://www.legislation.gov.au/F2025L01173/latest/text. [7]

Care and services plans

Care and services plans are a key resource that document an individual's care needs, goals and preferences.

Care and services plans guide the provision of care to ensure that the provider and aged care staff:

- meet the documented care needs, goals, and preferences
- optimise quality of life, reablement and maintenance of function, and
- receive culturally safe, trauma aware and healing informed care.

Care and services plans are person-centred and are used to formalise an individual's choice and control over their services, unlike service agreements, which focus on terms and conditions of service and the rights and responsibilities of both parties.

The care and services plan is a living document that will change in line with the individual's needs, goals, preferences and situation. It must be provided to the individual when it is developed, any time it is updated and if the individual asks for it.

7 Rule 148-70 of the Aged Care Rules 2025.

Providers must work with in collaboration with the individual, their registered supporters and other persons involved in their care to develop a care and services plan. It must be informed by the Notice of Decision and Support Plan generated during the aged care needs assessment, and done:

- on or before the individual's start day, or
- if the individual has started services under the alternative entry pathway, within 28 days after services commence.

Please view the Commission's Care and Services Fact Sheet for detailed information: AgedCareQuality.gov.au/sites/default/files/media/standard-3-care-and-services-provider-fact-sheet.pdf.

Individual discharge from the service

Security of tenure

All NATSIFACP care recipients are entitled to security of tenure. NATSIFACP residential providers may only ask an individual to leave a residential care home in certain circumstances that are outlined on the Department's website. Circumstances under which an individual may be asked to leave a residential home must be outlined in their service agreement.

NATSIFACP providers must ensure that alternative accommodation is available with another registered aged care provider before asking an individual to leave the home. This accommodation must be affordable for the individual and meet their assessed needs.

Ceasing delivery of services to an individual

When an individual first commences with a service, the service provider should explain that they 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.

A registered provider must not cease the delivery of NATSIFACP services to an individual unless:[8]

- the individual cannot be cared for in the home or community with the resources available to the provider; or
- the individual's condition changes to the extent that:
  - the individual no longer needs the funded aged care services delivered by the provider; or
  - the individual's needs, as assessed by an approved needs assessor, can be more appropriately met by other types of funded aged care services; or
- the individual has:
  - intentionally caused serious injury to an aged care worker of the provider; or
  - intentionally infringed the right of an aged care worker of the provider to work in a safe environment; or
- the individual:
  - has not paid to the provider, for a reason within the individual's control, any fee or contribution specified in the service agreement between the individual and the provider; and
  - has not negotiated an alternative arrangement with the provider for payment of the fee or contribution; and
  - if the individual is accessing the services other than under a specialist aged care program—has no application for the fee reduction supplement in place; or
- the individual notifies the provider, in writing, that they wish to move to a location where funded aged care services are not delivered by the provider; or
- the individual notifies the provider, in writing, that the individual no longer wishes to receive funded aged care services from the provider.

Notification of ceasing services for individuals

If a NATSIFACP provider intends to stop delivering services to an individual, they must provide written notice to the individual at least 14 days before services stop.

This written notice must include:

8 Rule 149-35 of the Aged Care Rules 2025.

- the decision to stop services and the reason for this decision
- the date services will stop (or the date they are to leave the residential home)
- the individual's rights, including
    - the provider's complaints and feedback management system
    - any other mechanisms available to address complaints
    - independent aged care advocates
- a copy of the individual's continuity of care plan (if continuing services elsewhere)[9].

If services are being stopped because of an individual's behaviour, but after notification of cessation, that behaviour has improved to a point where the provider agrees that services can continue, the provider must also give the individual written notice that services will continue.

Security of tenure – movement of individuals

A registered provider must not move an individual from one room (or part of a room) to another unless one of the following applies[10]:

- the resident asks to move
- the resident agrees to the move after being properly consulted and without any pressure
- the move is needed for medical reasons, and this has been confirmed by:
    - an approved assessor, or
    - at least two qualified medical or other health practitioners
- the resident is in a specialist dementia care program, and the clinical advisory committee decides the current room is no longer suitable
- repairs or improvements need to be done to the room, and the resident has the right to return once the work is finished (if it still exists)
- there's an emergency, such as:
    - a serious medical situation (like a disease outbreak, pandemic or epidemic)
    - a safety threat (like a fire or flood)
    - the individual has been repeatedly violent towards or in close proximity to another person in the same room.

Continuity of care plan (residential)

For individuals moving out of a residential care home and into another, a continuity of care plan also needs to be developed.[11]

This plan must include:

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9 Rule 149-45 of the Aged Care Rules 2025.

10 Rule 149-70 of the Aged Care Rules 2025.

11 Rule 149-75 of the Aged Care Rules 2025.

- details of any suitable alternative accommodation that is available with alternative registered providers
- the steps the NATSIFACP provider has taken to ensure that any alternative accommodation meets the individual's needs
- how records that will ensure continuity of care will be transferred to the alternative registered provider, if required
- the intended start date (if any) with the suitable alternative registered provider
- if the individual does not intend to continue accessing funded aged care services with an alternative registered provider, the reason for this
- the way in which the registered provider proposes to help the individual move (with their personal possessions)
- the measures the registered provider proposes to take to refund any fees or contributions to the individual as required by the Act.[12]

Transferring records

If a registered provider (the outgoing provider) ceases to deliver services to an individual and another registered provider (the incoming provider) starts service delivery to that person, the incoming provider may request the outgoing provider to give records relating to the individual that are necessary to ensure continuity of care.

If requested, original or copies of the records must be provided within 28 days of the request from the incoming provider. If the outgoing provider is required to keep records under section 7 of the *Records Principles 2014* or under rule 154-1000 of the Aged Care Rules 2025 concerning continuity of care, these must be provided to the incoming provider.[13]

12 Section 286(4) of the *Aged Care Act 2024*.

13 Rule 149-80 of the Aged Care Rules 2025.

Protection of personal information

It is a condition of registration that a registered provider must take measures to safeguard individuals' personal data. This includes:

- using personal information only for purposes related to the delivery of funded aged care services or for a purpose for which it was given to the registered provider
- not disclosing it without consent (except under specific legal or service-related circumstances)
- implementing reasonable security measures to prevent loss or misuse.[14]

This requirement is further supported by the Statement of Rights, the Aged Care Code of Conduct and the Strengthened Quality Standards.

A video about privacy and confidentiality is available on the Commission's website: agedcarequality.gov.au/quality-standards/privacy-and-confidentiality-introduction-aged-care-video.

Continuous Improvement

All registered providers must demonstrate capability and commitment to continuous improvement towards the delivery of high-quality care.[15] See continuous improvement later in this program manual.

Preventing damage to property

All NATSIFACP providers must take reasonable steps to prevent damage to an individual's property when delivering funded aged care services to an older person.[16]

Risk management

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.

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14 Section 168 of the *Aged Care Act 2024*.

15 Section 147 of the *Aged Care Act 2024* and rule 147-5 of the Aged Care Rules 2025.

16 Rule 148-15 of the Aged Care Rules 2025.

Provider obligations dependent on registration category

The conditions or obligations outlined in this section apply to providers registered in specific registration categories.

Strengthened Aged Care Quality Standards

The Act establishes a framework that links the strengthened Aged Care Quality Standards to the regulation of a registered provider. The strengthened Aged Care Quality Standards apply to providers in registration categories 4, 5 and 6, with some standards only applying to a particular registration category or service.

The strengthened Quality Standards explain what safe quality care should look like and support providers to deliver the funded aged care services that older people need and expect. The diagram below outlines the 7 strengthened Quality Standards.

Standard 1 is relevant to all standards and underpins the expectations for all other strengthened Quality Standards by requiring providers and aged care workers to deliver person-centred care. Providers must meet the strengthened Quality Standards that apply to their registration category and the services they deliver. The Commission will monitor and regulate providers by auditing their ability to comply with all legislative provider obligations, including the requirements of the strengthened Quality Standards.

The table below outlines the provider registration categories that the Code of Conduct (described above) and certain strengthened Quality Standards will apply to.

Provider category	Code of conduct	Strengthened Aged Care Quality Standards
Home and community services	✓	✗
Assistive technology and home modifications	✓	✗
Advisory and support services	✓	✗
Personal care and care support in the home or community (including respite)	✓	Standards 1 – 5 (5.1) (Applies to care management and restorative care management)
Nursing and transition care	✓	Standards 1 to 5
Residential care (including respite)	✓	Standards 1 to 7 (all)

The Commission has developed a suite of guidance and training resources for providers on the strengthened Quality Standards. These can be found on the Commission's website at AgedCareQuality.gov.au/providers/quality-standards/strengthened-quality-standards.

24/7 registered nurse requirement

Providers of residential aged care are required to have at least one registered nurse (RN) on site and on duty 24 hours a day, 7 days a week at each residential facility they operate. 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

To be eligible for an exemption from the 24/7 registered nurse requirement, a NATSIFACP residential aged care facility must have fewer than 30 operational beds and be located in a Modified Monash Model (MMM) 5, 6 or 7 area. Eligible facilities may be exempt from the requirement if the approved provider takes reasonable steps to ensure residents' clinical care needs will be met during the exemption period.

Providers seeking an exemption must be able to demonstrate how residents' clinical care needs will continue to be met when an RN is not on site or on duty. This may include documented arrangements for monitoring residents, managing clinical risks,

escalating concerns, accessing on-call clinical advice and responding to emergencies. Staff should understand these arrangements and providers should review them regularly as part of their clinical governance processes. Please see 24/7 RN Exemption Application for NATSIFACP Providers FAQs | Australian Government Department of Health, Disability and Ageing for additional information.

Funding support to meet nursing requirements

The Australian Government provides extra funding to all residential aged care services to ensure they have an appropriate mix of RNs, enrolled nurses (ENs) and personal care workers (PCWs) to meet their care minute responsibilities.

The NATSIFACP funding model includes funding to cover these direct care costs, including the wages for these RN, EN and PCWs. Care minute funding has been incorporated into the quarterly payments in NATSIFACP grant funding agreements since January 2023 to enable residential aged care services to meet their reporting requirements.

Care minutes

Care minutes refers to the time that older Australians who live in government-funded residential aged care services receive care from RNs, ENs and PCWs.

NATSIFACP providers must ensure that they deliver at least 215 minutes of care per resident per day, including a minimum of 44 minutes of RN and EN time per day (which must consist of at least 39.6 minutes of RN time).[17]

Note: care minutes do not include the worked hours of allied health staff, however, there are a range of services that aged care providers must 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.

How to report care minutes data

NATSIFACP services report care minutes data via the 'Labour hours and costs' and 'Occupied beds' tabs in the Service Activity Report (SAR). Data collected to calculate care minutes includes:

- 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

17 Rule 176-35 of the Aged Care Rules 2025.

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

Continuous improvement

All registered providers must demonstrate capability and commitment to continuous improvement towards the delivery of high-quality care.18 Continuous improvement is a systematic, ongoing effort to improve care and services that:

- considers the needs of people receiving aged care and may involve them in improvement activities
- is part of a quality system that assesses how well a provider's systems are working and the standard of care and services achieved
- focuses on outputs and outcomes.

As a condition of registration, registered providers in registration categories 4–6 (personal and care support in the home or community, nursing and transition care, and residential care) must also have a plan for continuous improvement (PCI).

In addition to being a regulatory obligation, continuous improvement can help providers to identify changes needed in care and service, improve care and services for older people, improve stakeholder input and ownership, improve the systems used to monitor and track changes, and support sustainable results.

To learn more about the elements, benefits and cycle of effective continuous improvement please visit the department's website at: Quality improvement guidance for aged care providers. Note: this reference refers to the Star Ratings which do not apply to NATSIFACP, however the content remains relevant.

Incident management

Incidents are acts, omissions, events or circumstances that occur, are alleged to have occurred, or are suspected of having occurred, in connection with the delivery of funded aged care services to an individual by a registered provider. An incident either caused harm or could have caused harm to an individual or another person.

Under the Act, providers need to manage incidents and take reasonable steps to prevent incidents with a focus on the safety, health and wellbeing of individuals. Incident management responsibilities apply to all registered providers in the following registration categories:

- home and community services
- advisory and support services
- personal and care support in the home or community
- nursing and transition care
- residential care.

What is incident management?

Incident management consists of several activities, including:

- Implementing and maintaining an incident management system
- Managing and taking reasonable steps to prevent incidents
- Training staff on incident management processes
- Reporting reportable incidents to the Commissioner.

Incident management systems

Registered providers must have in place and maintain an effective incident management system (IMS) that help with responding to incidents and taking steps to ensure they don't happen again.

An IMS is set of protocols, processes and standard operating procedures that staff are trained in and expected to use when documenting, reporting and responding to incidents.

Providers in the above registration categories must use an incident management system for the purpose of:

- promoting the safety, health, wellbeing and quality of life of individuals in their care by:
  - detecting, addressing and remediating incidents
  - preventing incidents
  - ensuring the provider's incident management system facilitates the open disclosure and resolution of incidents between individuals and the provider
  - promoting continuous improvement of the providers:
  - management and prevention of incidents, and
  - delivery of funded aged care services.

Further details about the requirements for IMS is available at: agedcarequality.gov.au/providers/serious-incident-response-scheme/incident-management-systems.

Serious Incident Response Scheme

The Serious Incident Response Scheme (SIRS) aims to reduce abuse and neglect of older people receiving government funded aged care services. They scheme focuses on older people's safety, health, wellbeing and quality of life.

SIRS establishes responsibilities for all providers of residential aged care and home services, to identify, manage, and resolve incidents that happen during the delivery of care and services, and to prevent future incidents.

There are three major components of the SIRS that must be implemented by aged care providers in home and community settings. These are:

- **incident management obligations** – providers must have effective systems and practices in place for preventing and managing all incidents. This includes using an Incident Management System (IMS) to record, manage and respond to incidents that occur
- **continuous improvement** – providers must use data from their IMS to analyse incidents and implement actions that both prevent future incidents and drive quality improvement in their service
- **serious incident reporting and response** – providers must notify the Commission of any reportable incidents, report to police where there are reasonable grounds to do so and manage incidents through their IMS.

The Commission website provides further information and guidance for providers on the above components, as well as information on:

- **reportable incidents** – service providers must learn the different types of reportable incidents in residential and home services, and the differences between Priority 1 and Priority 2 incidents, what needs to be reported and the timeframes for doing so
- reporting requirements, forms and processes
- **roles and responsibilities** for managers and workers under the SIRS
- **protections** that must be provided for persons who make disclosures about reportable incidents.

The reportable incident priority levels and reporting timeframes are summarised in Table 1.

Table 1: Reportable incident priorities and reporting timeframes

Requirement	What it means	Reporting timeframe
Priority 1 reportable incident	A reportable incident that has caused physical or psychological injury or discomfort requiring medical or	Must be reported to the Commissioner within 24 hours of the provider becoming aware of

	psychological treatment, gives reasonable grounds to report the incident to police, involves unlawful sexual contact or inappropriate sexual conduct, unexpected death, or unexplained absence.	the incident. Further information is usually required within 5 days.
Priority 2 reportable incident	A reportable incident that does not meet the Priority 1 threshold but still must be notified to the Commissioner.	Must be reported to the Commissioner within 30 days of the provider becoming aware of the incident.
Significant new information	New information that becomes available after the provider has already notified the Commissioner about a reportable incident and that may affect how the incident is understood, managed or responded to.	Must be notified to the Commissioner as soon as reasonably practicable after the provider becomes aware of the information.
Final report	A final report may be required if the Commissioner requests specified information about the reportable incident.	If required, must be provided within 84 days of the first notice, or another period specified by the Commissioner.

Providers with questions about SIRS can contact the Commission by:

- calling 1800 081 549
- emailing sirs@agedcarequality.gov.au.

Missing consumers

Service providers should have clear internal protocols for managing non-responses from individuals, including risk assessment and appropriate follow-up actions, especially for consumers identified as high-risk.

The SIRS provides a definition and guidance for scenarios involving missing consumers: AgedCareQuality.gov.au/providers/serious-incident-response-scheme/reportable-incidents/missing-consumers

Meal services

NATSIFACP providers that deliver meal services in the community must ensure that their meals are nutritious and appetising and have regard to the older person's abilities and preferences.[18]

Meals need to be assessed by an accredited dietician, at least annually, to ensure that the meals are:

- nutritious and appetising
- appropriate to the needs of individuals, including those with specialised dietary needs (including medical, cultural or religious preferences)
- reflect contemporary and evidence-based practice.

Providers must also implement a quality assurance framework to continuously improve their meals and refreshments, considering individual satisfaction with meals, and assessments done by accredited practicing dieticians.

Food and nutrition requirements for residential aged care providers are covered under the Strengthened Aged Care Quality Standards, Standard 6 – Food and Nutrition: health.gov.au/resources/publications/strengthened-aged-care-quality-standards-august-2025.

Personal protective equipment, infection prevention and control

NATSIFACP providers in registration categories home and community services, assistive technology and home modifications or advisory and support services must:

- ensure that personal protective equipment (PPE) is available to individuals, aged care workers, or anyone else who might need this equipment
- support these people to correctly use PPE equipment[19]
- have an appropriate infection prevention and control system in place

18 Rule 148-20 of the Aged Care Rules 2025.

19 Rule 148-30 of the Aged Care Rules 2025

- ensure that their aged care workers use appropriate infection prevention and control procedures when delivering services.

PPE, infection prevention and control requirements for residential aged care providers are covered under the Strengthened Aged Care Quality Standards, Standard 4 – The Environment: health.gov.au/resources/publications/strengthened-aged-care-quality-standards-august-2025.

Restrictive practices in residential care homes

A restrictive practice is any action that restricts the rights or freedom of movement of an individual. Restrictive practices are used in residential care, primarily to influence an individual's behaviour.

Restrictive practices must only be used:

- as a last resort
- in the least restrictive form
- for the shortest period of time necessary to prevent harm to the individual or other people
- after careful consideration of the impacts on the individual.[20]

Other than in an emergency situation when certain requirements do not apply for the duration of that emergency, informed consent must be given by the individual or their appointed restrictive practice substitute decision-maker (RPSDM) to the use of the restrictive practice, how it will be used (including duration, frequency, and intended outcome), before the restrictive practice is used.

Please visit the department's website for further information about the use of restrictive practices in aged care, including:

- the five types of restrictive practices
- minimising the inappropriate use of restrictive practices
- additional requirements for use of restrictive practices in emergency situations
- provider responsibilities, including use of alternative strategies, least restrictive forms, rights and responsibilities of individuals, monitoring and review, and the inclusion of a behaviour support plan in the individual's Care and Services Plan
- requirements for informed consent and the hierarchy of consent (in use until 1 December 2026)
- medical practitioner responsibilities, and
- a range of resources.

20 Rule 162-15 of the Aged Care Rules 2025.

The Commission also provides information to support registered providers to meet the requirements around restrictive practices: AgedCareQuality.gov.au.

Behaviour support plans

Residential aged care providers are required to include a behaviour support plan (BSP) for each individual who requires, or may require, behaviour support as part of their care. A behaviour support plan must be included in the care and services plan for the individual.

Behaviour support plans are used to reduce and potentially eliminate the use of restrictive practices in aged care. They enable providers to reference information about the consumer to improve their care provision and quality of life and ensure that restrictive practices are used as a last resort.

Please visit the Commission Behaviour Support Plan Fact Sheet for further information on:

- developing, consulting and reviewing BSPs
- requirements for BSPs, including when:
    - restrictive practices are assessed as necessary
    - restrictive practices are used
    - an ongoing need for restrictive practices is indicated.

Assistive technology and/or home modifications

This section applies to aged care providers registered in Category 2, which covers Assistive Technology and Home Modifications (AT-HM) and is designed to support older people to live at home and within their community with increased independence, safety, accessibility and wellbeing.

Assistive technology (AT) refers to products, equipment, and systems that support older people to perform daily activities and improve safety in their home or care environment. Examples include mobility equipment such as walking sticks and wheelchairs, bathing equipment such as shower chairs and non-slip mats, cognitive supports and daily activity supports.

Items that are not included are:

- Everyday household appliances such as dishwashers
- Assessment or therapy tools used by a therapist
- Products that are more appropriately funded through an alternative national or state-based program (such as CPAP machines).

Home modifications (HM) refer to physical changes to a person's home environment to improve safety, accessibility, and independence, and are designed to help older people remain living safely in their own homes for longer. Home modifications can

include changes like installing internal and external handrails, ramps and stair lifts, redesigning a bathroom or widening a doorway to allow for wheelchair access.

Items that are not included are:

- General renovations to a home or dwelling
- Restorations or repairs that are considered normal maintenance of a home or dwelling
- Changes to a home layout that do not relate to a participant's support needs.

AT-HM requirements for NATSIFACP providers

Individuals receiving aged care services through a registered NATSIFACP aged care provider can be provided with AT-HM items if they have an assessed need.

There is no funding cap for AT-HM items for NATSIFACP clients, however providers must ensure that funding is available within their quarterly allocation as there is no additional funding source for AT-HM purchases under NATSIFACP.

When utilising NATSIFACP funding for AT-HM, providers must:

1) be registered in Category 2: Assistive Technology and Home Modifications
2) seek Departmental approval for items over $10,000. This requirement remains unchanged as it is included in the Terms and Conditions of the Grant Agreement, as opposed to the *Aged Care Act 2024* or *Aged Care Rules 2025*.
3) communicate with any relevant professionals about the participant's needs, where required
4) record the recommendation from the health practitioner in the clients care plan
5) confirm the needs and goals of the participant in relation to identified needs in the support plan, identify the appropriate solution to meet the identified need, and ensure that the equipment is safe and meets the needs of the older person at the time the service is delivered.[21]
6) retain evidence of the AT-HM purchase and any other related documentation
7) record the *number* of clients who received AT and/or HM in the Service Activity Report.

You can find a comprehensive list of products, equipment and home modifications that can be provided to eligible participants at the following link: health.gov.au/resources/publications/assistive-technology-and-home-modifications-list-at-hm-list

21 Rule 148-25 of the Aged Care Rules 2025.

Items that are not included are:

- Everyday household appliances such as dishwashers
- Assessment or therapy tools used by a therapist
- Products that are more appropriately funded through an alternative national or state-based program (such as CPAP machines).

The LiveUp website includes a list of free resources designed to support culturally appropriate assistive technology, independence and wellbeing for Elders, older people and their families. Resources can be found at liveup.org.au/resources/first-nations-resources and a guide to everyday tools is at liveup.org.au/media/MobGuide.pdf.

The Assistive Technology and Home Modifications (AT-HM) scheme

For providers also delivering services through the Support At Home program, please see the section on the AT-HM Scheme above.

Workers, volunteers and responsible persons

Under the Act, an **aged care worker** of a registered provider is someone who is employed or engaged (including as a volunteer) to deliver funded aged care services. It also includes someone who is employed or engaged (including as a volunteer) by a subcontractor (also known as an associated provider).

NATSIFACP providers have a responsibility to ensure all aged care workers and responsible persons have the appropriate skills, knowledge and attributes, receive adequate training with an emphasis on quality care, and are appropriately screened.

This will ensure that aged care workers and responsible persons are trustworthy, have integrity and will respect the privacy and dignity of individuals.

Qualifications of staff

There are a range of service types delivered under NATSIFACP, 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 a condition of registration that aged care workers of a registered provider have appropriate qualifications, skills or experience to provide the funded aged care services that the provider delivers. The service provider should regularly monitor roles and tasks of staff to ensure that all aged care workers are adequately trained, supported and supervised for their role.

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 have appropriate levels of skills, knowledge and training in relation to medication management, administration and duty of care.

Aged care screening requirements

Worker screening requirements remain largely the same for NATSIFACP providers. All aged care workers (including volunteers) who deliver NATSIFACP services and responsible persons of NATSIFACP providers must hold:

- either an NDIS worker screening clearance (also known as an NDIS check or NDIS worker screening check)
- or a police certificate that does not contain certain precluding offences.

NATSIFACP providers that deliver services under other programs are reminded that separate worker screening requirements may apply under those programs.

Aged care worker screening guidance material can be found at

health.gov.au/resources/publications/aged-care-worker-screening-guidance-material.

Volunteers

NATSIFACP providers may use volunteers in the operation of their services. Provider-engaged volunteers are different from the aged care volunteer visitors (see Aged Care Volunteer Visitors Scheme (ACVVS) for more information: health.gov.au/our-work/aged-care-volunteer-visitors-scheme-acvvs).

Under the Act, provider-engaged volunteers must meet the same worker screening requirements as aged care workers. Consequently, a reference to 'aged care worker' or 'workers' in this part of the program manual includes provider-engaged volunteers.

Providers must also ensure that the volunteers they engage have the necessary knowledge, skills and training to undertake the activities they have been engaged.

Learn about your responsibilities regarding volunteers at: health.gov.au/resources/publications/new-aged-care-act-and-volunteering-in-aged-care-what-providers-volunteer-managers-and-volunteers-need-to-know.

Aged care workers

From 1 November 2025, NATSIFACP providers must ensure that all aged care workers (including volunteers) who deliver NATSIFACP services meet one of the following in that they:

- hold a police certificate not older than 3 years that does not show convictions for precluding offences (see police certificates below), or
- hold an NDIS worker screening clearance decision that is in force (not older than 5 years or suspended), or
- are a secondary school student on a formal work experience placement and are directly supervised by a person who does hold a document that meets (a) or (b).

If the worker has applied for a police certificate or an NDIS worker screening clearance and is waiting for it to be provided, they can be engaged if they are appropriately supervised and have signed a statutory declaration that states they have:

- never been convicted of an offence involving the death of a person, and
- never been convicted of, and sentenced to imprisonment for at least one year, for:
    - a sex related offence, including sexual assault (against an adult or a child), child abuse material offences, or an indecent act involving a child, or
    - an offence involving dishonesty.

It is an offence to make a false statement in a statutory declaration.

Responsible Persons

Under the Act, a responsible person is someone who has formal authority or responsibility for managing the operations and day-to-day activities of a registered aged care provider or one of its government-funded aged care services. A responsible person can also be an aged care worker if they are employed or engaged by the NATSIFACP provider, or by an associated provider, to deliver funded aged care services. Owing to their key role in the planning and delivery of aged care services, responsible persons must be assessed for their suitability.

A **responsible person** is defined as:

- any person who is responsible for executive decisions (including members of the governing body)
- any other person who has authority or responsibility for (or significant influence over) planning, directing or controlling the activities of the registered provider
- any person who has responsibility for overall management of the nursing services delivered by the registered provider, and who is a registered nurse
- any person who is responsible for the day-to-day operations of the registered provider.

Suitability matters

The suitability matters that must be considered when assessing an individual responsible person are defined as:

- experience in providing funded aged care services or other similar services

- whether an aged care or NDIS banning order against the individual is or has ever been in force
- whether the individual has been convicted of an indictable office
- whether a civil penalty order has been made against the individual
- whether the individual is or has ever been an insolvent under administration
- whether the individual is or has ever been the subject of adverse findings or enforcement action by any of:
    - a Department of the Commonwealth, State or Territory
    - the Australian Securities and Investments Commission
    - the Australian Charities and Not-for-profits Commission
    - the Australian Competition and Consumer Commission
    - the Australian Prudential Regulation Authority
    - the Australian Crime Commission
    - AUSTRAC
    - the Australian Health Practitioner Regulation Agency
    - another body established for a public purpose by or under a law of the Commonwealth, a State or Territory authority, a local government authority or a body responsible for maintaining standards of conduct in a profession that is involved in the delivery of funded aged care services
- whether the individual is or has ever been the subject of any findings or judgment in relation to fraud, misrepresentation or dishonesty in any administrative, civil or criminal proceedings or is party to any proceedings that may result in such findings
- whether the individual is or has ever been disqualified from managing corporations under Part 2D.6 of the *Corporations Act 2001,* and
- the worker screening requirements, if applicable, and any other matters prescribed by the rules.

However, Part VIIC of the Crimes Act 1914 applies including provisions that, in certain circumstances, relieve individuals from disclosing spent convictions.

It is a criminal offence if NATSIFACP providers fail to consider the suitability of responsible persons at least once every 12 months. It is also a criminal offence if responsible persons do not inform the NATSIFACP provider within 14 days of any changes in circumstances concerning suitability matters. NATSIFACP providers are required to notify the Aged Care Quality and Safety Commission of changes in responsible persons as well as changes in their suitability to be responsible persons.

Responsible person screening

In addition to suitability matters, responsible persons are subject to screening decisions just like aged care workers. NATSIFACP providers must ensure that each responsible person of the provider meets one of the following:

- they have a police certificate not older than 3 years that does not show convictions for precluding offences (see police certificates below), or
- they have an NDIS worker screening clearance decision that is in force (not older than 5 years or suspended).

If the responsible person has applied for a police certificate or an NDIS worker screening clearance and is waiting for it to be provided, they must be appropriately supervised and have signed a statutory declaration that states they have:

- never been convicted of an offence involving the death of a person, and
- never been convicted of, and sentenced to imprisonment for at least one year, for:
    - a sex related offence, including sexual assault (against an adult or a child), child abuse material offences, or an indecent act involving a child; or
    - an offence involving dishonesty.

It is an offence to make a false statement in a statutory declaration.

Ongoing requirements and record keeping relating to responsible persons

NATSIFACP providers must take reasonable measures to require each responsible person of the provider to notify the provider if:

- an NDIS exclusion decision is in force in respect of that individual,
- an NDIS clearance decision in respect of the individual is suspended, or
- the individual is:
    - convicted of an offence involving the death of a person, or
    - convicted of, and sentenced to imprisonment for at least one year, for:
        - a sex related offence, including sexual assault (against an adult or a child), child abuse material offences, or an indecent act involving a child; or
        - an offence involving dishonesty.

NATSIFACP providers must keep records, and update records, for each responsible person including:

- the person's name, date of birth and address
- as applicable, a record of the person's police certificate, statutory declaration or NDIS worker clearance decision.

NATSIFACP providers must also keep records of the date and name of the person who ensured the responsible person has a police certificate, statutory declaration or NDIS worker screening clearance decision, as applicable.

Future of aged care screening

The Australian Government is working with states and territories on a national worker screening check for the care and support economy. This will strengthen protections for Australians who receive care and support and increase consistency across sectors and jurisdictions. A national worker screening check will also boost labour mobility and efficiency across the care and support economy. This work is being led by a taskforce within the Department of Finance. NATSIFACP providers should visit the department's website for additional guidance material and to stay up to date on the aged care worker screening requirements that applied from 1 November 2025, as well as the future of aged care worker screening: health.gov.au/topics/aged-care-workforce/screening-requirements.

NDIS worker screening clearance

NDIS worker screening clearances (also known as an NDIS check or NDIS worker screening check) are recognised for the purpose of responsible persons and aged care worker screening. A person that works (or has previously worked) with an NDIS participant may have been issued with an NDIS worker screening clearance.

NDIS Worker Screening Unit (WSU) in the state or territory in which the person lives or works undertake NDIS worker screening checks. The WSU determines whether a person is cleared or excluded from working in certain roles with people with disability. A person who is cleared to work with NDIS participants in a risk assessed role is issued with an NDIS worker screening clearance.

An NDIS worker screening clearance is valid for 5 years.

Police certificates

A police certificate is a report of a person's national 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.

Under the NATSIFACP program, the police certificates of responsible persons and aged care workers must not be more than 3 years old and must not show the following **precluding offences**:

- conviction for an offence involving the death of a person
- in the five years before the date of the certificate, the person has been convicted of, and sentenced to imprisonment, for at least one year for:
    - a sex related offence, including sexual assault (whether against an adult or child), child abuse material offences, or an indecent act involving a child, or
    - an offence involving dishonesty.

Additionally, if, since turning 16, the person has been a permanent resident or citizen of a country other than Australia, the person must make a statutory declaration stating that they have never been:

- convicted of an offence involving the death of a person
- convicted of, and sentenced to imprisonment for at least one year, for:
    - a sex-related offence, including sexual assault (against an adult or child), child abuse material, or an indecent act involving a child, or
    - an offence involving dishonesty.

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 an ACIC accredited agency. An original police certificate or a certified copy should 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.

Assessing non-precluding offences

It is up to registered providers to develop their own policy and procedure on assessing non-precluding offences. Decisions made under these policies and procedures must be rigorous, defensible, and transparent. Guidance on this can be found at

health.gov.au/resources/publications/aged-care-worker-screening-guidance-material.

Cost of police certificates

Service providers have a responsibility to ensure all aged care workers and responsible persons 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.

Volunteers may be eligible to obtain a police certificate at a reduced cost. This must be confirmed with the agency issuing the police certificate.

Associated providers

Associated providers (formerly known as subcontractors) may be engaged to deliver certain aged care services. These arrangements must be carefully managed as the registered provider remains responsible for maintaining compliance with the Act[22], upholding the rights of older people, and maintaining accountability for care quality when services are delivered by the associated provider.

Registered providers can subcontract to an associated provider (worker or organisations) on an ad-hoc or ongoing basis to deliver services on their behalf, including:

- sourcing services or supports through another party (including individual subcontractors, labour hire or brokered services), or
- purchase goods, equipment or assistive technology from a third-party.

Providers must be able to demonstrate that they have specific agreements in place with an associated provider delivering funded aged care services on their behalf.

Registered providers cannot transfer legal responsibility to associated providers. The registered provider will remain legally responsible for:

- quality and safety of care delivered
- compliance with the Aged Care Quality Standards (where relevant)
- ensuring subcontractors act in accordance with the Statement of Rights
- monitoring and managing risks associated with third party delivery.

Care and services plans should be reviewed regularly to ensure that services delivered by subcontractors continue to meet the assessed needs of individuals.

Oversight of associated providers

Providers should:

- have systems in place to:
    - monitor subcontractor performance
    - ensure subcontractors meet all relevant standards and codes
- conduct regular reviews and audits of subcontracted services
- maintain up-to-date records of all third-party arrangements
- use formal contracts that clearly define roles, responsibilities, and reporting requirements
- include subcontractors in quality improvement and feedback processes

22 Section 167-55) of the *Aged Care Act 202*

- ensure subcontractors provide culturally safe services.
- Registered providers must notify the Commissioner when certain arrangements with associated providers change. This includes when a registered provider starts a new arrangement with an associated provider, varies or extends an existing arrangement, or ends an existing arrangement.

Guidance on this can be located at the following: view associated-providers-frequently-asked-questions_3.pdf

Chapter 4

Funding, fees and payments

Chapter 4 – Funding, fees and payments

NATSIFACP funding

Recurrent funding and payments

NATSIFACP operational funding is based on the delivered service type (or types) and an agreed allocation of places, not the occupancy of those places. This recurrent funding is calculated on a base daily rate for the following types of places:

- residential care
- home care.

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.

NATSIFACP funding is provided by the department through a grant agreement with the service provider. The service provider is required to spend funds only for approved purposes under the Act and 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.

Residential funding

In addition to the residential care daily rate, depending on the size and geographic location of the home, services will also receive the following:

- Veterans' supplement
- Concessional resident supplement
- Respite supplement
- Residential viability supplement
- Care minute funding 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 NATSIFACP as compared with mainstream residential aged care

services. This helps to ensure the frailty of Aboriginal and/or Torres Strait Islander residents is supported.

Home care funding

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

- Dementia and cognition supplement
- Veterans' supplement
- Home care viability supplement.

Use of NATSIFACP Funding

Eligible and prohibited uses of NATSIFACP operational funds are outlined in the Grant Opportunity Guidelines for the NATSIFACP 2025-2027 Grant Funding Agreements (GO7569) available on the Grant Connect website: grants.gov.au/Go/Show?GoUuid=0ae87c32-6c4d-4394-b3e7-012f57234e4e. You will need to log in to view or save copies of the documents.

Statutory Funding Conditions

Under the Act there are statutory funding conditions that apply to the use of NATSIFACP grant funds.[23]

Statutory funding conditions are legal rules that ensure that funding provided to aged care providers is used **only** for delivering approved aged care services to eligible individuals. This, in effect, means that a provider must be properly registered to deliver the required services, the person receiving care must have an access approval, and the services provided to the individual must match the classification and rules outlined in the access approval. [24]

If the alternative entry pathway is used, the department recognises that access approvals will not be in effect before services commence. When this occurs, the provider will commence services and an application for assessment must be made within 30 days of starting services. It is acknowledged that the actual aged care needs assessment and resulting access approval may not occur for weeks or months.

In these cases, providers are expected to use grant funds only to deliver aged care services to an individual that is reasonably likely to be approved following that individual's aged care assessment.

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24 Section 267 regarding grants made under s 264(2) of the *Aged Care Act 2024*.

To avoid doubt, the statutory funding condition does not prevent providers from using NATSIFACP grant funds on matters listed in the Grant Opportunity Guidelines under 'Eligible Use of Operational Funds' where those expenses are incidental to the delivery of aged care services to individuals.

Individual fees

Charging fees

As a specialist aged care program, NATSIFACP providers may charge an individual an amount for or in connection with the aged care services they are providing to the individual. This fee is known as the *specialist aged care program fee* and is charged on a per day basis.[25]

It is important that individuals who can afford to pay all or some of the costs are required to do so, but no person should be refused services due to an inability to contribute to the costs of services.

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

Setting fees

The process of setting individual fees should be simple, as unobtrusive as possible, and respect the individual's right to privacy and confidentiality.

The amount an individual pays will depend on their financial situation. In determining an individual's capacity to pay fees, the service provider must consider any exceptional and unavoidable expenses incurred by the individual, such as high pharmaceutical bills, rent, utilities and other living expenses.

Any fees must be fully explained to the individual, agreed between the provider and the individual (or their supporters) and the amount charged must form part of the written service agreement between the individual and the service provider. Fees cannot be charged more than a month in advance.[26]

25 Section 286-10 of the *Aged Care Act 2024*.

26 Section 286 of the *Aged Care Act 2024*.

Maximum fee

The maximum fee charged to individuals must not exceed:

- 17.5% of the basic age pension (worked out on a per day basis) for home support, assistive technology or home modification services
- 85% of the basic age pension (worked out on a per day basis) for residential care.[27]

The Government sets the maximum fees for care and has established strong protections to make sure that care is affordable for everyone.

Consumer contribution policy

NATSIFACP service providers must have a consumer contribution policy that takes into account the capacity of individuals to contribute to the cost of the NATSIFACP services delivered to them and sets fees in accordance with this policy. Providers are required to make their consumer contribution policy publicly available.[28]

Financial Hardship Policy

NATSIFACP service providers must also have a financial hardship policy that covers:

- how an individual can apply for a waiver or a reduction of fees due to financial hardship
- what evidence of financial hardship the individual must submit to the provider, and how that evidence must be submitted
- the principles or calculations the provider will use to determine the amount and duration of the waiver or the reduction of the fee if the individual's application is successful.[29]

Providers are also required to make their financial hardship policy publicly available. Service providers should be able to obtain information from individuals 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).

Use of collected fees

Fees collected from individuals must be used to contribute to the direct cost of providing aged care services.

Personal expenditure requested by the individual is not considered to be fees and should not be included in any reports relating to the NATSIFACP. This includes items

27 Rule 286-10 of the Aged Care Rules 2025.
28 Rule 286-25 of the Aged Care Rules 2025.
29 Rule 286-20 of the Aged Care Rules 2025.

that are excluded items on the Residential Care Service List and the Home Care Service List, including but not limited to:

- Professional services that would usually be paid for such as waxing, hairdressing, massage
- Costs to participate in an activity such as tickets, accommodation or membership fees
- Products that are not prescribed for age related needs such as weight loss products
- Items of personal preference such as specific toiletries, meals or snacks.

Refund of collected fees

Service providers are required to refund any fees that were paid in advance if an individual stops accessing services or dies. This includes for any day that has been paid for that occurs after an individual stops accessing services or dies.[30]

If an individual stops accessing services, refunds should be paid within 14 days after they stop accessing services.

If an individual has died, providers may be shown the probate of the will of the individual or letters of administration of the estate of the individual within 14 days. In this situation, refunds should be paid to the individual's estate within 14 days of being shown this information. Otherwise, refunds should be paid to an appropriate person within 28 days of the provider becoming aware of the individual's death.

30 Rule 285-17 of the Aged Care Rules 2025.

Chapter 5

Governance

Chapter 5 – Governance

The Act represents a fundamental shift towards accountability, transparency, and consumer-centred care in Australia's aged care system. This chapter outlines the governance framework established in the Act, including the legislative framework and the responsibilities of the key parties involved in the governance of the aged care system.

Legislative framework

The NATSIFACP is now governed by the following laws:

- *Aged Care Act 2024*– this is the overarching principal legislation that governs the NATSIFACP Program, effective from 1 November 2025
- Aged Care Rules 2025 (the Rules) – this is the subordinate legislation made with powers provided by the Act. The Rules provide more detail on how the NATSIFACP Program operates
- *Aged Care (Consequential and Transitional Provisions) Act 2024* – this provides transitional arrangements related to the Act, ensuring a smooth transition to the new aged care system
- *Commonwealth Grants Rules and Principles 2024* – these rules govern the administration of Commonwealth grants in Australia.

Why is the NATSIFACP now under the Act?

The NATSIFACP was administered outside of the *Aged Care Act 1997* until 31 October 2025. The Royal Commission into Aged Care Quality and Safety (Royal Commission) recommended that the NATSIFACP be incorporated into aged care legislation as a specialist aged care program to:

- ensure greater flexibility and cultural safety in the care provided to Aboriginal and/or Torres Strait Islander people
- ensure all Aboriginal and/or Torres Strait Islander people will benefit from aged care based upon, and informed by, assessments that determine need and connect people with appropriate levels of care
- ensure all Aboriginal and/or Torres Strait Islander people in residential aged care will benefit from providers being subject to the same clinical requirements and triggers for care reviews as providers of mainstream aged care
- have NATSIFACP providers comply with the same approval and regulatory requirements as other aged care services, resulting in greater consistency in the quality of services.

Aged care system governance

The aged care system is governed by the three key parties:

- System Governor (this is the Secretary of the department)
- Aged Care Quality and Safety Commissioner, and
- Complaints Commissioner.

Aged care governance is also supported by the:

- Inspector-General of Aged Care
- Aged Care Quality and Safety Advisory Council
- Interim First Nations Aged Care Commissioner
- Independent Health and Aged Care Pricing Authority.

Each of these parties plays a discrete role in ensuring that the aged care system achieves its purpose of providing high levels of care and safety, whilst protecting older people and their right to safe and consistent care.

Collectively, the administration of the aged care system (including facilitating equitable access to funded aged care services, provider registration, investigation of systemic issues within the system, and the handling of complaints) is critical in ensuring that a person-centred aged care system is maintained.

Department of Health, Disability and Ageing

The System Governor and the department are responsible for the operation and management of the aged care system.

Under the Act, the System Governor is responsible for:

- facilitating equitable access to funded aged care services for older people
- supporting the continuity of funded aged care services
- providing stewardship of the aged care system
- protecting and upholding the integrity of the aged care system
- monitoring and encouraging the training and development of aged care workers
- reviewing the Australian Government's administration of the aged care system.

The department is responsible for managing the aged care system to ensure the component parts work together effectively.

For the NATSIFACP, this includes responsibility for:

- ensuring that services provided under the NATSIFACP are accountable to the Australian Government under the terms and conditions of the grant agreement
- administering funding for the operation of NATSIFACP services in a timely manner
- identifying suitable providers to deliver NATSIFACP services

- working in partnership with service providers to ensure services are delivered, and providing service providers with constructive feedback
- ensuring that the outcomes outlined in the Grant Opportunity Guidelines are being met and evaluating provider performance against these outcomes.

The department delegate is responsible for making final decisions in relation to invited applications for grants or ad hoc funding proposals. This includes service delivery areas, sites, proposals for service delivery, capital works or requirements to address a specific need.

Program assurance

As part of its System Governor functions to protect and uphold the integrity of the aged care system, the System Governor may conduct assurance activities (refer to Section 508). Assurance activities could relate to how providers under the Act:

- use subsidy or grant and charge for services, including justification for costs charged
- structure their financial accounting for delivery of service
- deliver funded aged care service
- work with participants
- keep records and information
- apply and document procedures.

What this means for NATSIFACP providers is that the System Governor (or person assisting the System governor, such as a department officer) may request that a NATSIFACP provider give information and documents for a relevant assurance activity conducted by the department[31]. The System Governor may publish reports on program assurance activities in relation to a NATSIFACP provider. A NATSIFACP provider must cooperate with the review process, including relevant findings.

The department will engage with NATSIFACP providers in a culturally sensitive way to support continuous improvement and learning from program assurance activities. The department will not commence provider-related assurance activities until it has engaged with NATSIFACP providers to develop and fine-tune the assurance approach. Further information will be shared over coming months.

Local Network

Officers from the department's Local Network collaborate with a range of service providers, including those funded under the NATSIFACP, to ensure a localised, regional approach to health and aged care system planning, regulation and management.

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31 Program assurance activities are separate to grant-funding related compliance activities of the department. The department will work internally to reduce the burden on providers from such activities where appropriate, for example aligning any site visits (if needed for program assurance purposes) and utilising existing information from providers already before the department.

The Local Network are responsible for a range of tasks including:

- maintaining regular contact with all providers, including NATSIFACP providers
- undertaking local engagement activities with NATSIFACP service providers
- engaging and communicating with stakeholders at a local level
- supporting service providers that are transitioning into or away from NATSIFACP service delivery, including sharing notifications of intent to transition, coordination between different areas of the department and transition supports
- collaborating with the department's national office in response to any emergency situations.

Department of Social Services Community Grants Hub

The Department of Social Services Community Grants Hub (Community Grants Hub) manages the NATSIFACP funding agreement on behalf of the Department of Health, Disability and Ageing's NATSIFACP team.

The Community Grants Hub, via the Funding Agreement Managers (FAMs), are responsible for a range of tasks including:

- ongoing management of grant funding agreements including performance against the agreement requirements, coordinating submission of milestone reports, payments, funding underspends, rollovers and acquittals, and
- supporting productive partnerships with NATSIFACP providers.

Aged Care Quality and Safety Commission

The Commission is the national regulator of aged care services, including services delivered under the NATSIFACP. The Commission regulates aged care providers and workers to make sure that they meet their obligations to:

- provide safe and quality care
- treat the older people receiving their services with dignity and respect.

Registered providers are responsible for their delivery of care and services at all times. The Commission expects providers to not only deliver high-quality, culturally safe care that meets the needs of older people, but to also actively monitor opportunities, and make efforts, to improve.

The Commission was established on 1 January 2019. It oversees all aged care providers (including NATSIFACP providers) and operates independently of other regulatory bodies to:

- register aged care providers
- conduct quality reviews and monitoring of aged care services in accordance with the Aged Care Code of Conduct and the strengthened Aged Care Quality Standards
- resolve complaints about aged care services

- administer the Serious Incident Response Scheme, and
- monitoring the financial viability of registered providers.

Chapter 6

Regulatory mechanisms

Chapter 6 – Regulatory mechanisms

New regulatory model

The Act introduces a new regulatory model that sets out how all aged care providers are required to operate under the Act. It includes provider registration and obligations, monitoring and enforcement, and complaints and whistle-blower protections.

The new model introduces:

- **universal registration** – a single registration for each provider across all aged care programs they deliver
- **obligations** that reflect the types of services delivered
- **more protections** that place the rights and needs of older people at the centre of aged care to help them feel confident about their care
- **ways for providers demonstrating excellence to be recognised**, such as longer registration periods and graded audits against the strengthened Aged Care Quality Standards.

The new system makes it easier for providers to offer different types of aged care services by simplifying assessment arrangements for individuals and by clearly explaining what the provider responsibilities are for each type of service.

Specific obligations and responsibilities for NATSIFACP providers under the new regulatory model are outlined throughout this program manual.

Chapter 7

Information management and reporting

Chapter 7 – Information management and reporting

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 reporting that is required for NATSIFACP providers under the Act, the records that must be retained and the ways in which collected data is used.

Service Activity Reports

NATSIFACP Service Activity Reports (SARs) (also referred to as Performance Reports) are submitted twice a year on a template provided by the department. These reports are due each year on:

- 27 January for the 6-month period 1 July to 31 December, and
- 27 July for the 6-month period 1 January to 30 June.[32]

For the reporting period, SARs must be in a report form approved by the System Governor, and include[33]:

- information about labour worked hours data for registered nurses, enrolled nurses, personal care workers and allied health professionals
- information about labour cost for registered nurses, enrolled nurses, personal care workers and allied health professionals
- information about the number of occupied beds
- de-identified profiles of each aged care worker
- the number of individuals accessing funded aged care services
- the number and type of health profession visits during the reporting period
- the number and type of traditional or cultural events individuals accessing funded aged care services were supported to engage in.

NATSIFACP providers are responsible for using the current SAR template provided by the department. Incomplete reports or reports submitted on altered or out-dated templates will be returned to the provider.

32 Rule 166-645 of the Aged Care Rules 2025.

33 Rule 166-645 of the Aged Care Rules 2025.

You can contact natsifacp@health.gov.au for a sample Service Activity Report.

Annual Financial Declaration Statement

NATSIFACP providers are required to submit an annual financial declaration statement to the department each financial year (or at another time as agreed with the department). It must be signed by a member of the registered provider's governing body.[34]

The annual financial declaration statement must include information about the following items for the financial year:

- the funds provided through the grant agreement
- expenditure by the NATSIFACP provider under the grant agreement
- any approved unspent funds from the previous financial year
- any contributions collected by the registered provider over the financial year.

The annual financial declaration statement must include certification that the NATSIFACP provider complied with the statutory funding condition under s 267(1) of the Act.

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

Audited Income and Expenditure Report and Statement

NATSIFACP providers are also required to submit an audited income and expenditure report to the department each financial year (or at another time as agreed with the department).[35] The audited income and expenditure report must be prepared by a:

- Registered Company Auditor under the *Corporations Act 2001 (Cth), or* a member of the Institute of Public Accountants in Australia, or
- member of the Institute of Chartered Accountants in Australia.

The audited income and expenditure report must be accompanied by an audited income and expenditure statement. The statement must:

- be prepared in accordance with the applicable Australian Accounting Standards in force at the time the statement is prepared
- be based on proper accounts and records of the NATSIFACP provider
- verify that grant funding was spent in accordance with the statutory funding condition under s 267(1) of the Act
- include other matters as specified in the grant agreement

34 Rule 166-635 of the Aged Care Rules 2025.

35 Rule 166-640 of the Aged Care Rules 2025.

- include the audit opinion
- include the amount of funds provided through the grant agreement
- include information about individual fees and contributions paid to the provider by individuals for the financial year
- include salary expenditure
- include rent or lease expenditure
- include outbreak management expenditure
- include vehicle lease and maintenance costs
- include other expenditure
- include total expenditure.

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

Food and nutrition payment for residential aged care providers

NATSIFACP 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: health.gov.au/health-topics/aged-care/providing-aged-care-services/responsibilities/quarterly-financial-report. 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.

Service providers who do not submit their quarterly reports will be referred to the Aged Care Quality and Safety Commission.

Record Keeping

Registered providers must keep and retain the following records[36] in written or electronic form for a period of 7 years starting on the day the record is made or received[37]:

- the amount of financial assistance the System Governor, on behalf of the Commonwealth, has granted the registered provider under subsection 264(2) of the Act within a particular financial year

36 Rule 154-505(1) of the Aged Care Rules 2025.

37 Rule 154-505(2) of the Aged Care Rules 2025.

- any individual fees and contributions collected over the financial year
- expenditure for the delivery of funded aged care services by the provider under the funding agreement
- any surplus and uncommitted funds from the previous financial year
- service types, and the duration of services, delivered to each individual
- individual care and services plans
- progress in embedding a wellness and reablement approach to service delivery
- individual service agreements
- a summary of the activities undertaken to prevent disease outbreaks, and
- the number of individuals who are waiting to access funded aged care services for the financial year and the reason for the waitlist.

Vaccination records

Registered providers registered in the provider registration category residential care must retain records regarding influenza and COVID-19 vaccinations for staff and individuals receiving residential care for each approved residential care home. These records must be kept and retained for 7 years in written or electronic form.

The registered provider must keep records, for each calendar year, on the total number of:

- service staff at an approved residential care home
- individuals receiving government-funded aged care services at an approved residential care home
- service staff who have informed the registered provider, whether voluntarily or as required under State or Territory law, that they received the annual seasonal influenza vaccination for that year
- those service staff who have informed the registered provider that they received a COVID-19 vaccination in that year
- individuals receiving care who received the annual seasonal influenza vaccination for that year
- individuals receiving care who received one or more COVID-19 vaccinations for that year (including how many received one and how many received two vaccinations).

The System Governor or the Commissioner may request a report on the above information at any time.

Policies required under the Act

A registered provider delivering funded aged care services through the NATSIFACP must have the following policies publicly available:

- A **financial hardship policy**[38] that covers the following:
  - how an individual can apply for a waiver or reduction of the NATSIFACP fee (if charged) for the individual due to financial hardship
  - what evidence of financial hardship the individual must submit to the provider, and how that evidence must be submitted, and
  - the principles or calculations the provider will use to determine the amount and duration of the waiver or reduction of the fee or contribution if the individual's application is successful.
- a **consumer contribution policy**[39] that takes into account the capacity of individuals to contribute toward the cost of the services delivered to them. The provider must set fees in accordance with this policy.

Complaints, feedback and whistleblowers

Complaints, feedback and whistleblower disclosures are important safeguards which help ensure aged care services are safe, respectful, transparent and responsive. Providers should encourage people to raise concerns early and support them to do so in a way that is accessible, culturally safe, timely, confidential and free from reprisal.

Key concepts

The table below explains the difference between complaints, feedback and whistleblower disclosures.

Term	Definition	Key characteristics
1. Complaint	An expression of dissatisfaction about a service, care, or conduct.	• Requires a response or resolution. • May be verbal or written. • Can be made by an individual, supporter, family member, carer, advocate, worker or another person.
2. Feedback	A general comment, suggestion, or observation about a service or experience.	• May be positive, neutral, or negative. • May not require a formal response, but should be recorded and considered where appropriate to support service improvement.
3. Whistleblower	A person who makes a protected disclosure about serious	• Protected under law. • Can be anonymous.

38 Section 286-20 of the Aged Care Rules 2025

39 Section 286-25 of the Aged Care Rules 2025

Term	Definition	Key characteristics
	misconduct, breaches of law or other wrongdoing.	• Must be handled confidentially and sensitively.

Complaints and feedback obligations

Providers are required to ensure all aged care workers are aware of their obligations regarding complaints and feedback.

Providers must make publicly available any policies on feedback and complaints including the process to report feedback or complaints directly to the provider and how they will be managed.

Individuals should feel safe, encouraged and supported to give feedback or make complaints. The Statement of Rights advises people have the right to make complaints using accessible mechanisms, without fear of reprisal, with the assistance of an advocate or another person and to have complaints dealt with fairly and promptly.

Providers must provide appropriate support and assistance to people who need help contacting the Complaints Commissioner. This may include access to advocates, interpreters or other language services.

Providers must implement and manage a complaint and feedback management system[40] including how feedback and complaints are

- received, recorded and acknowledged
- assessed and responded to promptly
- managed safely, confidentially and without reprisal
- escalated where required, including where reportable incidents may be involved
- reported on and securely stored
- used to identify risks, improve services and support continuous improvement.

Complaints should be addressed as soon as possible using a person-centred approach which is consistent with the Statement of Rights, appropriate to the issue raised and focused on improving the quality and safety of aged care services.

The Commissioner may request a complaints and feedback management report. If requested, the provider must provide the report within 14 days, or another period specified in the request.

40 Section 165-10 of the Aged Care Rules 2025

Where a matter is not anonymous, providers should take reasonable steps to keep the person who raised it, the affected individual and where appropriate, their supporter informed about the outcome, reasons for decisions and available escalation pathways, including to the Complaints Commissioner and independent aged care advocates.

Whistleblower protections

Whistleblower protections support people to raise concerns about aged care matters which may qualify for protection under the Act, without fear of persecution, retribution or personal detriment.

Providers must have a whistleblower system which supports protected disclosures, including disclosures made verbally, in writing or anonymously. The system must help ensure disclosures are acknowledged, assessed, managed and responded to in a fair, transparent, accessible, safe, culturally safe and timely way. Providers must make publicly available any policies on whistleblower processes.

If a person makes a whistleblower disclosure which qualifies for protection under the Act, the provider must manage the disclosure through its whistleblower system and take appropriate action as soon as practical.

Whistleblower disclosures are separate from complaints and feedback. However, if a person makes a whistleblower disclosure and chooses to have it managed as a complaint or feedback, the provider must manage the matter through the complaints and feedback process in accordance with the Rules.

Further information on whistleblower protections can be found at:

- health.gov.au/our-work/aged-care-act/about#protection-for-whistleblowers
  health.gov.au/topics/aged-care-workforce/new-ways-of-working-in-aged-care#whistleblower-protections

External complaints and advocacy pathways

Individuals (or their advocates, registered supporters or anyone else supporting the older person) can raise a complaint or provide feedback by contacting:

- My Aged Care on 1800 200 422 or by visiting My Aged Care website: MyAgedCare.gov.au/contact-us/complaints.
- Older Persons Advocacy Network (OPAN) Aged Care Advocacy Line on 1800 700 600 or by visiting opan.org.au
- Aged Care Quality and Safety Commission on 1800 951 822 or visiting AgedCareQuality.gov.au/contact-us/complaints-concerns/what-do-if-you-have-complaint.
- The Commission: AgedCareQuality.gov.au

- Serious reports must still be reported under the Serious Incident Response Scheme (SIRS) where applicable.

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Chapter 8

Glossary and acronyms

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.
The Act	The Aged Care Act 2024.
Advocacy	The process of speaking out on behalf of an individual or group to protect and promote their rights and interests.
Aged Care Act 1997	The principal legislation which regulated the Residential Aged Care, Flexible Care, and Home Care Programs from 1 October 1997 to 1 November 2025. The flexible aged care services funded under NATSIFACP Program operated outside the regulatory framework of the Aged Care Act 1997.i
Aged Care Quality and Safety Commission (ACQSC)	The ACQSC or '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 individuals to develop and promote best practice models to engage individuals 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.
Alternative entry pathway	A mechanism under the Aged Care Act 2024 that allows older individuals to access government-funded aged care services outside the standard assessment and referral process. It enables rapid or flexible response for individuals in need of urgent care or if there is a lack of culturally safe assessments or services.
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. This includes Aboriginal and Torres Strait Islander assessment organisations.
Associated provider	A provider that delivers services for a registered provider under a subcontracting arrangement.

Term	Description
Assistive technology	Products, equipment, and systems that support older people to perform daily activities, enhance independence, and improve safety in their home or care environment.
Assistive Technology and Home Modifications	Assistive Technology and Home Modifications (AT-HM) refers to one of the four funded service groups under the Aged Care Act 2024.
Care and services plan	A plan developed in consultation with the individual 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 individual.
Carer	Carers can include family members, friends or neighbours who are identified as providing regular and sustained care and assistance to the individual. Carers frequently live with the person they care for.
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	The recognition, respect and nurturing of unique cultural identities of Aboriginal and/or Torres Strait Islander people and meeting their needs, expectations and rights. Cultural safety is defined in the Explanatory Memorandum of the Aged Care Act 2024.
Culturally Safe Care	Care that respects and supports the cultural identities, values, and lived experiences of older individuals, ensuring optimal safety, autonomy, dignity, and absolute wellbeing of Aboriginal and/or Torres Strait Islander Elders and individuals accessing funded aged care services. Culturally safe care is a foundational principle for aged care providers and is embedded in the Statement of Rights.
Dementia and Cognition Supplement	Specific funding provided for dementia care in home care.
The department	Australian Government Department of Health, Disability and Ageing.
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 Aged Care Act 1997.

Term	Description
Grant Agreement	The Agreement between the Australian Government and the service provider. Grant Agreements are performance based and legally enforceable agreements between the parties which set out the terms and conditions governing the business relationship. Sometime referred to as a Standard Grant Agreement.
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 registered 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.
Home Modifications	Physical changes to a person's home environment to improve safety, accessibility, and independence. They are designed to help older people remain living safely in their own homes for longer.
Individual	Predominantly refers to the older people or person, previously referred to as care recipient, consumer or participant. Used in some sections (such as worker screening) to refer to a worker.
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 is the entry point to access government-funded aged care services. It 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 individuals receiving, or potentially receiving, 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 Program or NATSIFACP.
Quality	Providing products or services of high-quality or merit.

Term	Description
Registered provider	An individual or organisation that has been formally registered by the Aged Care Quality and Safety Commission (ACQSC) to deliver Australian Government-funded aged care services under the Aged Care Act 2024.
Registration category	A classification assigned to a registered aged care provider under the Aged Care Act 2024. Registration categories define the types of aged care services a provider is authorised to deliver and determines the specific obligations and conditions the provider must meet.
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.
Residential care home	A residential care home is a place of residence for older people who need ongoing aged care services, including nursing services. It is fitted, furnished and staffed to be able to provide these services.
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.
Responsible person	Individuals who hold key roles in the governance, management, or operational oversight of a registered aged care provider.
Restrictive practices	Any action that restricts the rights or freedom of movement of an individual, primarily to influence an individual's behaviour.
Service Activity Report (SAR)	Service Activity Reports (SARs) are twice-yearly Performance Reports that must be completed on the supplied template and submitted by NATSIFACP funded services.
Service agreement	A legal contract between a provider and an individual that sets out the terms and conditions by which a provider will deliver services.
Service delivery branch	A registered provider's place of business through which the provider delivers funded aged care services under the service groups home support, assistive technology and/or home modifications.

Term	Description
Service group	The overarching categories under which aged care services are grouped. The service groups are home support, assistive technology, home modifications and residential care.
Service delivery branch	A service delivery branch is the site or place of business from which NATSIFACP providers will deliver services.
Service type	Service types are subcategories under service groups.
Single Assessment System	A new system that will provide a single assessment pathway for all individuals seeking access to Government-funded in-home, flexible, and residential aged care.
Specialist aged care program	Specialist Aged Care Programs are government-funded programs where there is an agreement or arrangement, such as a grant, in place to deliver aged care services. NATSIFACP is a specialist aged care program.
Suitability matters	Suitability matters refer to background checks and considerations that must be used to assess whether a person is suitable to be involved in delivering aged care services.
Supporter/s	A person trusted by the individual and registered with My Aged Care to help the individual make and communicate their decisions throughout their aged care journey.
System Governor	The System Governor is the Secretary of the Department of Health, Disability and Ageing. The System Governor and department are responsible for operations and oversight of the aged care system.
Veterans' Supplement	The Veterans' Supplement 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.
Whistleblower	A person who calls out or reports issues or concerns, serious misconduct, breaches of law, or unethical behaviour of, in or by registered aged care providers.

Appendices

Appendix A

Supporting documentation

Service lists

The services provided by NATSIFACP service providers should align with services outlined in the below service lists. It is not expected that all of the services listed will be provided to an individual. The services delivered to individuals will be determined by their assessed care needs.

For NATSIFACP services, the specific services that can be delivered under these service types, a description of these services and excluded items can be found at:

- **home care**: https://www.health.gov.au/resources/publications/support-at-home-service-list
- **residential care**: https://www.health.gov.au/resources/publications/residential-care-service-list

Appendix B

NATSIFACP-specific information

Section contains information specific to NATSIFACP providers, including:

- contacts
- pathway to becoming a NATSIFACP provider
- funding limitations.

NATSIFACP contacts

Department of Health, Disability and Ageing

More information about the NATSIFACP, including a copy of this program manual, is available at health.gov.au/natsifacp

NATSIFACP providers who have questions about the NATSIFACP can also email NATSIFACP@health.gov.au or contact the department's Local Network offices on the following email addresses:

State and territory offices	Email
New South Wales Australian Capital Territory	Engagement.NSWACT@health.gov.au
Northern Territory	EngagementNT@health.gov.au
Queensland	Engagement.QLD@health.gov.au
South Australia	Engagement.SA@health.gov.au
Tasmania	Tas.office@health.gov.au
Victoria	Vic.office@health.gov.au
Western Australia	Engagement.WA@health.gov.au

Department of Social Services, Community Grants Hub

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

My Aged Care

Individuals, families and carers can find a list of NATSIFACP Service Providers or access more detailed information on aged care services at the My Aged Care website: MyAgedCare.gov.au.

Alternatively, they can call the My Aged Care National Contact Centre on 1800 200 422 between:

- 8:00 am to 8:00 pm [AEST] Monday to Friday, or
- 10:00 am to 2:00 pm on Saturday.

This 1800 number is a free call from fixed lines. Calls from mobiles may be charged.

Aged Care Quality and Safety Commission

The Commission has information and resources to help providers understand their obligations and responsibilities in delivering safe, quality aged care.

The Commission's Regulatory Strategy 2024–25 provides more information on the Commission's regulatory approach, including its monitoring, compliance and enforcement powers and functions. The Commission's approach to aged care for older Aboriginal and/or Torres Strait Islander people is outlined on page 15.

The Commission also has a First Nations Hub that includes information and resources to help providers deliver quality, culturally safe care for older Aboriginal and/or Torres Strait Islander people. These resources were developed with Aboriginal and/or Torres Strait Islander stakeholders and communities.

Pathway to becoming a NATSIFACP provider

The NATSIFACP is a grant-based program that is funded by the Australian Government and managed by the department. To be funded to deliver NATSIFACP services, you will need to:

- become a registered aged care provider and be registered in the relevant registration category, and
- be successful in a competitive grant funding round, and have a grant agreement in place to deliver particular types of services, and
- if you are applying in Category 6 – Residential Care, you must apply to have your residential care home/s approved by the Commission.

The following fact sheet provides additional information on becoming a provider of the National Aboriginal and Torres Strait Islander Flexible Aged Care Program.

Competitive grant funding rounds

The outcomes of NATSIFACP funding rounds are decided by the department and guided by *Commonwealth Grant Rules and Principles 2024* (CGRPs).

Grant rounds are usually competitive. However, a targeted grant funding round may be used in cases where there are limited providers available due to geographical considerations, or a requirement for highly specialised services.

Considerations for new providers

In selecting new providers under the NATSIFACP, the department will consider the:

- overall capacity of an organisation to meet the objective/s and outcomes of the NATSIFACP, including having a capable and appropriately skilled workforce
- capacity of the organisation to deliver services that are sensitive to the needs of the local Aboriginal and/or Torres Strait Islander communities
- community commitment and engagement
- geographical location where the services will be delivered
- ability of the organisation to meet regulatory and legislative requirements, and
- capacity of the organisation to deliver care over a sustained period.

Advertising of grant opportunities

As grant funding opportunities under the NATSIFACP become available, they will be advertised on GrantConnect, the Australian Government's whole-of-government grants information system: grants.gov.au.

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

Funding limitations

The following limitations on funding use apply:

- service providers cannot use funding from other Commonwealth, state, territory or local government sources to contribute to its share of eligible expenditure
- service providers are 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 NATSIFACP grant funds and in accordance with any requirements set out in the Project Schedule.

Individual related costs

Packaged meals

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

Please refer to Meals section for requirements of packaged meals.

Medical transport transfer cost

Transport services delivered under the NATSIFACP 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

NATSIFACP 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: ato.gov.au/businesses-and-organisations/income-deductions-and-concessions/depreciation-and-capital-expenses-and-allowances .

Annual infrastructure and equipment funding

The Aged Care Capital Assistance Program (ACCAP) provides grants to build, extend, or upgrade aged care services or to build staff accommodation where older Australians have limited or no access.

Organisations can apply for ACCAP grants to support aged care infrastructure projects, such as:

- new builds, extensions and upgrades
- maintenance and efficiency upgrades
- safety and amenity improvements
- construction or upgrade of multi-use spaces
- provision of staff accommodation

Eligible activities are determined on a round-by-round basis and clarified through grant opportunity guidelines. These guidelines will be published on GrantConnect at the beginning of each grant round: grants.gov.au.

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 CGRPs' 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 individuals 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 individuals
- 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: grants.gov.au.

NATSIFACP Grant Agreement obligations

As recipients of Commonwealth Grant Funding, NATSIFACP providers have obligations in relation to their policies, protocols and procedures, and community engagement.

Internal policies, protocols and procedures

NATSIFACP providers are required to develop and maintain other 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 individual welfare
- police check and Serious Incident Response Scheme requirements
- fees and individual contribution
- 'no response' guidelines
- privacy
- ensuring that workers (paid and voluntary) are suitably qualified or are undertaking training appropriate to the service they deliver
- staffing contingencies for holiday, training, sickness or other instances of short staffing.

NATSIFACP 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 individuals, their carer(s), their representatives, staff and stakeholders to ensure efficient, effective and quality service delivery.

Community engagement and networking

The service provider engages with the community to ensure that individuals achieve maximum independence, maintain friendships and connection to Country or Island home, and participate in the life of the community.

Community engagement

This may involve the service provider encouraging and assisting individuals 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 and participate in planning, developing and providing aged care services that are in accordance with both the published Service List relevant to the providers registration category and with community need. 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 Support at Home 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.

Guide to Transition-out Plans

The following are matters that should be considered for inclusion in the Transition-Out Plan (ToP). The list is not exhaustive or prescriptive and ToP will depend on each service provider's individual arrangements and the outcome of any negotiations.

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

The ToP must include:

- **service provider details** – include name, address, and relevant contacts (position/s and contact details for the positions, do not include names)
- **auspice body** – include name, address, and relevant contacts (position/s and contact details for the positions, do not include names)
- **activity description** – briefly describe the Activity to which the ToP relates. Include information about related service providers with which the service provider has linkages and contact details (position/s and contact details for the positions, do not include names)
- **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 ToP 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? Include 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 individual records, including 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** for the transfer of software for service and individual 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** to inform individuals, particularly regarding continuity of care for individuals 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.