Australian Government
Department of Health

National Aboriginal and Torres Strait Islander Flexible Aged Care Program

Program Manual 2021

Contents

1 Introduction

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

The NATSIFAC Program Manual 2021 replaces the 2019 version of this Manual. This Manual may be updated or varied from time to time. The Department of Health (DoH) reserves the right to review and amend this Manual as deemed necessary and will provide reasonable notice of any amendments.

2 Overview of the Program

THE NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER FLEXIBLE AGED CARE (NATSIFAC) PROGRAM

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

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

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

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

AIM AND OBJECTIVES

The objectives of the NATSIFAC Program are to:

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

DELIVERING CULTURALLY APPROPRIATE AGED CARE SERVICES

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

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

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

- having appropriate buildings to allow for cultural activities, family visits, ceremonies and take into account Aboriginal and Torres Strait Islander customs;
- ensuring a comfortable environment and surroundings (e.g. access to the natural environment or outdoor access and bushland gardens, Aboriginal and Torres Strait Islander artefacts);
- employment or engagement of Aboriginal or Torres Strait Islander people;

- participation by the local community in planning and providing aged care;
- encouraging and assisting consumers to remain engaged with their community (e.g. by participating in traditional events);
- respecting cultural traditions (e.g., men's and women's business); and
- providing the services in a culturally safe way.

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

CONTACT DETAILS FOR AGED CARE

This Manual is available on the Department of Health website.

Consumers, consumers, families and carers can access more detailed information on aged care services at the My Aged Care website.

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

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

3 Access to the NATSIFAC Program Activity

CONSUMERS

Consumers eligible to receive services under the NATSIFAC Program are people aged 50 years and older who:

- are of Aboriginal and/or Torres Strait Islander descent;
- identify as Aboriginal and/or Torres Strait Islander; or
- are accepted by the community they live in or come from.

REFERRAL

Potential consumers may be referred to aged care services provided under the NATSIFAC Program through a number of mechanisms. These include:

- MyAgedCare;
- Regional Assessment Services (RAS) – assessors for the Commonwealth Home Support Program;
- General Practitioners;
- Aged Care Assessment Team (ACAT) or (ACAS);
- Social workers;
- Geriatricians;
- Hospitals; and
- Community health workers

Potential consumers are not required to be assessed by the ACAT to receive care services under the NATSIFAC Program. However, it is recommended that an assessment be undertaken by a health professional or ACAT prior to receiving aged care services.

ACATs are known as Aged Care Assessment Services (ACAS) in Victoria.

WHERE CAN SERVICES BE PROVIDED?

There are no prescribed settings where care can be provided; rather, care can be provided flexibly in response to a consumer's identified needs, and includes:

- residential care: in a residential facility in which the consumer is also provided with accommodation and nursing care and services; and/or
- home-based: in a consumer's own home, a respite centre or day respite centre, or other place where the consumer stays part of the time in which the person is provided with a package of services under the NATSIFAC Program.

ON WHAT BASIS CAN SERVICES BE PROVIDED?

Services are provided according to the assessed needs of the consumers. Care can be:

- Residential care which includes assistance with personal care and care that meets the persons nursing needs, meals and cleaning services, and furnishings, furniture and equipment for the provision of that care and accommodation, these may be provided on a:
    - permanent (ongoing) basis; or
    - short term (non-ongoing) basis; or
    - respite care either emergency or planned basis; and or
- Home care which supports people to remain living at home.

The services will be available (but not limited to):

- for residential care services, 24 hours per day 7 days per week; and
- for home care services, to meet the particular needs of the consumer.

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

WHAT TYPES OF CARE SERVICES CAN BE PROVIDED?

The care services provided must be based on assessed need of the consumer and include a range of services as detailed in the grant agreement or at Appendix A.

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

4 Consumer Assessment, Planning and Discharge

COMPREHENSIVE ASSESSMENT

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

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

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

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

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

CARE PLANNING

A care plan is to be developed for each consumer on admission to the service. Following the assessment of the consumer, a care plan should be developed between the consumer and/or their representative and the service provider.

The care plan is required to address the consumer's identified care needs goals and preferences. The care plan details the care and services to be provided to support the consumer based on their assessed needs and includes who will provide the care and services and when these will be provided.

This includes a cultural support plan which describes how the addressed needs and consumer preferences will be met in a culturally safe way. The care/cultural support plan includes strategies to maintain privacy and dignity, individual interests, customs and beliefs, independence and family connectedness.

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

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

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

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

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

CONSUMER AGREEMENT

The service provider must offer each consumer a consumer agreement (sometimes called a 'service agreement').

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

If English is a second language for the consumer, or they do not speak English at all, the service provider are requested to arrange for an interpreter (not a family member) who speaks the consumer's language to explain the agreement to them and to explain the consumer's response to the service provider. The interpreter would then document on agreement what had been explained and the response, and sign it. The service provider may also consider having a staff member, such as a care manager, sign to verify the process.

A consumer agreement should:

- include a clear statement of the charges payable by the consumer and how amounts of each charge are to be worked out;
- include how the charges payable will be collected by the service provider;
- allow the consumer to suspend provision of care;
- state a date for the start of the services;
- provide conditions under which either party may terminate the care services;
- include the steps the service provider will take to assist the consumer to access alternative care arrangements if the service provider can no longer meet the care needs of the consumer;
- refer to the care plan;
- state the consumer's rights in relation to decisions about the kind of care that the consumer is to receive;
- include a guarantee that all reasonable steps will be taken to protect the confidentiality, so far as legally permissible, of information provided by the consumer, and details of use to be made by the service provider of the information;
- state that the consumer is entitled to make any complaint about the provision of care without fear of reprisal, and state the mechanisms for making such a complaint; and
- be expressed in plain language and be readily understandable.

DISCHARGE FROM THE SERVICE

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

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

Care needs may increase beyond the capacity of the service provider for several reasons:

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

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

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

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

5 Service Planning, Management and Administration

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

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

SERVICE PROVIDER POLICIES

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

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

Service providers may also choose to have protocols on other aspects of service provision, and local stakeholder engagement.

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

RECURRENT FUNDING/PAYMENTS

Funding is provided under a "cashed out" model, based on an agreed allocation of places and not the occupancy of those places. 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 needs of the community. Funding is based on daily rates for the type of allocated place.

The funding for the NATSIFAC Program is provided by DoH in association with the grant agreement. The service provider should ensure that the funds are used as per the conditions of the grant agreement.

No more than 14 per cent of management fees can be funded from Commonwealth government grants. In addition, management fees must not be funded in any part from consumer fees. Consumer fees must be used entirely to fund the cost of personal and clinical care.

The service provider cannot use funding from other Commonwealth, state, territory or local government sources to contribute to its share of eligible expenditure.

The service provider is responsible for the delivery of aged care services and to have systems in place for budgeting, controls, recording and monitoring.

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

- Residential High Care place
- Residential Low Care place
- Home Care place

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

- the Veterans' Supplement;
- the Residential Concessional Supplement;
- the Respite Supplement; and if eligible
- the Residential Aged Care Viability Supplement.

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

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

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

The amount of funding paid and the frequency of payments are set out in the Schedule to the grant agreement.

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

ANNUAL INFRASTRUCTURE AND EQUIPMENT FUNDING

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

- the provision of staff accommodation essential to the delivery of aged care services;
- equipment;
- building works;
- staff training;

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

EMERGENCY FUNDING

DoH may make provision under the DACS Fund and NATSIFAC Program for one-off grants to ensure continuity of aged care services and services that directly impact the quality of care for aged consumers, including but not limited to:

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

Items that will not be considered for emergency funding:

- equipment;
- furniture;
- building works;
- staff training.

INFORMATION TECHNOLOGY

Service providers must have systems in place to allow them to collect data in order for them to meet their reporting obligations which are outlined in the grant agreement.

REPORTS

Financial reporting documents and service activity reporting (Appendix D) must be provided to DoH as outlined in the grant agreement. Consumer fees are not part of the financial acquittal report. The acquittal report only acquits the grant provided by the Department.

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

REPORTING FOR RESIDENTIAL AGED CARE STAFF COVID-19 VACCINATION REQUIREMENTS

From 15 June 2021 until 31 December 2021, NATSIFAC Program residential aged care providers must report each week via the My Aged Care provider portal the following information:

a. the total number of service staff in relation to the service;
b. the number of those service staff who have informed the approved provider that they have received a single dose of a COVID-19 vaccine (for clarity, this applies in both instances where the service staff informed their approved provider either voluntarily or as mandated under a relevant state or territory law);
c. the number of those service staff who have informed the approved provider that they have received all required doses of a COVID-19 vaccine (for clarity, this applies in both instances where the service staff informed their service provider either voluntarily or as mandated under a relevant state or territory law); and
d. the number of those service staff who have informed the approved provider that they have not received all required doses of a COVID-19 vaccine because of an exemption under a relevant state or territory law (for clarify, this applies in both instances where the service staff informed their approved provider either voluntarily or as mandated under a relevant state or territory law).

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

a. the total number of service staff in relation to the service;

b. the number of those service staff who have voluntarily informed the approved provider that they have received the annual seasonal influenza vaccination for the calendar year that includes 30 June of that year;
c. the number of those service staff who have informed the approved provider that they have received all required doses of a COVID-19 vaccine (for clarity, this applies in both instances where the service staff informed their approved provider either voluntarily or as mandated under a relevant state or territory law); and
d. the number of those service staff who have informed the approved provider that they have not received all required doses of COVID-19 vaccine because of an exemption under a relevant state or territory law (for clarify, this applies in both instances where the service staff informed their approved provider either voluntarily or as mandated under a relevant state or territory law).

The My Aged Care provider portal will be the reporting mechanism for aged care providers. Providers who face connectivity challenges in using the My Aged Care provider portal can submit reports, using the template provided, to COVID19VacTFRAC1A@Health.gov.au

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

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

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

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

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

Providers should strongly encourage workers to get vaccinated and to provide evidence of their vaccination status prior to 17 September 2021.

REPORTING FOR RESIDENTIAL AGED CARE RESIDENTS COVID-19 VACCINATION STATUS

From 13 July 2021 with the first mandatory reporting date on 27 July 2021, NATSIFAC Program residential aged care providers must submit weekly reports until 31 December 2021 via the My Aged Care provider portal on the following information:

a. the total number of residential aged care residents in relation to the service on the reporting day;
b. the number of residential aged care residents who have voluntarily informed the approved provider that they have received a single dose of a COVID-19 vaccine;
c. the number of those residential aged care residents who have voluntarily informed the approved provider that they have received all required doses of a COVID-19 vaccine.

It is expected all residential aged care services currently have records of the above data.

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

The My Aged Care provider portal is the reporting mechanism for aged care providers however, providers who face connectivity challenges in using the My Aged Care provider portal can submit reports to COVID19VacTFRAC1A@Health.gov.au.

Further Guidance is available to assist providers understand these new arrangements.

REPORTING FOR RESIDENTIAL AGED CARE RESIDENTS INFLUENZA VACCINATION STATUS

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

REPORTING FOR BASIC DAILY FEE SUPPLEMENT FOR RESIDENTIAL AGED CARE PROVIDERS

From 1 July 2021, NATSIFAC Program residential age care providers are eligible to receive a Basic Daily Fee (BDF) supplement of $10 per day per "funded residential place". The 2021 BDF supplement is available to providers who:

a. give a formal undertaking via the form at Apprendix E that they will deliver good quality and quantity goods and services to meet the living needs of residents, with a focus on food and nutrition; and
b. report quarterly on the quality and quantity of daily living services, with a focus on food and nutrition via the reporting template at Appendix F.

Providers must report on the quality and quantity of daily living services for each service. One report is required for each service. If a report is not received from a service, then the supplement will stop until the report is submitted.

Reports are required quarterly from October 2021, with the first report due on 21 October 2021. The deadline for submitting quartley reports is by 21 October; 21 January; 21 April; and 21 July each year. The reports require the following information on;

- food (prepared on site and/or prepared by an external provider)
- food preparation (kitchen and food service staff hours)
- nutrition-related allied health expenses, and
- how the Provider ensures an appropriate standard of daily living services.

Quarterly reports must be submitted to NATSIFACP@health.gov.au.

REPORTING FOR HOME CARE STAFF COVID-19 VACCINATION REQUIREMENTS

From 21 September 2021 until 31 December 2021, NATSIFAC Program home care providers must report weekly via the My Aged Care provider portal the following information:

a. the total number of staff, contractors and volunteers at each service, and of those;
b. the total number of staff, contractors and volunteers who have received a single dose of a COVID 19 vaccine;
c. the total number of staff, contractors and volunteers who have received all required doses of a COVID 19 vaccine.

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

a. the total number of service staff in relation to the service on the reporting day;
b. the number of those service staff who have voluntarily informed the approved provider that they have received the annual seasonal influenza vaccination for the calendar year that includes the reporting day;

c. the number of those service staff who have voluntarily informed the approved provider that they have received all required doses of a COVID-19 vaccine.

The My Aged Care provider portal will be the reporting mechanism for aged care providers.

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

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

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

CONSUMERS RIGHTS AND RESPONSIBILITIES

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

From 1 July 2019, the new Charter of Aged Care Rights will provide the same rights to all consumers, regardless of the type of Australian Government funded care and services they receive (see Appendix B).

The Charter will apply to consumers once they start receiving Australian Government funded aged care, including:

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

The new Charter of Aged Care Rights will replace the:

- Charter of consumers' rights and responsibilities – residential care
- Charter of consumers' rights and responsibilities – home care
- Charter of consumers' rights and responsibilities – short-term restorative care (part 1, residential care setting; part 2, home care setting)

Service providers have responsibilities to support consumers to understand the new Charter.

From 1 July 2019, providers must give consumers a copy of the new Charter signed by the provider, and ensure that the consumer or their authorised person has been given a reasonable opportunity to sign a copy of the Charter.

The purpose of requesting the consumer's signature is to allow them to acknowledge they have received the Charter, had assistance to understand it and understand their rights. Consumers are not required to sign the Charter and can commence, and/or continue to receive care and services, even if they choose not to sign the Charter.

Timeframes for implementing these new requirements are as follows:

1 July 2019 – onwards – new requirements apply for all new consumers across aged care programs.

1 July - 30 September 2019 – new requirements must be completed for existing consumers in residential care and short-term restorative care in a residential care setting.

1 July - 31 December 2019 – new requirements must be completed for existing consumers in home care and short-term restorative care in a home care setting.

To assist providers with this requirement a Charter of Rights Template for Signing is available for use from 1 July 2019, and has also been translated into 18 languages.

This is reviewed as a component of any concerns or complaints made to the Aged Care Quality and Safety Commission and under the Aged Care Quality Standards. (Refer to Complaints Handling Policy Section of this Manual).

The Aged Care Quality and Safety Commission provides a free service for anyone to raise their concerns about the quality of care or services being delivered to people receiving aged care services subsidised by the Australian Government. For more information for Aged Care Quality and Safety Commission see website

RISK MANAGEMENT STRATEGY

All DoH 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.

6 Responsibilities and Accountabilities under the NATSIFAC Program

THE DEPARTMENT OF HEALTH

The Minister has overall responsibility for the NATSIFAC Program.

DoH will:

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

Information on the successful grants will be published on GrantConnect and the DoH website.

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

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

SERVICE PROVIDER

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

Service providers are responsible for ensuring:

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

- they meet their own corporate governance responsibilities including matters such as financial management, industrial relations and Work Health and Safety;
- they have a complaints mechanism and resolution process; and
- they report data as detailed in the grant agreement.

PROHIBITED USE OF FUNDS

Service providers must not use any of the grant funds provided:

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

For the purposes of m above, and subject to any other provision of the funding agreement, 'costs the service provider actually incurs in the performance of providing aged care services' includes the proportion of any general operational overhead or expense that is reasonably required for, and thus attributable to, the performance of providing aged care services. The Department may require the service provider to demonstrate their attribution of an operational overhead or expense for the provision of aged care services is reasonable.

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

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

AGED CARE QUALITY AND SAFETY COMMISSION

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

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

The Aged Care Quality and Safety Commission is responsible for:

- conducting a quality review with NATSIFAC Program services and monitoring those services in accordance with the Quality Framework
- resolving complaints about NATSIFAC Program services.

7 Staffing and Training

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

QUALIFICATIONS OF STAFF

There are a range of service types delivered under the NATSIFAC Program, and DoH 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 DoH) comply with these requirements.

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

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

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

MEDICATION ADMINISTRATION

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

VOLUNTEERS

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

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

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

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

SUBCONTRACTORS

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

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

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

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

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

REQUIREMENTS FOR POLICE CHECKS

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

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

8 Work Health and Safety

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

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

The WHS laws contains the following important safety obligations including:

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

PROVIDING A SAFE AND HEALTHY WORKPLACE

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

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

MAKING OTHERS AWARE OF THEIR RESPONSIBILITIES

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

Service providers must ensure that their employees and volunteers:

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

OBLIGATIONS TO DOCUMENT WORK HEALTH AND SAFETY POLICIES AND PROCEDURES

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

- management of communicable diseases;
- minimizing the risk of infection;
- safe lifting and transfer procedures;
- asbestos;
- fire safety; and
- first aid.

For more information, see the Safe Work Australia website.

9 Serious Incident Response Scheme

The Serious Incident Response Scheme (SIRS) commenced on 1 April 2021. The SIRS builds on the previous reportable assault arrangements and aims to reduce abuse and neglect in residential aged care, including flexible care delivered in a residential aged care setting.

Under the SIRS service providers have new responsibilities to manage incidents and take reasonable steps to prevent incidents, including by implementing and maintaining an incident management system. Service providers will continue to be required to report certain incidents, although the types of incidents are broader than those under the previous reportable assault arrangements.

INCIDENT MANAGEMENT SYSTEM

The SIRS requires providers to have in place and maintain an effective incident management system – a set of protocols, processes and standard operating procedures that staff are trained in and expected to use. An incident management system comprises the policies, procedures and processes that support the identification, management and resolution of incidents that can occur during the course of delivering care and services to consumers.

The key components of an incident management system are:

1. The policies and procedures about how to identify, respond to, resolve and learn from incidents. These must be documented and made available to consumers, their representatives and the staff.
2. The recording tool that is used to capture information about incidents. Some incident management systems use computer-based electronic tools, while others are paper-based.
3. A staff training program and regular reinforcement on how the system operates, and staff roles and responsibilities.
4. Provider governance and accountability arrangements to provide oversight of the system's operation and ensure its effectiveness in driving continuous quality improvement.

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

When recording incidents, the incident management system must include the following details about each incident:

- a description of the incident including the harm it caused or could have caused
- the time and place it happened
- the time it was identified by the service provider
- the name and contact details of the person/s involved
- the name and contact details of any witnesses
- details of the service provider's response and actions in relation to the incident
- whether the incident was a reportable incident (explained below)
- details of any consultations undertaken with the people affected by the incident
- whether persons affected by the incident have been provided with any reports or findings about the incident
- investigations undertaken into the incident
- name and contact details of person making record

These records should be kept for seven years after the incident was identified. The Aged Care Quality and Safety Commission (the Commission) may request to see these records as part of their compliance and monitoring functions.

REPORTABLE INCIDENTS

Under the SIRS, the types of incidents that must be reported to the Commission will be broader than those under the previous reportable assault arrangements. This includes incidents that occur, or are alleged or suspected to have occurred, and will include incidents involving a care recipient with cognitive or mental impairment (such as dementia). Reportable incidents include those listed below:

- where unreasonable use of force has been used against the consumer (e.g. kicking, hitting, pushing, shoving, or rough handling);
- where unlawful sexual contact, or inappropriate sexual conduct has been inflicted on the consumer (e.g. sexual assault, indecent assault, sexually explicit comments, crossing professional boundaries or overt sexual behaviour);
- psychological or emotional abuse of the consumer (e.g. name calling, threats to withhold care or services, or threatening gestures);
- the unexpected death of a consumer (e.g. untreated wounds leading to a consumers untimely death);
- where a staff member has stolen from, or financially coerced, a consumer (e.g. a staff member stealing the consumers valuables, or a staff member coercing a consumer to change their will in favour of the staff member);
- neglect of a consumer (e.g. withholding personal care, untreated sores and wounds, lack of adequate medical care);
- inappropriate use of physical or chemical restraint of a consumer (e.g. where restraint is used when it is not an emergency and the informed consent has not been sought/received); or
- unexplained absence of a consumer from the services of the provider.

From 1 April 2021, all 'Priority 1' incidents must be reported to the Commission, and the police where the incident is of a criminal nature, within 24 hours of becoming aware of the incident. Priority 1 incidents are where the incident has caused, or could reasonably have caused a consumer physical or psychological injury, illness or discomfort that requires medical or psychological treatment to resolve. Instances of unexplained absence from care and any unexpected death of a consumer are always to be regarded as a Priority 1 reportable incident.

From 1 October 2021, all 'Priority 2' incidents must be reported to the Commission within 30 days of becoming aware of the incident. Priority 2 incidents include all other reportable incidents that do not meet the criteria for a 'Priority 1' incident.

Reportable incidents must be reported using the form available through the My Aged Care service provider portal. The DoH provides information and support to access and log into the provider portal. Fact sheets are also available with further information about My Aged Care. Alternatively, service providers can call the My Aged Care National Contact Centre on 1800 200 422 between 8.00am to 8.00pm [AEST] Monday to Friday and 10.00am to 2.00pm on Saturday (a free call from fixed lines; calls from mobiles may be charged).

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

MANAGING AND RESPONDING TO INCIDENTS

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

Service providers must provide support and assistance to persons affected by incidents and involve them in the resolution of the incident.

Services providers must also assess the incident, including whether:

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

Service providers must take reasonable steps to implement any of the actions they have identified through this process.

Service providers should also use the information they collect in their incident management system to identify trends or systemic issues and to identify areas where feedback or further training should be provided to staff.

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

REPORTING OTHER EVENTS

Service providers should continue to advise their Funding Arrangement Manager [as listed in the Commonwelth grant Agreement under F. Party representatives and address for notices] if any of the following events occur:

- a fire, natural disaster, accident or other incident that will or is likely to prevent the delivery of all or part of any activity and result in the closure of premises, or significant damage to premises or property or pose a significant threat to the health and safety of any person;
- minor accidents, including vehicle accidents where the service provider is transporting a consumer; or
- incidents that may bring negative media attention to the service provider and/or the Australian Government as the funding body.

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

These requirements do not affect any obligation the service provider has under a Law of a State or Territory to report such incidents.

10 Fees and Contributions

POLICY

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

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

CHARGING FEES

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

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

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

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

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

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

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

Some consumers may be eligible for the Department of Human Services, (DHS) Centrelink Rent Assistance. Consumers are encouraged to contact their local DHS Centrelink office for further information about Rent Assistance.

USE OF COLLECTED FEES

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

Additional costs to the consumer for support services (such as hair dresser and personal supplies) are not considered to be fees and should not be included in any reports relating to the NATSIFAC Program.

Other Contributions

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

PROVIDER OPERATIONAL MATTERS

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

- the provision of care services as shown in the grant agreement or at Appendix A;
- staff salaries and on-costs which can be directly attributed to the provision of services under the NATSIFAC Program in the identified service area or areas as per the grant agreement;
- employee training for paid and unpaid staff including Committee and Board members, that is relevant, appropriate and in line with the provision of services; and
- operating and administration expenses directly related to the delivery services, such as:
    - telephones and internet;
    - rent and outgoings;
    - computer / IT/website/software;
    - insurance;
    - utilities;
    - postage;
    - stationery and printing;
    - accounting and auditing;
    - travel/accommodation costs directly associated to the delivery of aged care services;
    - assets as described in the Whole of Government Grant Agreement, including motor vehicle lease; and
    - repairs and maintenance of aged care assets.

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

CONTINUITY OF SERVICE – TRANSITION OUT PLANS

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

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

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

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

Guidance for the Transition-Out Plan follows.

Guide to Transition-out Plans

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

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

The Transition-Out Plan must include:

- **Service provider details** – include name, address, and relevant contacts (position(s) only and the contact details for the position(s) – do not include names as these are subject to change).
- **The Auspice body** – including name, address, and relevant contacts (position(s) only and the contact details for the position(s) – do not include names as these are subject to change).
- **Activity description** – briefly describe the Activity to which the Transition-Out Plan relates. Include information about related service providers with which the service provider has linkages, and contact details (position(s) only and the contact details for the position(s) – do not include names as these are subject to change).
- **Service provider arrangements** – include information/ description of service provider specific administrative policies, processes and procedures; operational protocols; subcontracting arrangements; geographical areas serviced, including any cross border arrangements; hours of operation; staff; operation of service provider vehicles; and additional services provided by the service provider.
- **Timeframe for transition** – specify the transition-out period (assume a period of one to three months before the date of termination or expiry of the grant agreement, to be negotiated and agreed with DoH at the time of termination/expiry). Include timetable for the transition - events, milestones etc.
- **Staffing arrangements** – include staffing details and the basis on which service provider staff are employed, e.g. awards and arrangements for transition of staff to a new service provider (subject to the agreement of the new service provider). While there is provision in project funding for staff entitlements, the Transition-Out Plan should address conditions and arrangements for staff not wishing to transfer, e.g. redeployment and redundancy.
- **Service provider property/ accommodation** – information about the accommodation arrangements for premises currently occupied by the service provider. Would the office space currently used be available on termination of the Agreement? If available, arrangements required to transfer, e.g. lease arrangements, etc.
- **Assets** – in accordance with the grant agreement, details of all assets purchased with DoH 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 DoH or nominee is to take place, e.g. whether the Assets are to be sold and proceeds paid to DoH, 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 DoH or its nominee. In particular, the service provider should consider arrangements for the transfer of consumer records, giving due regard to privacy requirements.
- **Intellectual property** – the arrangements must be set out for the delivery to the alternative service provider, as agreed with DoH, of the service provider's relevant databases or directories that are used by them as per the grant agreement.
- The intellectual property register with up-to-date contact details of all owners and licensees of intellectual property should also be attached to the plan.
- **Financial records** – all financial acquittals must be finalised in accordance with the conditions set down in the grant agreement.
- **Database arrangements** – arrangements for the transfer of software for service and consumer data arrangements, including web-based data base services if applicable.
- **Service contracts** – arrangements to novate (transfer) to DoH or its nominee all contracts relating to services provided or any other relevant contracts to which the service provider is a party, including Subcontractors.
- **Communication plan** – plan to inform consumers, particularly regarding continuity of care for consumers in the short term, including arrangements for another service provider to deliver existing services.

- **Unspent funds** – identification and details of any unspent funds.
- **Risks** – identification and details of any risks including any actions taken to date or proposed actions to remedy the risks.

'NO RESPONSE' GUIDELINES

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

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

Aged Care Guides and Policies can be accessed on the Department of Health website Aged Care Guides and Policies

PRIVACY

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

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

For further information please see the Australian Privacy Principles here.

11 Quality assessment and monitoring

AGED CARE QUALITY STANDARDS

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

The Australian Government is committed to high quality care for older Australians and considers the health, safety and welfare of aged consumers a high priority. As part of reforms to the aged care system, the Department of Health has worked with the sector to develop a single set of quality standards for all aged care services.

From 1 July 2019, the new single set of standards, called the Aged Care Quality Standards, will replace the:

- Accreditation Standards;
- Home Care Standards;
- National Aboriginal and Torres Strait Islander Flexible Aged Care Program Quality Framework Standards; and
- Transition Care Standards.

Assessment and monitoring against the new Aged Care Quality Standards commenced from 1 July 2019.

The Aged Care Quality Standards will:

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

Service providers will be required to meet the new Aged Care Quality Standards.

QUALITY REVIEW AND MONITORING

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

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

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

The quality review guidelines are located here.

12 Complaints

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

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

COMPLAINTS HANDLING POLICY

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

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

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

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

AGED CARE COMPLAINTS

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

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

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

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

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

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

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

13 Advocacy

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

NATIONAL AGED CARE ADVOCACY PROGRAM

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

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

14 Community Engagement and Networking

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

COMMUNITY ENGAGEMENT

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

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

NETWORKING

Wherever possible, the service provider should consider being part of a network of services that care for older people and ensure there are links with other related and relevant services, such as Primary Health Care, the Commonwealth Home Support Program, the Home Care Packages 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.

Glossary and Acronyms

Term	Description
Aged Care Assessment Team (ACAT)	Aged Care Assessment Teams are multidisciplinary teams of health professionals responsible for determining eligibility for entry to residential aged care, home care and some flexible aged care services. In Victoria ACATs are known as Aged Care Assessment Services (ACAS).
Accountability	The state of being answerable and responsible for one's actions.
Act	The *Aged Care Act 1997.*
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 that regulates the Residential Aged Care, Flexible Care, and Home Care Programs from 1 October 1997. The flexible aged care services funded under NATSIFAC Program operate outside the regulatory framework of the *Aged Care Act 1997.*
Aged Care Quality and Safety Commission	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 consumers to develop and promote best practice models to engage consumers 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.
Carer	Carers can include family members, friends or neighbours who are identified as providing regular and sustained care and assistance to the consumer. Carers frequently live with the person for whom they care.
Care Plan	A plan developed in consultation with the consumer 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 consumer.
Consumer	A person receiving flexible aged care services.
Consumer Agreement	An agreement between the consumer and the service provider, sometimes also called a service agreement.
Clinical Care	Care supervised or provided by a registered practitioner (i.e. Doctor, Registered nurse or Enrolled nurse).
Continuous Improvement	Ongoing pursuit of better practices with demonstrated outcomes.
Cultural Safety	Cultural Safety is about recognising, respecting and nurturing the unique cultural identity of Aboriginal and Torres Strait Islander people and meeting their needs, expectations and rights. It is expected that the principle of cultural safety, outlined in the Quality Framework for services delivered under the NATSIFAC Program, will be recognised and embedded in all aspects of the service provider's service delivery and quality systems. The service provider should ensure that policies, procedures and practices are in place to ensure the service delivers flexible, culturally appropriate care. The service provider should also ensure that individual consumer interests, customs, beliefs and cultural backgrounds are valued and nurtured, and that the service assists consumers to stay connected with their family and community.
Dementia and Cognition Supplement	Specific funding provided for dementia care in Home Care.

Term	Description
DoH	The Australian Government Department of Health (DoH).
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.*
Grant Agreement	The Agreement between the Australian Government and the service provider. These are performance based and legally enforceable agreements between the parties which set out the terms and conditions governing the business relationship.
Grant Recipient	In this Program Manual referred to as a 'service provider' and in the grant agreement a 'Provider'. The grant recipient is the legal entity or Organisation that enters into a grant agreement with DoH to provide Aboriginal and Torres Strait Islander Flexible Aged Care Services.
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.
My Aged Care	'My Aged Care' consists of a national phone line and a website which provide general information on aged care services and finders to locate local services.
National Aged Care Advocacy Program (NACAP)	The National Aged Care Advocacy Program (NACAP) is funded by the Australian Government and provides free, confidential advocacy support and information to consumers or potential consumers of Australian Government subsidised aged care services about their rights and responsibilities when accessing services.
Program	The Residential and Flexible Care Program.
Quality	Providing products or services of high quality or merit.
Residential Care	Personal and/or nursing care that is provided to a person in an aged care home in which the person is also provided with accommodation that includes appropriate staffing, meals and cleaning services, as well as furnishings, furniture and equipment for the provision of that care and accommodation.
Residential Concessional Supplement	A financial supplement paid to Aboriginal and Torres Strait Islander flexible aged care services for the provision of services.
Residential Viability Supplement	A financial supplement paid to eligible Aboriginal and Torres Strait Islander flexible aged care services to assist in the operation of small, rural and remote services to assist with viability.
Respite	Respite care (also known as short-term care) is a form of support for carers. It gives carers the opportunity to attend to everyday activities and have a break from their caring role.
Service provider	The grant recipient, referred to in this Program Manual as the service provider, is the legal entity or Organisation that enters into a grant agreement with DoH to provide Aboriginal and Torres Strait Islander Flexible Aged Care Services.
The Service	The aged care service funded under the Program to deliver the services detailed in the grant agreement.
Veterans' Supplement	The Veterans' Supplement in residential and home care provides funding for veterans with service related mental health conditions to ensure their service related mental health condition does not act as a barrier to accessing appropriate care.

Appendix A

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

HOME CARE

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

A. Care services	**Home care can include:**
Personal services	Personal assistance, including individual attention, individual supervision and physical assistance, with: bathing, showering including providing shower chairs if necessary, personal hygiene and grooming, dressing and undressing, and using dressing aids toileting mobility transfer (including in and out of bed)
Activities of daily living	Personal assistance, including individual attention, individual supervision and physical assistance, with communication including assistance to address difficulties arising from impaired hearing, sight or speech, or lack of common language, assistance with the fitting of sensory communication aids, checking hearing aid batteries, cleaning spectacles and assistance in using the telephone
Nutrition, hydration, meal preparation and diet	Includes: assistance with preparing meals assistance with special diet for health, religious, cultural or other reasons assistance with using eating utensils and eating aids and assistance with actual feeding if necessary providing enteral feeding formula and equipment
Management of skin integrity	Includes: providing bandages, dressings, and skin emollients sheets, sheepskins, tri-pillows, and pressure relieving mattresses and assistance in using the above aids
Continence management	Includes: assessment for and, if required, providing disposable pads and absorbent aids, commode chairs, bedpans and urinals, catheter and urinary drainage appliances and enemas assistance in using continence aids and appliances and managing continence
Mobility and dexterity	Includes: a) providing crutches, quadruped walkers, walking frames, walking sticks and wheelchairs; b) providing mechanical devices for lifting, bed rails, slide sheets, sheepskins, tri-pillows, and pressure relieving mattresses; and c) assistance in using the above aids

B. Support services	Home care can include:
Support services	Includes: d) cleaning e) personal laundry services, including laundering of the consumer's clothing and bedding that can be machine-washed, and ironing; f) arranging for dry-cleaning of the recipient's clothing and bedding that cannot be machine washed; g) medication management; h) rehabilitative support, or helping to access rehabilitative support, to meet a professionally determined therapeutic need; i) emotional support including ongoing support in adjusting to a lifestyle involving increased dependency and assistance for the recipient and carer if appropriate; j) support for recipient's with cognitive impairment, including individual therapy, activities and access to specific programs designed to prevent or manage a particular condition or behaviour, enhance quality of life and provide ongoing support; k) providing 24-hour on-call access to emergency assistance including access to an emergency call system if the consumer is assessed as requiring it; l) transport and personal assistance to help the recipient shop, visit health practitioners or attend social activities m) respite care; n) assisting the consumer, and the homeowner if the home owner is not the consumer, to access technical advice on major home modifications; o) advising the consumer on areas of concern in their home that pose safety risks and ways to mitigate these p) arranging social activities and providing or coordinating transport to social functions, entertainment activities and other out-of-home services; q) assistance to access support services to maintain personal affairs
Leisure, interests and activities	Includes encouragement to take part in social and community activities that promote and protect the consumer 's lifestyle, interests and wellbeing

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

RESIDENTIAL CARE

The range of residential care and services include the following:

Care and services	For residential consumers including:
Daily living activities assistance	Personal assistance, including individual attention, individual supervision, and physical assistance, with the following: a) bathing, showering, personal hygiene and grooming; a) maintaining continence or managing incontinence, and using aids and appliances designed to assist continence management; b) eating and eating aids, and using eating utensils and eating aids (including actual feeding if necessary); c) dressing, undressing, and using dressing aids; d) moving, walking, wheelchair use, and using devices and appliances designed to aid mobility, crutches, quadruped walkers, walking frames, walking sticks, and wheelchairs, including the fitting of artificial limbs and other personal mobility aids; e) communication, including to address difficulties arising from impaired hearing, sight or speech, or lack of common language (including fitting sensory communication aids), and checking hearing aid batteries and cleaning spectacles; f) Excludes motorised wheelchairs and custom made aids; g) Excludes hairdressing
Emotional support	Emotional support to, and supervision of, consumers
Treatments and procedures	Treatments and procedures that are carried out according to the instructions of a health professional or a person responsible for assessing a consumer's personal care needs, including supervision and physical assistance with taking medications, and ordering and reordering medications, subject to requirements of State or Territory law. Includes bandages, dressings, swabs and saline
Recreational therapy	Recreational activities suited to consumers, participation in the activities, and communal recreational equipment
Rehabilitation support	Individual therapy programs designed by health professionals that are aimed at maintaining or restoring a consumer's ability to perform daily tasks for himself or herself, or assisting consumers to obtain access to such programs
Assistance in obtaining health practitioner services	Arrangements for aural, community health, dental, medical, psychiatric and other health practitioners to visit consumers, whether the arrangements are made by consumers, relatives or other persons representing the interests of consumers, or are made direct with a health practitioner
Assistance in obtaining access to specialised therapy services	Making arrangements for speech therapists, podiatrists, occupational or physiotherapy practitioners to visit consumers, whether the arrangements are made by consumers, relatives or other persons representing the interests of consumers
Support for consumers with cognitive impairment	Individual attention and support to consumers with cognitive impairment (for example, dementia and behavioural disorders), including individual therapy activities and specific programs designed and carried out to prevent or manage a particular condition or behaviour and to enhance the quality of life and care for such consumers and ongoing support (including specific encouragement) to motivate or enable such consumers to take part in general activities of the residential care service

	The service provider also needs to make available the following:
Administration	General operation of the residential care service, including documentation relating to consumers
Maintenance of buildings and grounds	Adequately maintained buildings and grounds
Accommodation	Utilities such as electricity and water
Furnishings	Bedside lockers, chairs with arms, containers for personal laundry, dining, lounge and recreational furnishings, draw-screens (for shared rooms), wardrobe space, over-bed tables and towel rails Excludes furnishings a consumer chooses to provide
Bedding	Beds and mattresses, bed linen, blankets, absorbent or waterproof sheeting, bed rails, incontinence sheets, ripple mattresses, sheepskins, tri-pillows, air mattresses appropriate to each consumer's condition
Goods to assist staff to move consumers	Mechanical devices for lifting consumers, stretchers, and trolleys
Cleaning services, goods and facilities	Cleanliness and tidiness of the entire residential care service Excludes a consumer's personal area if the consumer chooses and is able to maintain this himself or herself
Waste disposal	Safe disposal of organic and inorganic waste material
General laundry	Heavy laundry facilities and services, and personal laundry services, including laundering of clothing that can be machine washed Excludes cleaning of clothing requiring dry cleaning or another special cleaning process, and personal laundry if a consumer chooses and is able to do this himself or herself
Toiletry goods	Bath towels, face washers, soap, toilet paper, tissues, toothpaste, toothbrushes, denture cleaning preparations, mouthwashes, moisturiser, shampoo, conditioner, shaving cream, disposable razors and deodorant
Meals and refreshments	a) Meals of adequate variety, quality and quantity for each consumer, served each day at times generally acceptable to both consumers and management, and generally consisting of 3 meals per day plus morning tea, afternoon tea and supper; b) Special dietary requirements, having regard to either medical need or religious or cultural observance; c) Food, including fruit of adequate variety, quality and quantity, and non-alcoholic beverages, including fruit juice
Consumer social activities	Programs to encourage consumers to take part in social activities that promote and protect their dignity, and to take part in community life outside the residential care service
Goods to assist with toileting and incontinence management	Absorbent aids, commode chairs, bed pans and urinal covers, disposable pads, over-toilet chairs, shower chairs and urodomes, catheter and urinary drainage appliances, and disposable enemas
Nursing services	Initial assessment and care planning carried out by a nurse practitioner or registered nurse, and ongoing management and evaluation carried out by a nurse practitioner, registered nurse or enrolled nurse acting within their scope of practice. Nursing services carried out by a nurse practitioner, registered nurse or enrolled nurse, or other professional appropriate to the service (for example, medical practitioner, stoma therapist, speech pathologist, physiotherapist or qualified practitioner from a palliative care team), acting within their scope of practice. Services may include, but are not limited to, the following: a) establishment and supervision of a complex pain management or palliative care program, including monitoring and managing any side effects;

	The service provider also needs to make available the following:
	b) insertion, care and maintenance of tubes, including intravenous and naso-gastric tubes; c) establishing and reviewing a catheter care program, including the insertion, removal and replacement of catheters; d) establishing and reviewing a stoma care program; e) complex wound management; f) insertion of suppositories; g) risk management procedures relating to acute or chronic infectious conditions; h) special feeding for consumers with dysphagia (difficulty with swallowing); i) suctioning of airways; j) tracheostomy care; k) enema administration; l) oxygen therapy requiring ongoing supervision because of a consumer's variable need; m) dialysis treatment. The service provider should facilitate access to nursing: n) where these are not available in the service; or o) the costs of providing the nursing are greater than the resources available in the Activity.
Therapy services, such as, recreational, speech therapy, podiatry, occupational, and physiotherapy services	a) Maintenance therapy delivered by health professionals, or care staff as directed by health professionals, designed to maintain consumers' levels of independence in activities of daily living; b) More intensive therapy delivered by health professionals, or care staff as directed by health professionals, on a temporary basis that is designed to allow consumers to reach a level of independence at which maintenance therapy will meet their needs Excludes intensive, long-term rehabilitation services required following, for example, serious illness or injury, surgery or trauma c) The service provider should facilitate access to therapies: where these are not available in the service; or d) the costs of providing the therapy are greater than the resources available in the Activity.
Emergency assistance	At least one responsible person is continuously on call and in reasonable proximity to render emergency assistance

Appendix B

CHARTER OF AGED CARE RIGHTS

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

You have the right to:

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

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

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

Appendix C

NATSIFAC PROGRAM - POLICE CERTIFICATE GUIDELINES

Introduction

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

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

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

Your obligations

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

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

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

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

POLICE CERTIFICATES AND POLICE CHECKS

Police certificates and police checks

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

Police certificate requirements

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

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

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

Australian Criminal Intelligence Commission Checks

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

Statutory Declarations

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

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

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

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

STAFF, VOLUNTEERS AND EXECUTIVE DECISION MAKERS

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

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

Definition of a staff member

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

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

Examples of individuals who are staff members include:

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

Definition of non-staff members

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

- employees who, for example, prepare the payroll, but do not interact with clients
- independent contractors.
- Generally, an independent contractor is a person:
- who is paid for results achieved
- provides all or most of the necessary materials and equipment to complete the work

- is free to delegate work to others
- has freedom in the way that they work
- does not provide services exclusively to the service provider
- is free to accept or refuse work
- is in a position to make a profit or loss.

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

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

Definition of a volunteer

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

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

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

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

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

Definition of unsupervised interaction

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

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

Definition of an executive decision maker

An executive decision maker is:

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

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

New staff

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

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

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

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

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

Staff, volunteers and executive decision makers who have resided overseas

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

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

ASSESSING A POLICE CERTIFICATE

Police certificate format

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

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

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

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

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

PURPOSE OF A POLICE CERTIFICATE

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

Police Certificate Disclosure

A police certificate discloses whether a person:

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

A Risk Assessment Approach

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

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

Assessing Police Certificate Information

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

- a crime or offence involving the death of a person

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

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

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

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

Assessing information obtained from a police certificate for executive decision makers

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

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

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

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

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

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

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

Committing an offence during the three year police certificate expiry period

Service providers must take reasonable measures to require each of their staff members, volunteers and executive decision makers to notify them if they are convicted of an offence in the three year period between obtaining and renewing their police check. If a staff member, volunteer or an

executive decision maker has been convicted of an offence they must not be allowed to continue working for the grant recipient.

Refusing or terminating employment on the basis of a criminal record

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

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

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

Spent Convictions

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

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

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

Police Check Administration

Record keeping responsibilities

Service providers must keep records that can demonstrate that:

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

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

Sighting and storing police certificates

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

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

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

Cost of police certificates

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

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

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

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

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

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

Police certificate expiry

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

Documenting decisions

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

Monitoring compliance with police check requirements

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

- three-year police check renewal procedures
- appropriate storage, security and access requirements for information recorded on a police certificate
- evidence of a service providers decisions in respect of all individuals, or where staff are contracted through another agency, evidence of contractual arrangements with the agency that demonstrates the police certificate requirements.

For more information see: Record Keeping Responsibilities.

Appendix D

NATSIFAC PROGRAM – SERVICE ACTIVITY REPORTING TEMPLATE

Please contact NATSIFACP@health.gov.au for a copy of the Service Activity Reporting Template.

Appendix E

NATSIFAC PROGRAM – BASIC DAILY FEE SUPPLMENT UNDERTAKING FORM

Please contact NATSIFACP@health.gov.au for a copy of the Basic Daily Fee Supplement Undertaking Form.

Appendix F

NATSIFAC PROGRAM – BASIC DAILY FEE SUPPLEMENT REPORTING TEMPLATE

Please contact NATSIFACP@health.gov.au for a copy of the Basic Daily Fee Supplment Reporting Template.

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All information in this publication is correct as at September 2021