NATSIFAC Program Reform Workbook

September 2025

NINTIONELIMITED

CDCS
Culturally Directed Care Solutions

Acknowledgement

We acknowledge Aboriginal and/or Torres Strait Islander peoples as the Traditional Custodians of our land and its waters. Ninti One Limited and our project partners wish to pay respects to Elders, past and present, and to the youth, for the future. We extend this to all Aboriginal and/or Torres Strait Islander people reading this document.

Ninti One gratefully acknowledges the contribution of our project partners Culturally Directed Care Solutions and Community Works to the development of resource.

Terminology

The terms 'Aboriginal and/or Torres Strait Islander', Aboriginal', 'Indigenous' and 'First Nations' may be used interchangeably throughout our progress reporting. Through the use of these terminologies, we seek to acknowledge and honour diversity, shared knowledge and experiences as well as the right of stakeholders to define their own identities.

Disclaimers

This report has been compiled using a range of materials and while care has been taken in its compilation, the organisations and individuals involved with the compilation of this document accepts no responsibility for the accuracy or completeness of any material contained in this document. Additionally, the organisations and individuals involved with the compilation of this document disclaim all liability to any person in respect of anything, and of the consequences of anything done or omitted to be done by any such person in reliance (whether wholly or partially) upon any information presented in this document.

ECAAS ISO 9001 CERTIFIED QUALITY MANAGEMENT

Supply Nation REGISTERED

Our logo story

Our logo is based on the painting 'Two Women Learning', created by Aboriginal artist Dr Kwementyaye Wallace. Dr Wallace was born and raised at Uyetye, on the Todd River – her father's homeland. Her mother is from Therirrerte. Her grandfather taught her stories of her culture and land from an early age. 'Two Women Learning', which illustrates how different people hold different knowledge, different parts of the story, and how they are responsible for keeping that story safe and passing on the knowledge.

Contents

1. NATSIFAC Program Regulation Support Hub

The Department of Health, Disability and Ageing (the Department) has engaged Ninti One Limited (Ninti One) to develop and deliver targeted training and assistance specifically to National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) Program Service Providers to support transition to the Aged Care Act 2024 (the Act). As part of this support, we have established the NATSIFACP Regulation Support Hub (the Support Hub) coordinated by Ninti One.

The Support Hub will operate from **1 July 2025 to 30 June 2027**, providing ongoing support via phone, email and video conferencing. The Support Hub can connect all NATSIFAC Service Providers with practical resources and experienced Aged Care advisors to help you understand and meet your obligations under the Aged Care Act 2024.

Our team of aged care advisors will comprise experienced personnel from Ninti One and our support partner Culturally Directed Care Solutions (CDCS).

1.1 Types of support

Through the Support Hub you can access one-on-one tailored support in addition to general information and guidance. Support will be **individualised and targeted** to each service provider's specific needs.

Our support may include:

- General advice on how to approach the Aged Care Act 2024
- Support to identify the changes and how they will affect you
- Access to practical guides and resources
- Help with training and education
- Support developing individual change management plans
- Support with finance, reporting and compliance requirements

1.2 How to access support

You can contact the Support Hub during business hours (8am – 4pm AEST) by:

- **Phone**: 0429 621 646
  Email: natsifacregulationsupport@nintione.com.au
- **Website**: https://www.nintione.com.au/natsifac-program-regulation-support-hub/

Definition: This resource acknowledges the range of terms currently in use across the aged care sector to describe people accessing services. Terms such as *care recipient*, *older person*, *client*, *individual*, and *service user* may be used interchangeably throughout the document.

Their use reflects sector-wide language variation, source references, and cultural considerations. Our intent is to communicate respectfully and inclusively, rather than impose a single definition.

2. Unpacking the aged care reforms

The Australian Government has developed a new Aged Care Act (2024) (new Act) to strengthen Australia's aged care system. The new Act aims to ensure that people who access aged care services funded by the Australian Government are treated with respect and have the quality of life they deserve. Many of the changes that will be faced by NATSIFACP providers relate to the introduction of the new Act, as all Australian Government funded aged care programs will come under the Aged Care Act 2024.

Whilst one of the key changes impacting NATSIFACP providers is the pathway older people follow to access services from the program; there are a number of other changes that will impact on the organisation. The following is a summary of these changes; these will be covered in more detail later in the resource book.

2.1 Aged care reforms – a summary of what's changing for NATSIFACP

This section provides a summary of what is changing for NATSIFACP effective 1 November 2025.

2.1.1 Compliance and governance

Stronger oversight and clearer provider responsibilities.

- Regulated under the new aged care act – NATSIFACP providers will now be fully regulated, meaning you must meet compliance and reporting obligations.
- Provider registration – Services must be formally registered to deliver aged care and meet defined regulatory requirements.
- Provider suitability and key personnel – Key personnel must pass annual suitability checks and background screening to ensure they are fit to deliver safe, compliant services.
- Governing body membership requirements – Boards must review their structure to ensure they meet new competency and independence requirements (may not apply to your organisation).
- Provider governance policy – Policies and practices must meet the Provider Governance Obligations outlined under the new Act.
- Governance and board reporting – Boards must receive structured reports aligned with the Quality Standards and/or other legislative requirements (dependent on registration category) and demonstrate strong oversight of service performance.
- Strengthened whistleblower protections – New systems must protect individuals who report unsafe or non-compliant practices.
- Worker screening – Providers must not employ staff in risk assessed roles who fail to meet new clearance and screening requirements.
- Proactive planning – Strategic planning must address future community needs while maintaining compliance and sustainability.

2.1.2 Care recipient rights and protections

Empowering older people and supporting safe, respectful care.

- Statement of rights – Care recipients' rights are clearly defined; providers must embed them in everyday practice and decision-making.
- Code of conduct – The Aged Care Code of Conduct applies to all NATSIFACP providers, staff, volunteers and contractors, to ensure safe, respectful and quality care.
- Registered supporter framework – Care recipients can nominate a support person to help them make aged care decisions; providers must integrate this into care planning.
- Feedback and complaints mechanism – Providers must have simple, accessible systems for complaints handling, with extra requirements for larger services.

2.1.3 Reporting, systems and standards

Better transparency and improved quality monitoring.

- Strengthened quality standards – Providers must comply with updated Quality Standards according to their registration category, ensuring safe, high-quality care that meets standards.
- Audits – Services will undergo regular audits to confirm compliance and retain registration.
- Quarterly financial reports (QFR) and prudential reporting – Providers will need to report on Food and Nutrition through the QFR (where this applies for service type and category).
- General reporting requirements – Broader reporting obligations now apply, including financial and prudential reporting requirements.
- IT systems and cybersecurity – IT systems must meet updated Quality Standards for privacy, data security, and legal compliance, protecting both organisations and clients.

2.1.4 Service delivery and access

Simplifying pathways and improving portability.

- Registering clients on my aged care – New clients will need to be registered via My Aged Care, and existing care recipients who have given permission will be automatically deemed as an approved client and registered on the My Aged Care system.
- Single assessment workforce – A single national workforce will manage all aged care assessments, streamlining access to services.
- Portability of classification levels – NATSIFACP care recipients who have been assessed through the Single Assessment Pathway will receive a Notice of Decision letter that will identify the approved service groups and classification level, allowing a person to move between providers who provide the same services without needing to wait for further reassessment under the Single Assessment Pathway.
- Monitoring of clinical and care services – Providers must demonstrate ongoing monitoring to ensure care remains safe and effective.
- Care provided in partnership – Services must work collaboratively with care recipients, supporting choice and personalised care planning.

3. Client Intake

The way people access NATSIFACP services is changing.

3.1 My Aged Care registration

Currently, a person can apply directly to a NATSIFACP service provider, be assessed and approved for services. From 1 November 2025, all people wishing to access NATSIFACP services will need to register with My Aged Care and receive a formal assessment through the Single Assessment System pathway.

No reassessment needed for existing clients:

Where they have provided permission, existing NATSIFACP clients will be **'deemed'** into the My Aged Care system. The Department of Health, Disability and Ageing is working with providers to ensure all existing clients are moved onto the system.

If someone is already receiving NATSIFACP services or has accessed NATSIFACP services within 12 months prior to 1 November 2025, they will transition into the new system without requiring a further assessment via the Single Assessment Pathway unless they are a home care client whose needs change and they require residential care or respite services.

***NOTE**: If a person has not provided or been available to give permission for a My Aged Care profile to be set up, then they are unable to be deemed. The department strongly recommends that service providers have a conversation about consent with clients as those that are not deemed will need to set up a My Aged Care profile themselves and go through the single assessment pathway. If they meet the requirements for alternative entry, they can start receiving services before the assessment occurs.*

3.2 Single Assessment Pathway

3.2.1 What is the single assessment system - overview?

One assessment, many services: The Single Assessment System uses a single assessment to cover in home care *(Support at Home and Commonwealth Home Support Program),* short-term and permanent residential care and specialised aged care (including NATSIFACP community and residential).

The Integrated Assessment Tool (IAT) is the official tool used by assessors across Australia to determine eligibility for government-funded aged care services. It is designed to make aged care assessments simple and smooth, so people only need to tell their story once, instead of navigating multiple forms, assessors and assessment organisations.

What the IAT includes
The IAT gathers comprehensive details across several key areas: • **Daily functioning** – such as dressing, eating, bathing, moving around • **Cognition** – including memory, thinking, and decision-making skills • **Psychosocial needs** – such as social connections, emotional well-being, and mental health • **Medical conditions** – any health issues that might affect independence • **Other**– sometimes assessing legal, financial, and behavioural issues too. The IAT is designed with **nested questions,** meaning assessors ask follow-up questions only where needed, aiming to make the process quicker and more focused which should make the assessment process better for individual's seeking care and services. The information captured in the IAT will help providers when planning care and services as they will receive a fuller picture of the person and their needs.

Unified workforce: As of 9 December 2024, all assessment services (previously divided across different teams – ACAT and RAS) are now consolidated.

Recording NATSIFACP in support plans:

From 1 November, aged care assessors will use the "Add a service recommendation" feature in the assessor portal (in "Goals & recommendations → Other recommendations") to link older people to NATSIFACP services.

Aboriginal and Torres Strait Islander assessment organisations: Are specialised assessment organisations who will offer culturally safe assessments. These are being progressively rolled out. See additional information below.

3.3 Aboriginal and Torres Strait Islander assessment organisations

Commencing a phased rollout in late 2025, dedicated First Nations assessment services will begin operating.

Aboriginal and Torres Strait Islander assessment organisations will provide older Aboriginal and Torres Strait Islander people with:

- A phased rollout has commenced with pilot sites in August 2025
- Choice of an alternate pathway for older Aboriginal and Torres Strait Islander people
- Culturally safe, trauma aware and healing informed aged care assessments
- Can register a preference to be assessed by an Aboriginal and Torres Strait Islander Assessment Organisation
- Organisations will be listed on the website and SAS list of assessment organisations as they become available.

3.3.1 Approach

Aboriginal and Torres Strait Islander assessment organisations will support Aboriginal and Torres Strait Islander people by:

- taking a less formal yarning approach to assessments
- doing face-to-face assessments, where possible
- connecting with the local community with their knowledge of local services and culture
- allowing for multiple visits, if required, to build trust and develop a relationship
- minimising the need for the older person to re-tell their story multiple times
- providing interpreting services, when needed
- welcoming the presence of the older person's family member, or advocate, to be part of the meetings
- gathering information about the older person's health and wellbeing to understand the aged care services they need.

3.3.2 Registering a preference

Using a First Nations assessment organisation is optional, however, Aboriginal and Torres Strait Islander people seeking assessment services can register a preference to be assessed by these culturally safe services via My Aged Care (online or phone) or through support from an Elder Care Support worker or care finder.

As of February 2025, the My Aged Care (MAC) system is able to record if an older Aboriginal and Torres Strait Islander client would prefer to have their assessment completed by a First Nations assessment organisation. They can also withdraw this preference at any time.

Assessors will ask a person who identifies as Aboriginal and/or Torres Strait Islander if they would prefer a First Nations assessment organisation, if available and will be able to refer a client to a First Nations assessment organisation if available in their region. First Nations organisations will also have the ability to self-refer clients.

Until such services are available in a client's area, they will continue with mainstream assessment organisations, but with the option to transfer when a First Nations organisation becomes operational nearby.

An older person also has a right to decide if they want to be referred to a specific organisation. The assessor will share the information about which First Nations assessment organisations are available. If the older person does not wish to be referred to a specific organisation, they will be connected with either another First Nations assessment organisation if available, or another assessment organisation in the Single Assessment System.

It is important to record a person's preference for a First Nations assessment organisation even where one is not yet available as this helps to identify gaps and inform demand planning.

3.4 How the Single Assessment Pathway works for people seeking NATSIFACP support

Before 1 November 2025: In-house system

Until 1 November, NATSIFACP providers assess and approve clients using their own in-house approach, independent of the national aged care assessment systems.

From 1 November 2025: use the Single Assessment System

Under the new aged care system, there's just one assessment process, called the Single Assessment Pathway. This means people don't have to go through multiple assessments. A trained team, the Single Assessment Workforce, will help decide what kind of aged care support a person can get.

On 1 November 2025, the Single Assessment Pathway becomes the formal pathway for accessing all government-funded aged care services, including flexible aged care like NATSIFACP.

3.4.1 Single Assessment Pathway

Getting Started / Contacting My Aged Care

- An older person (or someone on their behalf) contacts My Aged Care to request help or assessment. This can be by phone, online, or referral from a GP or hospital
- Where available, the person may be supported through the Elder Care Support program to understand the process and speak up, they may also use a Registered Supporter
- Basic screening is done to understand immediate needs and urgency.

Referral & Triage

Once screened, the person is referred to an assessment organisation.

- A Triage Delegate reviews the referral (within about 2 weeks) to decide how urgent the assessment is and whether any short-term supports are needed in the meantime.

Needs Assessment using the Integrated Assessment Tool (IAT)

- The assessor (from the Single Assessment System workforce) meets with the older person (often in their home) to do a full assessment of needs using the IAT.
- This looks at things like physical ability, daily living tasks, social support, health, living environment, preferences.

Under the Single Assessment System assessors must complete a Support Plan based on the Integrated Assessment Tool (IAT). The Support Plan should include the person's assessed needs, goals and preferences; recommended services, frequency or volume; any risks identified and how they can be managed. Assessors must also carry out Support Plan reviews when needs change or the plan isn't working. In some cases (e.g. urgent need or cultural safety concerns) services can begin under an alternative entry pathway, with the formal Support Plan catch-up happening shortly after.

Support Plan Creation

Based on the assessment, a support plan is developed by the Single Assessment Workforce. This plan includes:

- What the person's needs are and goals they want to achieve.
- What services may help, including short-term or ongoing support.
- Classification of their funding/tier (how intensive support will be) and priority category.
- For people seeking home care support their support plan will identify approved service groups (e.g. clinical, independence or everyday living) and service types (e.g. nursing care, meals or domestic assistance.

***Note**: providers may wish to consider how they will refer to their internal client care plans to minimise confusion for aged care recipients as the support plan is wording that is now being used to describe a document created by the Single Assessment Service.*

Notice of Decision

After the assessment and when everything is approved by an Assessment Delegate, the person receives a Notice of Decision. This letter (or notice) tells them:

- Which services they are eligible to access
- Their classification level if approved for Support at Home (if only approved for CHSP level support this will be evident in their Notice of Decision and Support Plan).
- Evidence & reasons for the decision (why they are approved or not)
- Their priority level / classification (to show urgency or waiting order, if relevant)
- What happens next and how to appeal or ask questions if they disagree.

Assignment, Waiting & Using Approved Services

- If the person is eligible for ongoing help (for example: home care, packages, residential care), there may be a waiting period. The Notice of Decision identifies where they sit in the priority system.
- While waiting, they can prepare, this includes identifying a suitable provider, understanding costs, getting ready for transitioning to services.

Review & Reassessment

- If someone's situation changes (health, living situation, goals), they can have their assessment/data reviewed or updated.
- The support plan and services are also reviewed regularly at the provider level to make sure they still match the person's needs.
- If a person needs higher level care and services, they can be referred to the Single Assessment System to be re-assessed.

3.4.2 Notice of Decision

The following table summarises the items that are included in a Notice of Decision under the new aged care reforms.

Note this is drawn from the Support at Home and other Departmental resources, there is likely be some key differences or clarifications in the Notice of Decision for people who are approved to

receive services through the NATSIFACP program, though the core format is consistent across the aged care system.

Some of the differences may include:

- the Notice may specifically state that services will be **delivered under the** National Aboriginal and Torres Strait Islander Flexible Aged Care Program
- The Notice of Decision and Support Plan will also include referrals and codes for NATSIFACP (if eligible)
- It may include a note that the person will receive care from a registered NATSIFACP provider, and **does not need to "choose a provider"**
- it may state that certain supports (e.g. home modifications or AT) may be delivered **differently or flexibly** under the NATSIFACP model.

Section	What it includes
Summary of Needs & Goals	A brief outline of the person's aged care needs (what was assessed), their strengths, and what goals they have.
Approved Services / Supports	What services the person is eligible for (ongoing or short-term). For example: home care, allied health, assistive tech, home modifications, end-of-life care.
Classification & Budget	The assessed classification (level of need) and the budget allocated, often on a quarterly basis, for ongoing services.
Short-Term Supports	If needed, what short term supports are approved (e.g. restorative health services, modifications, assistive technology) with their budget.
Reasons & Evidence	The basis for the decision — what assessment findings, evidence or criteria were used to approve (or decline) certain supports.
Priority / Waiting Information	If there are waiting times, what the priority or waiting status is.
Next Steps & What Happens Now	Guidance on what the person can do now: preparing for provider selection, gathering info, waiting, etc.
Rights, Review or Appeals	Information on how to ask questions or request a review of the decision if they disagree.

Also, the Aged Care Act 2024 requires that the System Governor give the written notice of the decision to the person within 14 days after the decision is made.

3.5 Reassessments for existing NATSIFACP Client?

Question: *"If an existing client experiences a change in their health or circumstances and needs a new type of service, e.g. they were receiving meals and laundry services but now also need transport, do they have to go through My Aged Care (Single Assessment Pathway) for a reassessment, or can we manage this internally like we've always done?"*

Answer: From 1 November 2025, if an existing client needs more of the same type or level of service they're already receiving, they don't need to be reassessed through the Single Assessment Pathway. You can manage these changes internally, just as you do now. However, if the client needs a new type of service such as residential care (NATSIFACP or mainstream) they will need to be referred and reassessed.

Jimmy's - Existing Client with New Support Needs
Jimmy is an aged care client in a remote community. He's been receiving meals, laundry, and transport through your NATSIFACP service. Lately, Jimmy has been finding it harder to manage his personal care, things like showering safely and getting dressed. Good news: because Jimmy was already receiving NATSIFACP services before 1 November 2025, you can continue to support him without a formal reassessment through the Single Assessment Pathway as he is still receiving care in the same service type. His care manager, working together with the local health clinic nurse, can assess Jimmy's new needs and organise personal care services. No need to wait for the Single Assessment Workforce to step in.
Note: this flexibility only applies within the same care type (Home Care), so if Jimmy later needed residential aged care or respite, he would require a formal aged care needs assessment from the Single Assessment Workforce.

Mary - New Client After 1 November 2025
Mary is a new client seeking home care after the reforms take effect. Under the **new rules**, Mary will need an aged care needs assessment through The Single Assessment Pathway to determine what services she's eligible for. BUT - and this is important - there's an alternative entry pathway available. If Mary has urgent needs and there are delays accessing a culturally safe assessment, your service can still step in. You can assess Mary's immediate needs, start delivering the required services, and then register her on My Aged Care within 30 days.
Note: The registration needs to happen **within 30 days**, but the formal assessment via the Single Assessment Workforce can happen later. This gives the provider flexibility to meet a person's immediate needs, especially where an assessment is delayed. There *is* an expectation that providers provide continuity of care, meaning that if services are begun under an alternative entry pathway, then the provider should keep providing those supports until the full assessment and decision process is completed.

3.6 Portability of classification

From 1 November 2025, when a person receives an assessment via the Single Assessment Pathway and approved for NATSIFACP services, they will also receive an equivalent classification under the new Support at Home program. This means their approval is portable. If the person then moves to a different area where NATSIFACP services aren't available, their classification allows them to access services from another provider without needing a new assessment. Note, this does not mean a person can access two different services/programs at the same time, except where a service type is not available from the NATSIFACP provider.

In addition, people can be approved for multiple types of care at the same time. For example, they may be approved for home-based support under NATSIFACP or Support at Home and approved for residential respite or permanent residential care if this is likely to be needed.

Alice
Alice lives in a remote community and receives services under NATSIFACP, including transport and home support. She was assessed in December 2025 which means her approval also included a Support at Home level classification. Alice decides to move to a regional town to be closer to family. Because her classification is portable, she can transfer her approval to a local Support at Home provider and continue getting similar services without going through another assessment and approval for Support at Home. When Alice was assessed she and her family also identified a need for residential respite which was not offered by the community-based NATSIFACP service, this was also approved and means there is no delay in getting the respite support she needs, when required from a main-stream residential facility.
Note: A person should receive flexible, culturally appropriate care that meets their assessed needs. Clients will need to demonstrate an assessed care need to be approved for services. Approval is based on the person's current needs. If these change then they will need a reassessment.

3.7 Support at Home

If a person has been assessed as eligible for Support at Home and NATSIFACP as shown in the Notice of Decision and the Support Plan, a NATSIFACP provider who is registered (with ACQSC) in the registration categories required to deliver the identified services, can choose which program will provide the more appropriate services for their client.

However, where services are to be delivered under Support at Home, the provider will need to wait until Support at Home funds have been released for the care of that person. See the Support at Home program manual for more information about funding releases (Support at Home program manual - version 4.0).

If the NATSIFACP service has no availability and is unable to service the person under another program such as Support at Home or CHSP, then they would need to approach an alternate provider.

3.8 Elder Care

The Elder Care Support program, although not a legislated program has been rolled out across Australia. The program aims to build a culturally safe, trained workforce dedicated to helping older First Nations (and their carers or families) navigate the aged care system. They give support at every step, from understanding what services exist, helping older First Nations people through the assessment process, to advocating for the person with assessors and providers.

Elder Care providers may be able to support a person with the following:

- supporting older First Nations people to understand aged care services, navigate the assessment process and help with choosing a provider

- supporting families, friends and carers to understand how to access aged care services
- advocating for older First Nations people by working with assessors and providers to meet their needs
- supporting older First Nations people while they receive aged care services
- assisting with other types of health needs, such as disability supports.

This will:

- encourage more older First Nations people to access aged care services
- empower older First Nations people to decide on the care they need and receive.

4. Regulatory model

From 1 November 2025, the Aged Care Quality and Safety Commission (ACQSC) will have a strengthened role as the independent regulator overseeing aged care in Australia. Under the new Aged Care Act 2024, the ACQSC is responsible for registering all aged care providers, including those delivering services through the NATSIFACP program, whether residential or home-based.

As a registered provider, you will need to meet obligations based on the type of services you deliver. These obligations make providers accountable for the safety and quality of care they provide.

Obligations are intended to be proportionate to the environment a provider operates in, the services they deliver and any risks of harm that may be present.

As part of the registration process, providers must:

- Demonstrate compliance with the relevant sections of the Strengthened Aged Care Quality Standards
- Provide evidence of good governance and risk management systems
- Show how they deliver culturally safe, person-centred care
- Participate in regular monitoring, auditing, and performance reporting

The ACQSC also has the authority to:

- Issue conditions on a provider's registration
- Take regulatory action (e.g., enforceable undertakings, sanctions) if serious issues are identified
- Investigate complaints, including from care recipients, families, and staff
- Conduct spot checks, especially in thin markets or higher-risk service types.

4.1 Universal provider registration

The new model will introduce universal provider registration – a single registration for each provider across all aged care programs.

If you currently deliver multiple programs (such as home care and residential aged care), you will only need to register* once under the new regulatory model. You may be registered in multiple registration categories to cover all the services you offer; however you will not need to offer or provide all the services listed under a registration category.

*Note: as an existing NATSIFACP provider you will be 'deemed' into the relevant categories based on your current services, you do not need to do anything at this stage to 'register'. From 1 Nov. 2025 you can also vary your registration. All current NATSIFACP providers delivering home and community services will be registered in registration categories 1 to 5.

Registration categories and service types are grouped according to common characteristics and risks associated in delivery of care.

The registration categories are as follows:

Registration category	Description	Service types
Category 1	Home and community services	• Domestic assistance • Home maintenance and repairs • Meals • Transport
Category 2	Assistive technology and home modifications	• Equipment and products • Home adjustments
Category 3	Advisory and support services	• Hoarding and squalor assistance • Social support and community engagement
Category 4	Personal care and care support in the home or community (including respite)	• Allied health and other therapy • Personal care • Nutrition • Therapeutic services for independent living • Home or community general respite • Community cottage respite • Care management • Restorative care management
Category 5	Nursing and transition care	• Nursing care • Assistance with transition care
Category 6	Residential care (including respite)	• Residential accommodation • Residential everyday living • Residential services • Residential clinical care

Providers do not need to provide all listed services within categories.

4.2 Registration conditions

Some registration conditions will apply to **all providers** and having systems in place that address

- the rights of the individual receiving aged care services
- continuous improvement
- the Aged Care Code of Conduct
- incident management and complaints.
- governance
- evidence to satisfy registration status

Other conditions will be specific to a registration category **and** only apply to certain providers. For example:

- setting up advisory bodies
- reporting through the GPMS system to manage their services and personnel details (NATSIFACP providers will have access to the GPMS from 1 Nov 2025)
- demonstrating compliance with the strengthened Aged Care Quality Standards where they apply to Service category
- applying for section 159 exemption of the new Aged Care Act relating to Governing Body membership (if required).

ACQSC may also introduce additional conditions for an individual provider. For example:

- conditions that relate to location or the number of aged care recipients the provider can deliver services to, similar to sanctions under the Aged Care Quality and Safety Commission Act 2018
- a condition that restricts the service types that can be delivered within a registration category
- conditions related to an issue being addressed through regulatory or enforcement pathways – for example, that a provider must appoint an adviser for a period to provide training for its aged care workers.

When the new Act starts, the Quality-of-Care Principles and Accountability Principles no longer apply. They will be replaced with the provider obligations.

The Commission has released its provider registration policy. The policy explains the ACQSC's process and principles for registering providers of Australian Government-funded aged care services.

ACQSC will register providers for defined periods, after which time a provider will need to seek renewal of their registration. The standard registration period for providers will be 3 years. The ACQSC may specify a shorter or longer period, depending on certain factors. For example:

- longer periods may be given for those providers who consistently meet their obligations and deliver high quality care
- shorter periods may apply to providers who are new to the sector or have a record of non-compliance.
- There will not be any "mets" or "unmets" but a rating against compliance.

From 1 November 2025, the registration and renewal process will replace:

- residential aged care home accreditation
- home care provider quality reviews.

4.3 Non-compliance action

From the Provider Registration Policy (which takes effect with the Aged Care Act 2024) and other sources, there are actions ACQSC is able to take if providers don't comply:

- Vary registration: Change the conditions of a provider's registration (for example adding requirements or limiting what services they deliver).
- Suspend registration: Temporarily suspend a provider's registration, which stops their ability to receive government funding for the period of suspension.
- Revoke registration: Permanently remove a provider's registration so they can no longer provide government-funded aged care services.
- Non-Compliance Notices (NCNs): Issue notices that specify non-compliance and require the provider to remedy the issues.
- Enforceable Undertakings: Legally binding agreements for providers to take certain actions to remedy non-compliance; failure to implement them can lead to court action.

4.3.1 Penalties or sanctions may apply

Depending on the severity and type of non-compliance, here are the sanctions or penalties ACQSC can impose:

Type of violation	Possible sanctions / penalties
Breach of provider's obligations under the Act (e.g. statutory duties to ensure safety, health, avoid adverse effects)	• Civil penalties can apply. For example: serious breaches (such as causing serious injury or death) attract large fines
False or misleading information, insolvency, or unsuitability of provider or responsible persons	• ACQSC may suspend or revoke registration. • Loss of government funding during suspension

4.4 Impact on providers

- Providers under NATSIFACP (residential or home care) will be regulated under the same rules, so these powers and sanctions apply to them as well once the new model starts.
- Failure to meet conditions of registration could jeopardise their ability to remain registered, to access government funding, to continue delivering services.
- Providers should ensure they have systems in place for compliance, quality assurance, risk management, staff qualifications, and reporting.

Note: The Commission will continue to take a continuous improvement approach and will only invoke penalties if the non-compliance is severe.

5. Aged care standards

Depending on the registration category, **not all services** will be required to respond to the quality Standards; however, all providers will be required to deliver services that uphold the rights of older people accessing aged care services and the new Aged Care Act. Refer over page for the list of the new strengthened standards

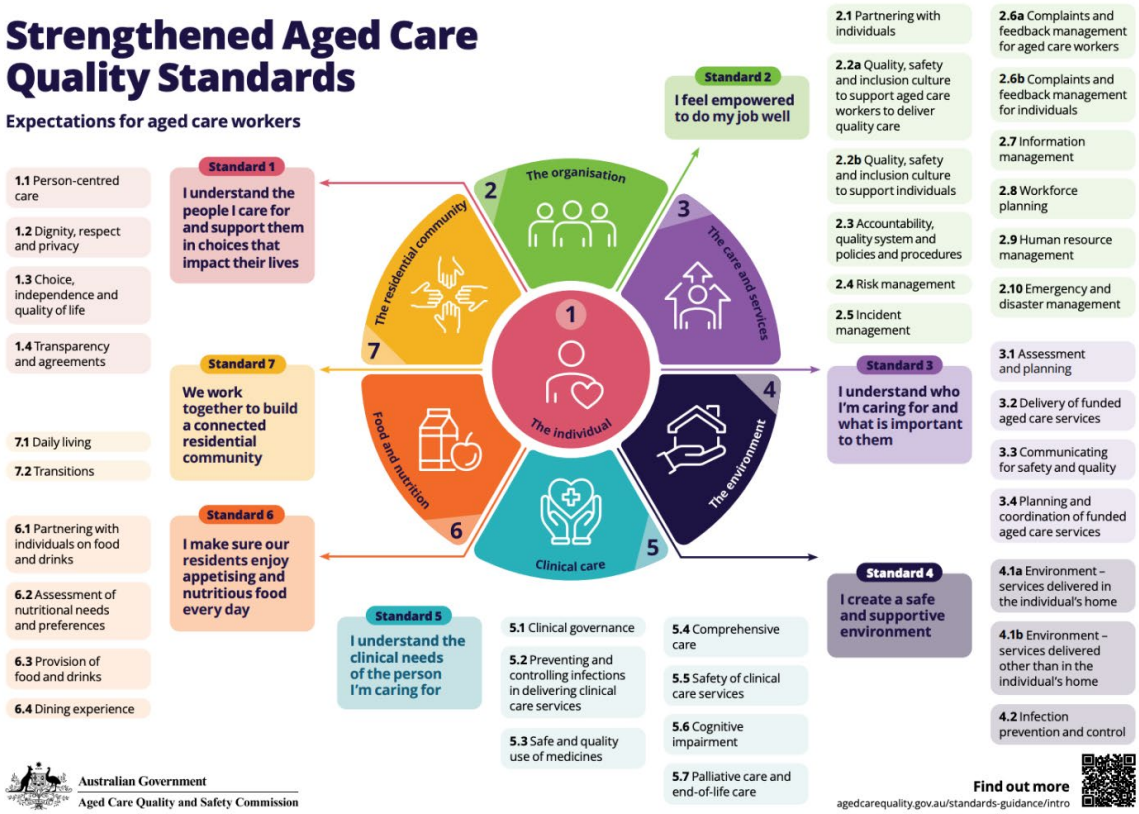
Provider types	Audit arrangements	Which Strengthened Aged Care Quality Standards apply
Type A – Category 1-3 (home or community based)	No audit	No Standards
Type B – Category 1,2,3 and 4 (home and community based)	One provider level audit for service types in Category 4	Standards 1-4 (Category 4 only)
Type C – Category 1, 2, 3, 4 and 5 (home and community based)	One provider level audit across service types in Categories 4 and 5	Standards 1-5 (Categories 4 and 5 only)
Type D – Category 1, 2, 3, 4, 5 and 6 (home or community based and residential care)	One provider level audit across service types in Categories 4 and 5 and one audit for each Residential Care Home	All Standards (Categories 4, 5 and 6 only)
Type E – Category 6 (residential care)	One audit for reach Residential Care Home	All Standards

Note: Type E only applies to organisations that provide Residential Care

Which category applies to your organisation and what standards will you have to meet? If you need help you can use the ACQSC tool to identify which Standards apply to your organisation.

5.1 Standards wheel – summary document (but the key is in the detail)

The following wheel visually identifies the Strengthened Aged Care Quality Standards for care workers. It is a good quick reference resource to help them understand what is expected of them under each Standard.



5.2 Systems and processes in place to meet new standards

Meeting Standard One will be a requirement for all NATSIFACP providers whether they provide residential or home care services. To meet this requirement providers, need to have systems and processes in place that capture evidence on how they meet the standard.

'Standard 1 underpins the way that providers and aged care workers are expected to treat older people and is relevant to all standards. Standard 1 reflects important concepts about dignity and respect, older person individuality and diversity, independence, choice and control, culturally safe care and dignity of risk. These are all important in fostering a sense of safety, autonomy, inclusion and quality of life for older people.'

The following are some examples from the Strengthened Standards and activities you and your team can use to better understand what applies and what has changed.

Outcome 1.1: Person-centred care

Outcome statement:

The provider **demonstrates** that the provider understands that the safety, health, wellbeing and quality of life of individuals is the primary consideration in the delivery of funded aged care services.

The provider **demonstrates** that the provider understands and values individuals, including their identity, culture, ability, diversity, beliefs and life experiences.

The provider **demonstrates** that the provider develops funded aged care service with, and tailored to, individuals, taking into account their needs, goals and preferences.

Actions:

1.1.1 **The wa**y the provider and aged care workers **engage** with individuals supports them to feel safe, welcome, included and understood.

1.1.2 The provider implements **strategies** to:

a) identify the individual background, culture, diversity, beliefs and life experiences as part of assessment and planning and uses this to direct the way their funded aged care services are delivered

b) identify and understand the particular communication needs and preferences of the individual

c) ask and record if an individual identifies as an Aboriginal or Torres Strait Islander person

d) deliver funded aged care services that meet the needs of individuals with specific needs and diverse backgrounds, including Aboriginal or Torres Strait Islander persons and individuals living with dementia

e) deliver funded aged care services that are culturally safe, trauma aware and healing informed, in accordance with contemporary, evidence-based practice

f) support individuals to cultivate relationships and social connections, including for individuals who identify as Aboriginal or Torres Strait Islander persons, connection to community, culture, and Country and Island Home

g) continuously improve its approach to inclusion and diversity.

1.1.3 The provider and aged care workers **recognise** the rights, and respect the autonomy, of individuals, including their right to intimacy and sexual and gender expression.

1.1.4 Aged care workers have **professional and trusting relationships** with individuals and work in **partnership** with them to deliver funded aged care services.

KEY CONCEPTS - covered in this requirement:

Emphasises that older people must be at the centre of all care decisions. Providers are expected to deliver services tailored to each individual's needs, goals, preferences, and cultural background. This means working in partnership with older people and their chosen supporters, ensuring care planning respects their independence, values, and diversity.

Providers must also ensure care is **accessible, culturally safe, trauma-aware, and healing-informed**, recognising that many older people have lived through experiences that may impact their wellbeing. Care should address not just physical needs, but also emotional, psychological, social, and spiritual wellbeing.

ACTIVITY: Considering the above outcome what impacts will there be, e.g.

- Roles & responsibilities
- Policy, procedures, processes
- Systems and reporting

And how can your organisation demonstrate meeting the outcome?

Outcome 2.1: Partnering with individuals

Outcome statement:

The provider must engage in meaningful and active partnerships with individuals to inform organisational priorities and continuous improvement.

Actions:

2.1.1 The governing body partners with individuals to set priorities and strategic directions for the way their funded aged care services are provided.

2.1.2 The provider supports individuals to participate in partnerships and partners with individuals:

a) who reflect the diversity of those who use their funded aged care services

b) who identify as Aboriginal or Torres Strait Islander to ensure funded aged care services are accessible to, and culturally safe for, Aboriginal and Torres Strait Islander persons.

2.1.3 The provider partners with individuals in the design, delivery, evaluation and improvement of quality funded aged care services.

KEY CONCEPTS - covered in this requirement:

- Strategic Planning, Partnership, Continuous Improvement, Diversity

You need to give focus to:

- partnering directly with a diverse range of older people who use your services, including:
  - Aboriginal and/or Torres Strait Islander persons
  - people from a diverse range of backgrounds.
- supporting older people to partner with you on governance and delivering services
- understanding the diversity of older people who use your services. This includes people at higher risk of harm.
- focusing on continuous improvement.

ACTIVITY: Considering the above outcome what impacts will there be, e.g.

- Roles & responsibilities
- Policy, procedures, processes
- Systems and reporting

And how can your organisation demonstrate meeting the outcome?

HOMEWORK: These are just two of the outcomes you will need to meet under the aged care standards. There are also requirements under legislation that you need to demonstrate evidence of compliance.

When you return to the workplace, consider what pieces of evidence, policies or practices, and staff education might help you meet these expectations.

Key links:
Strengthened Quality Standards
Guidance

Note: As part of the NATSIFACP project Ninti One and partners will be able to help you with through this process using a Change Impact Assessment tool.

6. Governing under the reforms

Strengthened Quality Standard 2 requires the governing body to meet certain requirements to deliver funded aged care services. This standard applies to registered providers in Categories 4, 5 and 6.

6.1 Summary of governing body responsibilities

Overview

Governing body members are accountable for the delivery of aged care services in accordance with the Aged Care Act and Regulatory Framework. They play an important role in making sure the organisation delivers quality care and services and has systems in place to support organisation-wide governance.

> *'The governing body sets the **strategic priorities** for the organisation and promotes a culture of safety and quality. The governing body is also responsible for **driving and monitoring improvements to care and services**, informed by **engagement** with older people, family, carers and workers, and data and information on care quality.*
>
> *A provider's **governance systems and workforce** are critical to the delivery of safe, quality, effective and person-centred care for every older person, and continuous care and services improvement. Workers are empowered to do their jobs well.'*[1]

6.1.1 Key governing body / provider responsibilities under the Aged Care Act 2024 & Rules 2025

Registered provider duty

- The provider must, as far as reasonably practicable, ensure its conduct does NOT cause adverse effects to the health, safety or well-being of people receiving its aged care services

Duties of responsible persons

- Individuals in leadership positions (board members, CEOs, etc.) must exercise due diligence to ensure that the provider complies with its statutory duties (including safety, quality, rights) under the Act.

Provider, responsible person and aged care worker obligations (rules)

- Must meet requirements for suitability (e.g. criminal history, probity) for "responsible persons".
- Aged care workers must comply with the Aged Care Code of Conduct.

Incident management, complaints and whistleblowing

- Providers must manage incidents, handle complaints, feedback, and support protections for whistleblowers as set out in the Act.

[1] ACQSC guidance on Standard 2: The Organisation (Intent)

Reporting and notifications

- Registered providers must report certain kinds of “reportable incidents” to the Commissioner.
- Must notify changes in circumstances that materially affect the provider or its operation (e.g. key personnel, ownership).
- Must provide financial reports, including statement by governing body, as required by the Rules (e.g. aged care financial report).

Other obligations – cooperating with system oversight

- Must cooperate with the System Governor, Commission etc, for example, in providing data or records as requested.

Suitability records for responsible persons

- Must keep records of how suitability matters for responsible persons were considered: name, dates, outcome, reasons.

Delivery of direct care / standards for residential providers

- Rules include obligations about minimum direct care time per resident under certain programs, staffing requirements. For example, there are requirements for the average amount of direct care by registered/enrolled nurses in residential care homes.

6.1.2 Governing body role:

- Set the direction and strategic priorities for the organisation
- Provide the Mission/Vision for the organisation
- Be assured the delivery of services to ensure they are safe and culturally appropriate
- Receive reports on a regular basis from management to demonstrate all services and practices are meeting the standards and outcomes required under the Aged Care Act
- Be involved in the re-registration process and the audit for re-registration
- Have reports on the feedback from all individuals receiving aged care services from the organisation
- Oversee the financial management of the organisation
- Ensure the efficient and effective operation of the organisation under the guidance of the management team
- Lead a culture of safety, inclusion and quality. This includes ensuring there are appropriate systems and processes to support effective:
    - clinical and Care services
    - staff practices aligned to the standards and policies and procedures
    - risk and incident management
    - complaints, feedback and open disclosure mechanisms; and
    - inform and monitor continuous improvement.

Governing body members bring together different pieces of information to form a bigger and clearer picture of the organisation's activities and performance.

The governing body needs to be confident the information used to inform their decisions is accurate, current and reliable.

They need to make sure there are processes that support the governing body's authority and make sure decisions reach everyone in the organisation.

The following section summarises responsibilities and actions the governing body should be doing to ensure the *'organisation is well run'.*

6.2 Partner with the individual

Partner with the individual to set the organisation's priorities and strategic directions.

The governing body must ensure it has systems and processes in place to partner with older people and must monitor how well the organisation is partnering with older people. This helps ensure care delivered is high quality, safe, responsive and based on the needs of the people it supports.

This includes assessing how well the organisation collaborates with older people to plan their care; and how older people and their representatives inform continuous improvement processes. It supports the governance, design, evaluation and improvement of quality care and services. Partnership with older people can include:

- Sub-committees
- Forums and stakeholder meetings
- Feedback sessions
- Surveys.

6.2.1 Key actions

- Ensure the organisation is involving older people in setting care priorities and making decisions about their individualised care and services in all areas of the service.
- Use engagement tools like forums, surveys, and meetings to collect feedback.
- Ensure care management and provision upholds dignity, privacy, and informed choice.
- Support and consider advice from Consumer Advisory Bodies or other care recipient led entities.

6.3 Lead a culture of quality, safety and inclusion

The governing body needs to define and support behaviours that create a positive culture of quality and safety and can monitor the organisation's performance. This makes sure older people receive quality care and services that meet their needs and encourages quality care and services and continuous improvement.

Expectations for all governing and leadership members about their role in creating a positive culture should be clear through the organisation's roles, charter and guiding documents and reinforced through:

- Training
- Conversations
- Role descriptions
- Strategic and operational plans.

As a governing body member, you are required to review reports on the organisation's aged care workforce strategy and how well it's working, or where there are gaps and issues. This includes information about:

- Workforce structure and requirements, including rostering and training
- Staff capacity, qualifications, and training systems
- The organisation's hiring practices, including pre-employment checks
- Strategies for promoting a psychologically safe and well-resourced workforce
- Plans for the future to ensure there is sufficient workforce, continuity and succession processes.

6.3.1 Key actions

- Support a culture focused on continuous improvement and inclusive care.
- Involve older people and staff in planning and setting organisational priorities.
- Ensure care complies with legislation, regulations and applicable aged care quality standards.
- Monitor and direct strategies for managing operational, workforce capability; and clinical risks where these apply.
- Receive reports confirming these actions are carried out on an ongoing basis.
- To ensure audits of systems, practices and policies and procedures are carried out regularly and are reported to the governing body.

6.4 Oversee a robust quality system

The governing body must make sure its quality system is developed and maintained. You need to support a culture of open disclosure and continuous improvement and ensure that there are effective systems, processes and training to support the organisation and equip its people to deliver safe and quality care.

The organisation needs to review:

- Feedback from the individual, their supporters, family, carers, and workers
- Risks, complaints and incidents (and their underlying causes)
- Quality indicator data (where this applies, e.g. residential care)
- Industry updates and contemporary, evidence-based practice.

6.4.1 Key actions

- Ensure documented policies and procedures support safe, person-centred care are enacted in practice and the staff know what these are.
- Have reporting processes to help the governing body make informed decisions and meet its responsibilities as per the outcomes set by the Aged Care Quality and Safety Commission and defined in the Aged Care Act and Rules.
- Regularly review audits, reports and performance data across all aspects of the organisation.
- Monitor service delivery using feedback, complaints, and quality indicators.
- Drive and support improvements in care quality, culture, and responsiveness.
- Provide feedback to aged care management and executive

6.5 Be accountable for quality and safety

As a governing body member, you are accountable for the delivery of quality care and services and must maintain oversight over all aspects of the organisation's operations.

You should have clear oversight of the quality of services on the ground and are expected to take action to support safe and quality care. This includes being accountable when things go wrong and making sure the organisation practises open disclosure.

You will need to:

- Regularly monitor and review the organisation's performance, including feedback from older people, their supporters, family, carers and workers and analysis of risks, complaints and incidents.
- Review the Continuous Improvement Register to ensure actions are being taken to improve the service.
- Ensure there are appropriate privacy and confidentiality systems and processes in place, including cyber security and data breach protocols.
- Review reports and audits from the organisations financial, information management system, risk and incident systems, analysing any trends to inform corrective action or continuous improvement.

6.5.1 Key actions

- Maintain oversight of all standards applicable to the service through reports from management.
- Promote transparency and open disclosure when issues arise.
- Base decisions on accurate, up-to-date information and after any necessary investigations.

6.6 Monitor key organisational systems

The following summarises key actions the governing body should take when monitoring key systems and overall risk for the organisation.

6.6.1 Incident and risk management

- Ensure there are adequate processes, systems and training in place to Identify and assess potential risks, including:
    - to the individuals receiving care and services
    - to all staff working in the service
    - the organisation itself particularly that of financial and environmental risks & hazards that may impact safety and wellbeing.
- Ensure incidents, including the Serious Incident Response Scheme (SIRS) are appropriately reported, responded to, investigated, and used to improve care.

6.6.2 Feedback and complaints

- Track how complaints and feedback are managed and ensure they inform constructive change and improvement.
- Ensure these are monitored through the Continuous Improvement Register and reported.

6.6.3 Information management

- Ensure there are effective systems to record all necessary activities undertaken by the organisation across – clinical, care and other parts involved in the service.
- Ensure there are effective systems and processes for data security, privacy compliance, and accessibility of care records.
- Support regular audits of information and record-keeping systems on a regular basis.

6.6.4 Workforce strategy

- Ensure the workforce is skilled, safe, and well-supported and these are records showing ongoing training and skill improvements.
- Monitor staffing levels, rostering, and succession strategies to ensure continuity and future readiness to ensure there is the ability to meet regulatory compliance for care minutes in a residential setting.
- Plan and review workforce structures to meet future needs.

6.6.5 Emergency and disaster planning

- Approve and review emergency plans.
- Ensure emergency training, drills, and post-incident evaluations are occurring and are up to date.

Further information on governing body responsibilities can be found on the ACQSC and Department sites:

- Quality Standards Guidance
- Quality Standards Handbook
- Department of Health, Disability & Ageing – Responsibilities of Aged Care Providers
- Provider Governance Policy (Aged Care Quality and Safety Commission)

6.7 Governance requirements by provider type

To support you and your governing body know what does and does not apply for specific provider categories.

The following table lists the governance element from the new Aged Care Act 2024 and Rules on the left hand (vertical) column.

The key NATSIFAC provider types are listed in the (horizontal) columns. (NFP = Not for profit)

Governance element	NFP Home Care NATSIFACP	Local Government Home care NATSIFACP	NFP Residential NATSIFACP
Aged Care worker screening / workforce checks	Applies	Applies	Applies
At least one governing body member with clinical care experience	Applies only if registered for Nursing & Transition Care (Cat. 5). *Not for ACCHOs/ACCOs*	Not mandated under the Act for LGAs *Commission still expects fit-for-purpose governance practices*	Applies *Exempt for ACCHOs/ACCOs - Commission still expects fit-for-purpose governance practices*
Board composition – majority independent, non-executive	Applies **only if** registered for Nursing & Transition Care (**Cat. 5**). *Exempt for ACCHOs/ACCOs but must still demonstrate culturally appropriate governance*	Does not apply (LGAs are excluded) *But must still demonstrate culturally appropriate governance*	Applies. Residential (Cat. 6) triggers requirement. *ACCHOs/co-ops excluded - but must still demonstrate culturally appropriate governance*
Consumer Advisory Body (CAB)	Applies only if Cat. 5. *Small providers may seek Commissioner exemption*	Not mandated under the Act for LGAs *Commission still expects fit-for-purpose governance practices*	Applies (Cat. 5 and 6)
Financial and prudential standards	Applies	Not mandated under the Act for LGAs *Commission still expects fit-for-purpose governance practices*	Applies
Incident management and complaints (incl. whistleblowers)	Applies	Applies	Applies

Governance element	NFP Home Care NATSIFACP	Local Government Home care NATSIFACP	NFP Residential NATSIFACP
Provider governance policy (ACQSC expectations)	Applies - *documented evidence required; compliance measure in audits to all (evidence via QCAB/CAB where applicable*	Applies - *documented evidence required; compliance measure in audits] (Commission still expects robust governance*	Applies - *documented evidence required; compliance measure in audits*
Quality Care Advisory Body (QCAB)	Applies only if Cat. 5. Not required for home-only registration. *Small providers may seek Commissioner exemption*	Not mandated under the Act for LGAs *Commission still expects fit-for-purpose governance practices*	Applies (Cat. 5 and 6)
Record keeping	Applies Governance and advisory body* records must be retained for 7 years.	Applies Governance records must be retained for 7 years.	Applies Governance and advisory body* records must be retained for 7 years.
Regulatory oversight and reporting Includes Provider Operations Collection Form, financial reports (where applicable), incident notifications, changes to responsible persons.	Applies	Applies	Applies
Responsible persons – suitability obligations & notifications	Applies - includes Key Personnel Suitability Assessments	Applies *LGAs follow a modified pathway*	Applies - includes Key Personnel Suitability Assessments
Seeking exemption from board composition requirements as per section 159 exemption of the new Aged Care Act	Possible via Commissioner determination where reasonable.	Not needed (requirements don't apply)	Possible via Commissioner determination where reasonable.
Strengthened Quality Standard 2 -The Organisation	Applies to providers in categories 4 ,5,6 Category 1–3 providers have proportionate expectations. NATSIFACP home care (Cat. 4) must comply.	Applies to providers in categories 4 ,5,6 Category 1–3 providers have proportionate expectations. NATSIFACP home care (Cat. 4) must comply.	Applies to providers in categories 4 ,5,6

Quick notes

- Independent majority + clinical director: Applies only to Cat. 5 (Nursing & Transition Care) and Cat. 6 (Residential). Excludes LGAs and ACCHOs/co-ops.
- * QCAB/CAB: Required for Cat. 5 and Cat. 6 only. Not applicable for LGAs.
- Exemptions: Providers can apply to the Commissioner for time-limited exemptions if compliance isn't reasonable (small size, remote).
- Mandatory requirements: Statement of Rights, Code of Conduct, incidents/complaints, suitability of responsible persons, worker screening.

What information does your governing body need to meet each of the above (applicable) requirements? And how would you communicate this to your governing body for each requirement, e.g.

- Briefing to the Board
- Update to the constitution / Rule Book
- Standing agenda item in board meetings
- Compliance dashboard
- Induction pack

7. Resources for my team

Ninti One and CDCS are working together to develop a series of storyboards and animated videos to support understanding of the NATSIFACP program and upcoming aged care reforms. These resources will be designed to help educate care staff, care recipients, and families, especially in communities where English is not the first language.

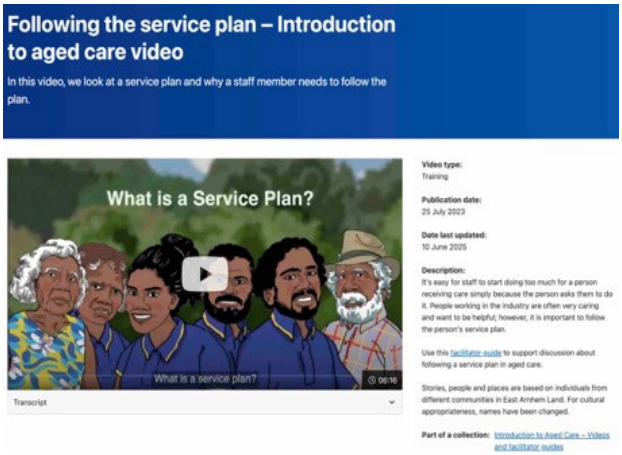
Storyboard examples

Animation examples

The existing 'Introduction to Aged Care' videos are an example of the approach used to help build understanding and in local aged care roles.

The topics remain current as they were based on core Industry issues and requirements, e.g.

- Duty of Care, Dignity of Risk,
- Complaints and Feedback
- Safety issues working in the sector
- How people access care, service (care planning) and responding to changes and care needs



A survey was sent out to NATSIFACP providers prior to the workshop asking for input on topics that storyboards and videos were most needed. Topics will be incorporated into a story arc based in both NATSIFACP residential and home care settings.
Further discussion will be held with providers as these are developed and drafts will be tested with end users. We also want to know the best way to present these resources.

Introduction to Aged Care – Videos and facilitator guides

https://www.health.gov.au/resources/collections/introduction-to-aged-care-videos-and-facilitator-guides

8. Key references and links

The following are key references and links as a quick access summary. Please note, these are current at the time of publishing this workbook.

NATSIFAC Regulatory Guidance

https://www.health.gov.au/resources/publications/the-new-regulatory-model-guidance-for-natsifac-providers?language=en

NATSIFAC Program Regulation Support Hub

https://www.nintione.com.au/natsifac-program-regulation-support-hub/

NATSIFAC Program Manual (an updated version to be published in late 2025)

https://www.health.gov.au/resources/publications/natsifac-program-manual?language=en

Provider Operational Readiness – Priority Actions List

https://www.health.gov.au/resources/publications/provider-operational-readiness-priority-actions-list?language=en

Sector Change Plan: https://www.health.gov.au/resources/publications/new-aged-care-act-sector-change-plan

Support Persons - For information about the changes for 'Registered Supporters'

https://www.health.gov.au/our-work/aged-care-act/about/supported-decision-making-under-the-new-aged-care-act#further-information-

Aged Care Act

https://www.legislation.gov.au/C2024A00104/latest/text

Aged Care (Final) Draft Rules

https://www.health.gov.au/resources/publications/final-draft-of-the-new-aged-care-rules

Prepare for the New Aged Care Act

https://www.health.gov.au/our-work/aged-care-act/prepare

Aged Care Quality & Safety Commission – Reform Page

https://www.agedcarequality.gov.au/providers/reform-changes-providers

Department of Health and Aged Care Reform Page

https://www.health.gov.au/our-work/aged-care-reforms

Aged Care Reforms – A Guide for Providers

https://www.health.gov.au/resources/publications/aged-care-reforms-a-guide-for-providers-and-the-sector

ACQSC Aged Care Learning Information Solution (ALIS)

https://www.agedcarequality.gov.au/providers/education-training/online-learning-alis

Equip Aged Care Learning

https://equiplearning.utas.edu.au/

Aboriginal and Torres Strait Islander assessment organisations

https://www.health.gov.au/our-work/single-assessment-system/needs/aboriginal-and-torres-strait-islander-aged-care-assessment- organisations

Digital Readiness (Checklist)

https://www.health.gov.au/resources/publications/new-aged-care-act-a-digital-readiness-checklist-for-providers

Governing for Reform

https://www.agedcarequality.gov.au/for-providers/provider-governance/governing-reform-aged-care-program