Let's yarn about ageing well



Understanding Category 4

Personal Care and Care Support in the Home or Community

Funded by the Australian Government, Department of Health, Disability and Ageing, this resource was developed as part of the NATSIFACP Regulation Support Hub, delivered by Ninti One Limited and Culturally Directed Care Solutions (CDCS). The Hub provides tailored support, training, resources and advice to assist NATSIFACP providers transition to and comply with the Aged Care Act 2024. The Hub will operate from 1 July 2025 to 30 June 2027.

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We acknowledge the Traditional Custodians of the Country on which this organisation operates, and pay our respects to Elders past, present and emerging. This tool is grounded in the principle that community control is a governance strength, and that Elders are at the centre of all decisions made in their name.

Information for NATSIFACP service providers

Why this information matters

Some NATSIFACP providers are considering limiting their registration to Categories 1–3 only.

Before making that decision, it is important to understand:

- what Category 4 covers,
- what it enables a provider to do,
- what cannot be delivered without it, and
- the practical and strategic risks of removing it.

While Categories 1–3 may appear administratively simpler, restricting registration in this way can significantly limit a provider's capacity to support older people in their community.

What Category 4 includes

Category 4 allows a registered provider to deliver:

- Personal care, and
- Care support in the home or community

In practical terms, this includes:

- Assistance with showering, dressing and toileting
- Mobility support
- Continence assistance
- Supervision related to personal care
- Day respite services that involve care support
- Direct support that goes beyond domestic assistance
- Care management activities connected to personal care delivery

For many NATSIFACP providers, these supports are core elements of flexible, community-based aged care.

What Categories 1–3 allow (and do not allow)

Categories 1–3 generally cover:

- Home and community services (non-personal care)
- Assistive technology and home modifications
- Advisory and support services

They do not authorise delivery of:

- Personal care
- Direct care support in the home
- Day respite involving personal care
- Care management connected to personal care delivery

Limiting registration to Categories 1–3 effectively shifts a provider away from direct care provision and into lower-intensity support or coordination roles.

A common misunderstanding

Some providers believe that remaining within Categories 1–3 avoids audit requirements and therefore reduces regulatory burden.

While Categories 1–3 do not require the same initial audit process as Categories 4–6, **this does not mean**:

- the provider will never be assessed,
- the provider will avoid scrutiny at re-registration,
- the provider will avoid regulatory oversight.

More importantly, if a provider later decides to add Category 4, the application process may require:

- additional evidence of capability,
- demonstration of systems and governance,
- formal assessment activity.

In many cases, it is easier to maintain the category proportionately than to re-apply later.

What this means in practice for NATSIFACP providers

Who will provide these services?

In many communities, particularly remote and very remote areas, the local aged care service may be the only realistic provider of personal care and day support.

If a provider removes Category 4:

- Who will provide showering and personal care?
- Who will support frail Elders to remain safely at home?
- Who will provide culturally appropriate day respite?
- Who will coordinate care management activities under Support at Home if your organisation wants to, or needs to offer support under this program in the future?

Restricting registration may unintentionally reduce local service capacity and place pressure on families or health services. It also increases the likelihood that older people will not be able to remain living at home, in their communities as they age and begin to need higher level support.

Care management and future Support at Home delivery

If a provider intends to deliver Support at Home services in the future, Category 4 capability is closely connected to:

- delivering personal care,
- coordinating and supervising care partners,
- managing higher intensity supports.

Removing Category 4 may limit a provider's ability to participate fully in Support at Home delivery models down the track.

Governing bodies should consider whether limiting registration aligns with their long-term strategic intent for the organisation and community.

What the Commission is really looking for

The Commission's focus in Category 4 is not on over-engineered systems.

It is generally concerned with whether providers:

- deliver personal care safely,
- have clear role boundaries,
- support and supervise staff appropriately,
- respond to changing needs,
- protect care recipients' safety and dignity.

For small, community-based providers, these systems can and should be proportionate to scale and context.

A proportionate way to maintain Category 4

Providers can maintain Category 4 registration without excessive administrative burden by ensuring:

- clear scope of services,
- simple care planning processes,
- appropriate staff training,
- supervision and oversight arrangements,
- documentation aligned to actual service delivery.

This does not require hospital-level systems. It requires clarity, consistency and accountability.

Why restricting registration to Categories 1–3 can create risk

If a provider limits itself to Categories 1–3:

- personal care services must cease,
- day respite involving care may no longer be delivered,
- care management linked to personal care may be affected,
- community expectations may not be met.

If circumstances change and the provider later seeks to add Category 4:

- additional evidence may be required,
- assessment activity may occur,
- time and resources will be needed to re-establish capability.

In some communities, removing Category 4 may also reduce local service continuity and flexibility.

Key takeaway

Limiting registration to Categories 1–3 may appear simpler in the short term.

However, Category 4 is central to delivering personal care, day support and community-based aged care in many NATSIFACP settings.

Before restricting registration, providers and governing bodies should carefully consider:

- their long-term service model,
- community expectations,
- future Support at Home participation,
- and the practical effort required to re-enter a category later.

Disclaimer

This information is general in nature and reflects current understanding of provider registration requirements. Providers should consider their own service model, community context and funding arrangements, and seek advice from the Aged Care Quality and Safety Commission or the Department of Health, Disability and Ageing where required.



