Let's yarn about ageing well



Understanding Category 5

Nursing Care and Assistance with Transition Care

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 service providers are considering removing Category 5 (nursing care and assistance with transition care) from their registration.

Before making that decision, it is important to understand:

- What Category 5 actually covers
- What it does not require
- The practical risks of removing it if your service model changes

What Category 5 includes

Category 5 allows a registered provider to deliver, or coordinate, support that involves:

- Nursing care
- Assistance with transition care

"Assistance with transition care" does not only refer to a specific funded program.

It also includes short-term support for people during periods of change, such as:

- Returning home after a hospital stay
- Recovering from illness, injury or surgery
- Stabilising after a health event
- Transitioning between care settings (for example, from home to residential care)

In many NATSIFACP contexts, this type of support happens naturally as part of flexible care.

What Category 5 does not automatically mean

Being registered in Category 5 does not mean that a provider must:

- Deliver clinical or nursing care all the time
- Employ a registered nurse
- Operate like a health service
- Or deliver services under the formal Transition Care Program (TCP)

Category 5 is about having the **capability to respond safely** and being able to demonstrate this capability to the Commission if required, when nursing or transition-related needs arise, not about providing constant clinical services.

A common misunderstanding

Some service providers associate “transition care” only with the old TCP, which had its own funding and approval arrangements.

While TCP still exists as a separate program, Category 5 is broader than TCP.

A provider may never deliver TCP and still legitimately need Category 5 to support people safely during short-term recovery or change.

What this looks like in practice for NATSIFACP service providers

Supporting transition care without employing a nurse

A number of NATSIFACP service providers:

- Are community-based
- Operate in remote or very remote areas
- Support small numbers of care recipients

In these settings, it is common for:

- Non-clinical staff to provide day-to-day support
- Clinical care to be accessed through the local health clinic or health service

Older Aboriginal and Torres Strait Islander people have the same right as all community members to access local health services, including nursing care. Many local health clinics operate under a **statutory mandate** to provide clinical care to residents of the community. Using local clinic nursing staff reflects how clinical care is safely delivered in many communities.

When nursing input is needed

A provider does not need a nurse involved in every situation. However, nursing input or advice is usually needed when:

- A person's health is unstable or changing
- Clinical decisions are required
- Staff are unsure whether doing something is safe
- There are concerns about deterioration, wounds, infections or medications

In these situations, nursing support may be provided through:

- The local health clinic
- A contracted or shared RN
- A regional health service
- Telehealth or outreach arrangements

The key expectation is access to nursing advice, **not necessarily** direct nursing delivery.

What the Commission is really looking for

The Commission is generally focused on:

- Whether service providers understand the limits of their role
- Whether staff know when to escalate concerns
- Whether there are clear pathways for clinical support
- And whether care recipients are supported in a safe way

They are not expecting every NATSIFACP provider to employ an RN or maintain clinic-level systems.

Consideration for NATSIFACP service providers to maintain registration requirements of Category 5

Service providers who want to keep Category 5 registration can usually do so by having:

- A short scope statement explaining what the service does and does not provide
- An escalation pathway for clinical concerns (clinical governance framework)
- Documented arrangements with the local health clinic or health service or clear understanding of the local clinic
- Staff who understand when to observe, support and escalate

Do we need a signed agreement with the clinic?

Service providers are encouraged to have a formal agreement with local health clinics to remain registered in Category 5.

What is important is that service providers clearly document how clinical needs are identified and how care recipients are supported to access health services available in their community.

Why removing Category 5 can create risk

If a provider removes Category 5 and finds they need it sometime later:

- They will be required to reapply to be registered in that category and will not be permitted to deliver those services until registration is approved.
- Additional evidence or assessment may be required
- This can take time and resources

Removing Category 5 may also limit a provider's ability to:

- Support people returning from hospital
- Respond flexibly to short-term changes in need
- Keep people safe in communities where alternatives are limited

Disclaimer

This information is general in nature and reflects current understanding of provider registration requirements. Service 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.



