

AGREED VARIATION

The Provision of COVID-19 Quarantine Arrangements at the Northern Territory Centre for National Resilience for Organised National Repatriation of Australians

FEDERATION FUNDING AGREEMENT - HEALTH

Table 1: Formalities and operation of schedule	
Parties	Commonwealth of Australia Northern Territory Government
Duration	This Schedule is expected to expire on 30 June 2022, and then for sufficient additional time to allow for the final reconciliation of any payments made under this Schedule. This Schedule may be extended by agreement in writing between the parties. The Schedule may also be terminated as agreed in writing by the parties.
Purpose	This Schedule will support an extension to the delivery of quarantine capacity at the Centre for National Resilience, including the capital expenditure, health services and facility operations costs to accept Australian repatriations and other international arrivals as agreed by both parties.
Scope	This Schedule covers all activities outlined in <u>Appendix A</u> for Australian residents, permanent Australian residents or visa holders with immediate family in Australia whose return from International locations has been facilitated by the Commonwealth. Other cohorts of international arrivals may also be included following written agreement between both parties. From 1 January 2022, the capacity at the Centre will support up to 1,600 individuals to quarantine per fortnight through to 30 June 2022. The Northern Territory will maintain primary responsibility and authority for the delivery of this Schedule to support COVID-19 quarantine for Organised National Repatriation of Australians entering the Northern Territory as outlined in the section on Responsibilities. The Commonwealth will assist the Northern Territory by undertaking the activities outlined in the section on Responsibilities. Northern Territory obligations under this agreement ceases once the period of quarantining of the individual has ended.
Estimated financial contributions	The Commonwealth will provide an estimated total financial contribution to the Northern Territory of \$513.5million in respect of

	<p>this Schedule. Monthly payments will be based on actual invoiced expenditure.</p>
<p>Context</p>	<p>International travel restrictions and quarantine requirements have been implemented to reduce the risk of imported cases of COVID-19. Restrictions to international travel, as well as individual Australian state and territory quotas for international flight arrivals, mean that a dedicated national response is required to facilitate international arrivals.</p> <p>Decisions on quarantine requirements are the responsibility of each jurisdiction under their respective Public Health Orders.</p> <p>The Centre for National Resilience was established in October 2020 to prioritise the return of stranded Australians, many of which have identified as vulnerable. This includes those with medical conditions, families with a variety of needs and those requiring financial assistance to return.</p> <p>The parties agree that the Centre for National Resilience will continue until the Schedule end date to support Australians to return and undertake quarantine as the COVID-19 pandemic evolves. The Centre may also be used to quarantine other international arrivals as, such as humanitarian and economic cohorts, as agreed by both parties.</p> <p>The operations of the Centre for National Resilience to quarantine Australian repatriations and other international arrivals will:</p> <ol style="list-style-type: none"> a) Allow Australians to return home as soon as possible; b) Support Australia's human rights efforts by accepting humanitarian entrants; c) Rebuild our economy through increased economic opportunities; and d) Continue to protect Australians from any transmission of COVID-19 from international arrivals. <p>The Centre falls under the Emergency Management legislated structure for all emergencies in the Northern Territory, accordingly the Centre reports through the Incident Controller of the Emergency Operations Centre reporting to the Territory Controller. The Northern Territory Government will administer a single governance and operational model for the entire Centre for National Resilience at Howard Springs through the Northern Territory Public Health System and Emergency Operations Centre with an operating model that maintains strong clinical governance.</p> <p>It is expected that international arrivals will need to be quarantined for 14 days to cover the incubation period for COVID-19. A different period of quarantine for certain individuals may be specified in future by the Northern Territory Chief Health Officer informed by Australian Health</p>

	<p>Protection Principal Committee (AHPPC) advice, for example for people who are fully vaccinated with a vaccine that is recognised by the Therapeutic Goods Administration. It is recognised that for some individuals quarantine arrangements may need to continue beyond 14 days.</p> <p>The parties agree that capacity at the Centre for National Resilience may also be required for other programs outside of this Schedule, particularly if surge quarantine capacity is required by the Northern Territory. The parties must agree in writing on programs that may impact the capacity to quarantine repatriated Australians and other international arrivals under arrangements other than the Organised National Repatriation of Australians.</p> <p>This arrangement does not replace other state and territory commercial international arrival or interstate quarantine arrangements.</p>
Objective	<p>The objective of this Schedule is to provide financial assistance from the Commonwealth to the Northern Territory for the costs incurred in providing quarantine accommodation and other services, including necessary hospital services, to repatriated Australians and other international arrivals as agreed by the parties.</p>
Principles	<p>Quarantine arrangements at the Centre for National Resilience will operate under Northern Territory law and emergency management arrangements, together with relevant Commonwealth legislation.</p> <p>Further, quarantine arrangements at the Centre will align with AHPPC statements and principles relating to quarantine standards (noting these will be reviewed on an ongoing basis). The AHPPC National Principles for Managed Quarantine support the implementation of recommendations from various reviews of hotel quarantine, such as the Halton Review.</p> <p>Arrangements will ensure consistency with Australia’s National Plan to transition Australia’s National COVID-19 Response and will ensure good health outcomes (including mental health) for quarantine residents, workforce and the community.</p>
Responsibilities	<p>To support the Northern Territory to deliver the COVID-19 quarantine for Organised National Repatriation of Australians entering the Northern Territory, the Commonwealth will be responsible for:</p> <ol style="list-style-type: none"> a) Providing funding to the Northern Territory to meet the requirements of this Schedule. b) Ensuring logistical information on Australian Government arranged flights regarding returning Australians and organised international arrivals is available to the Northern Territory Government.

	<ul style="list-style-type: none"> i. Best endeavors will be made to provide information on any health-specific information such as COVID-19 infection status or other relevant conditions or needs, ii. Information in advance to be provided on intended place of residence post quarantine. <p>c) Supporting the Northern Territory at point of arrival, and in the security and patrol of the Centre for National Resilience, with resources from the Australian Federal Police and Australian Defence Force.</p> <ul style="list-style-type: none"> i. The Northern Territory will retain operational lead. ii. The Australian Federal Police will assist the Northern Territory Police Force with uniform patrol and law enforcement resources. iii. The Australian Defence Force will assist the Northern Territory with quarantine compliance and safety. <p>d) Supporting the Northern Territory Government in accessing personal protective equipment (PPE) through the National Medical Stockpile. This assistance will be provided in instances where the Northern Territory is experiencing immediate shortages or significant difficulties in acquiring their own PPE.</p> <p>e) Facilitating additional surge health workforce support if required at the Centre for National Resilience including through the deployment of AUSMAT and other workforce strategies.</p> <p>f) Provide support to individuals to access Australian Government support payments and services where they are eligible to receive them, to returning Australians while they are quarantining.</p> <p>g) Providing support in the event of an emergency such as a cyclone, including through maintaining an agreed protocol for extreme weather events which impact upcoming-repatriation flights.</p> <p>The Northern Territory Government will be responsible for:</p> <ul style="list-style-type: none"> a) Repatriated Australians' and agreed other international arrivals' health (physical and mental), welfare, meals, security and quarantine needs. b) Quarantining individuals returning from overseas 14 days or a different period as specified by the Northern Territory Chief Health Officer, informed by Australian Health Protection Principal Committee (AHPPC) advice, for example for people who are fully vaccinated with a vaccine that is recognised by the Therapeutic Goods. c) Ensuring all individuals repatriated under these arrangements are primarily accommodated at the Centre for National Resilience, noting that the Northern Territory Chief Health Officer may direct a
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	<p>repatriated Australian be accommodated at another location/s (such as a hospital) depending on operational and health requirements.</p> <p>d) Ensuring that the Centre for National Resilience provides accommodation, meals, health facilities and amenities at an appropriate standard and separate to other programs outside this agreement.</p> <p>e) Facilitating the arrival of repatriated Australians and other agreed international arrivals through the Darwin International Airport.</p> <p>f) Logistical support and planning for transfer of individuals, once in Australia to the Centre for National Resilience and, following quarantine, from the Centre for National Resilience to relevant transport or other services to enable transfer to their place of residence.</p> <p>g) Collecting contact information to support, and assist with, any future contact tracing requirements, should it be required.</p> <p>h) Establishment, delivery and ongoing management of the Centre for National Resilience, including the Capital Works and Activities outlined at <u>Appendix A</u>. Parties note that operational decisions may impact capital works requirements over the life of the agreement, requests for major capital works (over \$100,000) will be agreed in advance in writing.</p> <p>i) Providing access to health services, including hospital and primary care services and other health services for non-COVID related issues which require immediate action (such as dental or maternity services),</p> <p style="padding-left: 40px;">i. The full cost of these health services to be reimbursed to the Northern Territory Government where they are not already claimed through existing Commonwealth programs (refer to the 'Payments' section of this Schedule).</p> <p>j) Providing access to hospital services for any issues which require immediate action including but not limited to the diagnosis and treatment of COVID-19.</p> <p>k) Providing access to mental health support for residents and staff.</p> <p>l) Providing access to medical supplies, including medicines, pharmaceuticals, PPE, consumables to ensure adequate health services;</p> <p>m) Provision of personal medicines and other medical supplies to residents where self-administration is allowed under normal directions;</p>
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	<p>n) Ensuring on-site medical supplies have appropriate security and access arrangements.</p> <p>o) Providing regular updates on the delivery of activities under this Schedule as outlined under the section on Reporting.</p> <p>The parties will jointly be responsible for:</p> <p>a) Working together and with other jurisdictions to support the transfer of seriously ill patients that require acute services unable to be provided within the NT's capability or capacity. Transfer principles have been agreed by all Health Chief Executive Officers in each state and territory and contact lists circulated to support arrangements.</p>
Requirements	<p>COVID-19 PUBLIC HEALTH BEST PRACTICE</p> <p>The Northern Territory Government will:</p> <p>a) Ensure guidelines, management plans, operation of the Centre for National Resilience and the delivery of services complies with advice of the AHPPC (and its sub-committees) and Northern Territory Public Health; including the recommendation that all staff working in a quarantine setting undertake PCR testing at a frequency determined by the NT Chief Health Officer Directions.</p> <p>b) Implement infection prevention and control (IPC) arrangements (physical distancing, use of PPE, hand hygiene and cohorting) that comply with the national infection control guidelines and guidance published by the Infection Control Expert Group.</p> <p>c) Ensure appropriate levels of PPE are available for use in all aspects of supporting the arrangements of this Schedule, including transfer to the Centre for National Resilience, on the Centre for National Resilience, and for use by both staff and residents.</p> <p>d) Provide regular health checks of residents by appropriately qualified health staff in order to support early detection of COVID-19.</p> <p style="padding-left: 40px;">i. All arrivals identified with symptoms consistent with COVID-19 as identified in the CDNA Series of National Guidelines (SoNG) will be isolated and managed as a suspected case.</p> <p>e) Provide appropriate COVID-19 testing for both residents and staff, with timely turnaround of results within 48 hours.</p> <p style="padding-left: 40px;">i. Symptomatic individuals should be tested immediately and placed into isolation while waiting for results.</p> <p style="padding-left: 40px;">ii. For residents, testing will be conducted at day 0–2 and again on day 10–12 of the quarantine period in accordance with the CDNA SoNG – results from the exit test must be negative before an individual is released from quarantine.</p>

	<p>Testing may be undertaken at additional intervals as required by the Northern Territory.</p> <ul style="list-style-type: none"> f) Ensure appropriately qualified staff and staffing levels at the Centre for National Resilience on a 24 hours, seven days a week basis, both for general and medical and clinical staff: <ul style="list-style-type: none"> i. All staff required by Northern Territory law to have a working with children check and have a current clearance in place. g) Ensure all staff are provided with appropriate induction and training arrangements, including infection control, appropriate use of PPE, hand hygiene, work health and safety requirements and any other legislative requirements. h) Provide transfer and repatriations for seriously ill patients with COVID-19, or for other emergency purposes, to an appropriate acute facility. This includes internal within the Centre for National Resilience or domestic transfer for medical purposes. i) Ensure all frontline staff are fully vaccinated.
	<p>QUARANTINE FACILITY REQUIREMENTS</p> <p>The Northern Territory in the provision of a quarantine facility will ensure that the Centre for National Resilience has the:</p> <ul style="list-style-type: none"> a) Ability to cohort residents according to risk, including identified vulnerable groups. b) Complete physical separation of international travellers returning under this agreement with other quarantine residents. c) Space to allow sufficient physical separation between individuals and cohorts, noting adjustments may need to be made in line with the latest health advice. d) Ability to house families together and accommodate very young children. e) Space to operate suitable medical facilities and related activities including testing, resuscitation and ambulance transfer. f) Capacity to accommodate both COVID-19 positive cases with mild symptoms, and individuals who have other mild health conditions, noting that the best location will be determined by the clinician managing the case, in line with the Northern Territory Chief Health Officer directions and any agreed referral mechanisms. g) Self-contained units which are well-ventilated with separate, non-communal amenities. h) Appropriate capacity and infrastructure to allow residents to receive health assistance, particularly in an emergency situation. i) Ensure all frontline staff are fully vaccinated.

	<p>OPERATIONAL PLANNING AND SERVICE DELIVERY</p> <p>The Northern Territory in planning and delivering a quarantine facility at the Centre for National Resilience will embed the system performance good practice which is outlined in the Halton Review of Hotel Quarantine and AHPPC guidance. Similarly, the Northern Territory will ensure the establishment and operation of the facility meets requirements as agreed between both parties and set out in operational plans which have been derived from national guidance. The Northern Territory will ensure it has the following operational and risk management plans in place.</p> <ul style="list-style-type: none"> a) COVID-19 testing requirements for quarantined individuals. b) COVID-19 transferral plan – for moving large cohorts of individuals to the facility/airport c) Site specific IPC plan. d) Staffing requirements and protocols, including necessary medical and clinical staff, other staffing needs and appropriate ratios. The following must be taken into account in staffing planning: <ul style="list-style-type: none"> i. Staff working at a site with an outbreak should work with one cohort only and should not attend work at other locations or facilities for the duration of the outbreak. ii. Staff should not move between groups in isolation (positive COVID-19 test) and those in quarantine. iii. All staff must be regularly screened for symptoms in addition to participating in testing as required by AHPPC, National Cabinet and the Northern Territory Chief Health Officer. e) To respond to a COVID-19 infection occurring across cohorts and into the general community: <ul style="list-style-type: none"> i. Outbreak management plan – strategies to limit infection transmission in the event of an outbreak. ii. Retrieval management plan – for transferring large cohorts if the health system is overwhelmed. f) For the purposes of managing the Centre for National Resilience: <ul style="list-style-type: none"> i. A comprehensive risk assessment plan, including adequate mitigation strategies. ii. A site operational plan, which includes an emergency response and emergency evacuation plan. This includes specific plans for the emergency response in the event of a cyclone.
Compliance	COVID-19 AUDITING

	<p>The Northern Territory will conduct regular internal auditing of arrangements undertaken to reduce transmission of COVID-19 to the general community, staff and returning Australians.</p> <p>IPC auditing should occur at minimum on set up and every three months, with ongoing adjustments as required.</p> <p>The Northern Territory will also conduct monthly audits of agencies' financial claims including retrospective audits. The internal auditing process will be managed through the EOC. A high-level summary of findings will be included once a month in the weekly report.</p> <p>The Australian Government will also undertake a review at set up (completed on 28 October 2020) and every three months (subject to domestic border restrictions), specifically in relation to infection control plans and activities and against the system performance good practice which is outlined in the Halton Review of Hotel Quarantine and AHPPC guidance, and the Northern Territory will implement any recommended changes that come out of these reviews.</p> <p>The Northern Territory will make any necessary adjustments to ensure arrangements have ongoing effectiveness at stopping and reducing COVID-19 transmission rates based on latest AHPPC advice.</p> <p>CAPITAL WORKS</p> <p>The Northern Territory will undertake compliance with the Building Code 2016 for any relevant capital works undertaken under this Schedule, including:</p> <ol style="list-style-type: none"> a) Ensuring that only a builder or builders accredited under the Australian Government Building and Construction Work Health and Safety Accreditation Scheme is contracted, and providing the necessary assurances to the Commonwealth; b) If tendering capital works, it is a condition of tender for all contractors and subcontractors performing building work to be accredited under the Australian Government Building and Construction Work Health and Safety Accreditation Scheme and to provide the necessary assurances to the Commonwealth; c) For practical completion of capital work, the works must: <ol style="list-style-type: none"> i. be complete and free from defects or omissions, except for defects or omissions that are minor in nature, that the Northern Territory Government cannot reasonably fix, or by fixing, will significantly inconvenience users of the works; ii. Not cause legal or physical impediment to the use and occupation of the property and the works for designated use; and iii. Be fit for the designated use.
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	<p>FOOD SAFETY</p> <p>In the delivery of food preparation and catering services, the Northern Territory must ensure services comply with the <i>Food Standards Australia New Zealand Act 1991 (FSANZ Act)</i>.</p> <p>ENVIRONMENTAL HEALTH PROTECTION</p> <p>In delivering any services, such as waste management, cleaning and food safety and delivery to comply with the relevant standards under the <i>National Environment Protection Council Act 1994</i>.</p>
Payments	<p>Payment Principles</p> <p>The Commonwealth will provide funding to cover the costs incurred by the Northern Territory for activities under this Schedule and set out in <u>Appendix A</u>, made as part of the four components outlined below. This includes services provided to the individual if they require access outside of the facility or need to be transferred.</p> <p>The NT should engage staff to support the Centre’s operations to support 1,600 people quarantining at any given time. The Commonwealth will provide 100% of staffing costs, irrespective to the number of people actually quarantining in the facility to retain the health workforce. This core funding is not applicable to any costs other than those directly attributable to staffing. Staff who are not required at the Centre for National Resilience can be utilised in the broader Northern Territory public health system.</p> <p>For the purposes of this Schedule, any upgrades to the on-site swimming pool are out of scope of Commonwealth funded capital works.</p> <p>The Northern Territory is unable to claim any costs for services or capital works which will solely support the delivery of their own quarantining programs at the Centre for National Resilience.</p> <p>Additional activities will be funded where the Commonwealth directs the Northern Territory to undertake a particular activity at the Centre for National Resilience.</p> <p>If the Northern Territory is required to undertake an activity outside of the scope of this Schedule, the Northern Territory must first obtain written agreement of the Commonwealth by a senior executive of the Department of Health to fund the activity (if funding is required).</p> <p>Payments under this Schedule will be made under one of four components:</p> <p>1. The Upfront Payment Component</p>

The Commonwealth has provided an initial payment of \$14.2 million as the "Upfront Payment". In variation to the agreement to 2,000 persons an additional upfront payment of \$5.15m was provided to the Northern Territory in May 2021. The purpose of these Upfront Payments was to cover an initial schedule of agreed capital works required to ensure the accommodation and on ground infrastructure is up to standard, commencement of recruitment strategy and sufficient cash flow to cover any upfront or immediate costs experienced by the Northern Territory in delivering its responsibilities under the Schedule. One fifth of the amount of the Upfront Payment was deducted from the total monthly payments made under the other three components for the December 2020, January, February, March and April 2021 monthly payments.

2. The Capital Expenditure Component

The Commonwealth will provide monthly funding to the Northern Territory for the necessary capital expenditure the Northern Territory incurs in fulfilling its responsibilities under the Schedule, and where that capital expenditure has been agreed by the Commonwealth as being in-scope and in accordance with the Agreement.

The Commonwealth will pay the Northern Territory 100 per cent of the cost of this agreed in-scope capital expenditure, known as the "Capital Expenditure Component", adjusted as necessary to comply with the Payment Principles.

3. The Health Services Component

The Commonwealth will provide monthly funding to the Northern Territory for the provision of all health and hospital services to this cohort of quarantined residents of the Centre for National Resilience under this Schedule, regardless of the location of the services provided and for the duration of the stay, and regardless of which jurisdiction delivers the service.

The Commonwealth will pay the Northern Territory 100 per cent of the cost of these health and hospital services, known as the "Health Services Component", with the exception that the Commonwealth will not fund services through this Schedule if the same service, or any part of the same service, is claimed through the National Health Reform Agreement (NHRA), the Medicare Benefits Schedule, the Pharmaceutical Benefits Scheme, or any other Commonwealth program.

The Health Services Component will consist of two components: the in-scope Activity and the out-of-scope Activity.

In-Scope Activity

For health services consisting of activities that would normally be in-scope for NHRA funding (even if those activities are delivered to individuals that would be out-of-scope, such as Medicare ineligible people), the calculation of the Health Services Component in-scope activity will be as follows:

- a) *(National Efficient Price (NEP) for the financial year the service is delivered in) x (National Weighted Activity Units (NWAU) of the activity delivered) x (Royal Darwin Hospital Cost ratio as calculated by the Independent Hospital Pricing Authority for the relevant period)*

The Northern Territory will provide the Commonwealth and the Administrator of the National Health Funding Pool sufficient data and reporting to allow any services funded under the Health Services Component to be excluded from being funded under the NHRA and/or the National Partnership on COVID-19 Response.

The Northern Territory will ensure that any services funded under the Health Services Component be reported in a manner that complies with the National Health Funding Body and the Independent Hospital Pricing Authority's three year data plans.

This is to ensure that a health and hospital service is only funded once, in part or in full, by the Commonwealth, consistent with the NHRA.

As part of the final reconciliation of payments under the Schedule, the Commonwealth and the Northern Territory will review whether the provision of health services under the Schedule has negatively impacted the Northern Territory's funding entitlements under the NHRA in 2021-22 and 2022-23, and if necessary work together with the Administration of the National Health Funding Pool to ensure remedial adjustments are made.

The intent of this is to guarantee the NT 2021-22 and 2022-23 NHRA starting base amount and the NT soft cap dollar amounts will be adjusted to account for excluded Activity Based Funding activity that is claimed in this agreement over 2020-21 and 2021-22.

The guarantee in 2021-22 and 2022-23 will adjust the starting base dollar amount by:

- a) Volume change: National Weighted Activity Unit (NWAU) excluded in 2021 multiplied by NEP₂₀ multiplied 45%.
Plus
Price change: NWAU excluded in 2020-21 and 2021-22 multiplied by indexation (NEP₂₁-NEP₂₀) multiplied by 45%.

	<p><u><i>Out-of-scope Activity</i></u></p> <p>For health services consisting of activities that would not normally be in-scope for NHRA funding (such as non-admitted alcohol and drug treatment services), the amount of the Health Services Component which is out-of-scope activity will be the actual costs incurred by the Northern Territory Government in providing these services.</p> <p>4. The Facility Operation Component</p> <p>The Commonwealth will provide monthly funding to the Northern Territory for all other expenses the Northern Territory incurs in fulfilling its operational responsibilities under the Schedule that are not already funded as part of the Capital Expenditure Component or the Health Services Component.</p> <p>The Commonwealth will pay the Northern Territory 100 per cent of the cost of this agreed operational expenditure, known as the "Facility Operation Component", and adjusted as necessary to comply with the Payment Principles.</p>
<p>Payment Mechanism</p>	<p>The Upfront Component was paid in December 2020 following the commencement of the Schedule. Following the March 2021 variation of the Agreement to a capacity of 2,000 people per fortnight, an additional upfront payment of \$5.15m was provided to the Northern Territory in May 2021.</p> <p>The Capital Expenditure Component, the Health Services Component and the Facility Operation Component of the agreement will be paid on a monthly basis commencing from November 2020 and lasting until the expiration of the Agreement, in a combined single payment known as the "Monthly Payment".</p> <p>The Monthly Payment will be made in arrears through monthly payments, based on the monthly payment requests provided by the Northern Territory and in accordance with the payment arrangements under the Intergovernmental Agreement on Federal Financial Relations.</p> <p>In addition, the Northern Territory will be required to submit to the Commonwealth its payment request for the Monthly Payment by no later than the 14th day of the prior month, ("the Monthly Payment Request").</p> <p>As part of the Monthly Payment Request, the Northern Territory will separately identify the Capital Expenditure Component, the Health Services Component, and the Facility Operations Component.</p> <p>For each of these three components, the Northern Territory will continue to execute internal auditing of financial claims associated</p>

	<p>with repatriation charges to the Commonwealth, noting the system will expand to incorporate across all agencies. Evidence demonstrating the NTG actual incurred costs in delivering the activities funded under each of the components can be provided through the internal auditing process.</p> <p>This requirement to demonstrate actual incurred costs will not apply to the in-scope activity of the Health Services Component. This requirement will instead be replaced with the process and of the formula described under the Health Services Component section of the Schedule.</p> <p>Provided the Commonwealth accepts this evidence as sufficiently robust, and in accordance with the intent and scope of the Schedule, the Commonwealth will then provide the Northern Territory with the funds for these costs, minus the deduction of the Upfront Component.</p> <p>Where the Commonwealth feels there is insufficient evidence of costs incurred, or whether costs are in accordance with the intent and scope of the Schedule, it will raise this concern through the agreed dispute resolution mechanisms of the Schedule.</p>
<p>Fee for quarantine services</p>	<p>The Commonwealth, on behalf of the Northern Territory, will provide a quarantine fee invoice to the individual or family group who have returned to Australia on a flight facilitated by the Commonwealth.</p> <p>The Commonwealth will charge a fee to individuals and families who have quarantined at the Centre for National Resilience after their exit from quarantine. This charge will be \$2,500 per person or \$5,000 per family.</p> <p>The Commonwealth will provide fee relief options for individuals and families who may be experiencing financial hardship.</p> <p>The Commonwealth will collect the fee on behalf of the Northern Territory.</p> <p>The Northern Territory will provide the Commonwealth with accurate resident information within two days of each cohort arriving to enable timely invoicing.</p>
<p>Post Completion Works</p>	<p>In line with the findings of the Halton Review that quarantine surge capacity should be readily scalable, the Commonwealth will provide funding through this Agreement for the maintenance of the facility to support surge capacity for the term of this Agreement.</p> <p>For a period of six months from the date of completion of this Agreement, the Commonwealth will contribute funds for the winding down of the Activities and maintenance costs to the facility.</p> <p>Maintenance costs are limited to costs incurred to ensure the facility</p>

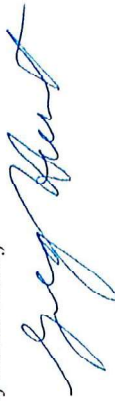
	<p>can be (as much as is possible) ready for immediate re-commissioning to provide the Activities listed in Appendix A. This includes, but is not limited to, cleaning, payment of invoices and conducting necessary repairs and maintenance.</p> <p>Where funds are required to meet the costs of activities under this clause they will be drawn from the existing total amount of funding available under this Agreement. That is, no funds beyond those currently committed under this Agreement exist for these purposes.</p>
Reporting	<p>The Northern Territory will provide regular reports to the Joint Steering Committee on the health and wellbeing of quarantined residents and any health services provided to quarantined residents (including COVID-19 testing).</p> <p>The Northern Territory will also immediately notify the Joint Steering Committee of any positive COVID cases and hospitalisations. A daily situation report must be provided to the Commonwealth. Further, a weekly situation report on the facility and all residents, including COVID positive resident data confirmed by CDNA, will be received.</p> <p>For any potential or actual outbreaks of COVID-19 not contained within a cohort and spreading either within the facility or into the general community, immediate notification is required.</p>
Review	<p>Reviews of operational arrangements have been undertaken on a three-monthly basis. These reviews will continue to be undertaken on a three-monthly basis, depending on domestic border restrictions.</p> <p>Any significant adjustments will be reported to the signing Ministers for both the Commonwealth and the Northern Territory.</p> <p>REVIEW OF ARRANGEMENTS - 2022</p> <p>The Commonwealth and Northern Territory will complete a review of this Agreement, to commence prior to 28 February 2022. This review will examine the Agreement and Schedule in the context of the current COVID-19 situation and the National Plan to Transition Australia's COVID-19 Response and will make recommendations on whether a further variation to the Agreement is required. The review may also consider funding for appropriate maintenance, storage and post-use requirements such as demobilisation.</p>
Dispute Resolution	<p>Any dispute or disagreement over the application of the Schedule, including operational and funding issues, will be raised and escalated through this Joint Steering Committee.</p> <p>If a dispute cannot be resolved by the officials of the Joint Steering Committee, it may be escalated to relevant Chief Executive Officer (or</p>

	Secretary) of the lead departments; and then if unable to be resolved Relevant Ministers.
Variation	Variations to this Schedule may only be made by written agreement of both parties.

Table 2: Performance requirements, reporting and payment summary			
Output	Performance milestones	Report due	Payment
	Monthly payments based on actuals	N/A	Monthly

The Parties have confirmed their commitment to this schedule, a variation to the October 2020 schedule, as follows:

Signed for and on behalf of the Commonwealth of Australia by



The Honourable Greg Hunt MP
Minister for Health and Aged Care

20 December 2021

Signed for and on behalf of the Northern Territory by



The Honourable Natasha Fyles MLA
Minister for National Resilience

 20 December 2021

Appendix A –In-scope activities

Capital works, activities, maintenance and upgrades to support the ongoing repatriation program

- It is noted that the facility is relatively modern, is generally in good condition and that extensive capital works have already been completed to accommodate the March 2021 increase in capacity to 2,000 residents per fortnight. However, some additional capital improvements may be required to accommodate individuals repatriated by the Commonwealth.
- Capital works and activities to be funded may include but are not limited to:
 - Activation and maintenance of additional or improved accommodation including increased mobility assisted and family rooms
 - Mobilisation and demobilisation of temporary demountable buildings including administration, the medical centre and laboratory demountable
 - Pathology infrastructure to support increased testing requirements
 - Lighting upgrades
 - Kitchen and dining upgrades, catering and food provision, including delivery of catering to accommodation facilities
 - Cyclone related infrastructure, including generators to enable ongoing power to accommodation facilities
 - 24 hour Security surveillance e.g. CCTV and camera monitoring trailers, site access control and patrolling, with support provided by the Commonwealth (refer to Commonwealth responsibilities)
 - Pathways, access points and awnings — including weather mitigation measures
 - Environmental controls such as heating and cooling
 - General onsite maintenance and upgrades
 - Storage facilities and maintenance areas to support increased operations
 - Disability and mobility supports
 - Construction of temporary and/or permanent fencing
 - Essential services (water and electricity) and infrastructure and repairs including door locks/swipe card reading systems, ICT systems and assets, WiFi, telecommunications, water, electricity and sewerage infrastructure
 - Waste management services (standard and biohazard/medical)
 - Water chlorination plant
 - Laundry operations and linen
 - Installation of additional media converters
 - Carpark upgrades
 - Consumables (such as personal hygiene facilities)
 - Small electrical appliances in room – such as TV and Kettles.

- Toys and recreational activities for children
- Additional furniture for families with infant children, such as cots and linens, prams
- Consumables for families with infants such as nappies and formula
- Cleaning of rooms and common areas with adherence to infection control guidelines
- Provision of fire services
- Provision of transport services while an individual is in quarantine, this could include transport to and from the facility, internal to the facility, or for travel outside the facility, such as for medical purposes (including for interstate medical transfer)
- Staff recruitment, induction and training programs, including infection control training and a nation-wide recruitment campaign to supplement the Northern Territory health workforce
- Mental health services– for quarantine residents and staff
- Hospital services
- Health services including but not limited to:
 - Pathology
 - Primary care services
 - Alcohol and drug services
 - Dental services
 - Maternity services
 - Occupational therapy / disability supports etc
- Facilitating access to welfare services and support
- Capital works are automatically in scope where they are minor (up to \$100,000) per activity such as painting etc.
- Any major capital works (over \$100,000) need to be approved by the Commonwealth Department of Health in writing prior to works commencing.

Other

- Administrative component including but not limited to invoicing, data, reporting and compliance, operational supports and administration.

Note – any activities that are claimed under the National Partnership on COVID-19 response do not form part of this Schedule. For example, any PPE that has been claimed under the National Partnership is not eligible to also be funded under this Schedule. Similarly, any service, or part of a service, that is claimed through any other Commonwealth program is not eligible to be receive a Commonwealth funding contribution via this agreement.