Schedule

Strengthening Medicare – Supporting Older Australians (Queensland)

FEDERATION FUNDING AGREEMENT - HEALTH

Parties	Commonwealth and Queensland		
Duration	This Schedule is expected to expire on 30 October 2028 or upon completion of the initiative(s), including final performance reporting.		
	completion of the initiative(s), including final performance reporting. This agreement's objective is to support older people who are or are atrisk of becoming long stay older patients by: avoiding hospital presentation and admission; where hospital admission is necessary, reducing the length of the in-hospital stay; supporting earlier discharge; and improving the transition out of hospital to other appropriate care. This Schedule will support the delivery of: Geriatric Evaluation and Management Hospital in the Home (GEM-HITH) and Geriatric Evaluation and Management Rehabilitation Hospital in the Home (GEMR - HITH) Geriatrician-led assessment and care in a patient's residence to prevent unnecessary hospitalisations or reduce the length of stay in hospitals. Preventing Avoidable Presentations of Older People (PAPOP) Provide interim and crisis care responses for long stay older		
	patients when community support arrangements fail or are at risk of failure. • Transitional Bed Capacity Establish partnerships with private and not-for-profit residential aged care homes or other appropriate private care settings and purchase transitional bed capacity based on local need and local availability, ensuring the best possible patient and system outcomes. The initiative will benefit long stay older patients awaiting permanent supported places in residential aged care.		

Estimated
financial
contributions

The Commonwealth will provide an estimated total financial contribution to Queensland of \$121.68m in respect of this Schedule.

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(\$ million)	2024-25	2025-26	2026-27	2027-28	Total
Estimated total budget	42.54	42.54	18.30	18.30	121.68
Less estimated National Partnership Payments	42.54	42.54	18.30	18.30	121.68
Balance of non-Commonwealth contributions-	0.0	0.0	0.0	0.0	0.0

Additional terms

Queensland will ensure the Commonwealth is provided with contemporary information about the expected delivery schedule for each project (expected major milestone delivery dates including completion) and advise the Commonwealth as soon as practicable of any significant deviations from agreed project plans.

Initiatives delivered through this schedule will be targeted at older Australians aged 65 years and over, or 50 years and over for people who identify as Aboriginal and/or Torres Strait Islander.

The Parties agree that information about the outputs delivered under this Schedule and an evaluation of their outcomes will be shared with all states and territories by the Commonwealth. To inform continuous improvement, the Commonwealth will share data and insights with all states and territories in a timely manner and at least annually.

The National Health Reform Agreement (NHRA) provides that the Commonwealth will not fund a service where the same service, or any part of the same service, is otherwise funded by the Commonwealth. Queensland will ensure that any claim for funding under the NHRA is not funding services, or any part of a service, provided for under this agreement and will maintain appropriate records.

The Health Insurance Act 1973 prohibits the payment of Medicare benefits where other government funding is provided for that service. Queensland will ensure any agreement for the provision of services using funding under this agreement recognises the operation of the Health Insurance Act 1973.

The Parties acknowledge their respective roles and responsibilities in supporting the provision of health and aged care for older Australians.

The Parties agree that Queensland will undertake an evaluation of each initiative funded under this schedule. Queensland will undertake best

efforts to align with the nationally agreed evaluation plan (national evaluation plan) agreed for all initiatives funded through the Strengthening Medicare Supporting Older Australians investment. Queensland will determine the methodology for data collection and scope of any additional evaluation criteria. Evaluation findings will be used to inform future policy and programs. The evaluation will assess effectiveness and efficiency of initiatives across the desired outcomes:

- to reduce avoidable hospital presentations and admissions of older people; and,
- where hospital admission is necessary for older people, to reduce the length of the in-hospital stay, facilitate earlier discharge, and improve their transition out of hospital to other appropriate care.

The Parties agree the GEM-HITH and GEMR-HITH initiative funding will serve to expand existing services in six hospitals and establish new services in seven hospitals. Once services are fully operational (likely by year two), the initiative will aim to service an average of 180 eligible patients per new service site annually, and 75 eligible patients per expanded service site with the objective of servicing a total of 1,710 patients per year across all 13 sites, avoiding up to 17,100 hospital bed days each year.

The Parties agree the PAPOP initiative will aim to achieve the following:

- Year 1: 52 eligible patients receiving these services with the objective that 1350 hospital bed days are avoided.
- Year 2: 55 eligible patients receiving these services with the objective that 1420 hospital bed days are avoided.
- Year 3: 57 eligible patients receiving these services with the objective that 1490 hospital bed days are avoided.
- Year 4: 60 eligible patients receiving these services with the objective that 1570 hospital bed days are avoided.

The Parties agree the Transitional Bed Capacity initiative will aim to include the purchase of 40 total beds in alternate care settings in a year, with that number of transitional beds aiming to be maintained in the second year. This number will be dependent on local negotiations and available capacity, together with considerations for the type of patient, care model and other variables specific to the provider or patient cohort. Queensland will work closely with the Department of Health and Aged Care to identify and utilise available and suitable capacity in residential aged care homes, or other appropriate private care settings, ensuring the best possible patient and system outcomes. The initiative will work to an objective of reducing the length of stay for older people who have been admitted to hospital.

The Parties agree to the performance milestones, reporting requirements and payment summary, as set out in Table 2.

Output	Performance milestones	Report due	Payment
Geriatric Evaluation and Management Hospital in the Home (GEM-HITH) and Geriatric Evaluation and Management Rehabilitation Hospital in the Home (GEMR - HITH) Geriatrician-led assessment and care in a patient's residence to prevent connecessary hospitalisations for reduce the length of stay in hospitals.	Provision of an Implementation Plan for the expansion of care services in older patients' places of residence including: • An outline of the services offered through existing GEM-HITH and GEMR - HITH programs. • Information about the Hospital and Health Services (HHSs) through which services will be expanded and established. • Expansion – 6 hospitals (in 4 HHSs) • Additional sites – 7 hospitals (in 7 HHSs) (Queensland to provide suitability assessment) • Information about the arrangements for the establishment, oversight and evaluation of the expansion of services including: • the expanded services to be provided (specifications); • information about patient eligibility criteria; • delivery milestones and anticipated phasing across all sites, • data collection, monitoring, evaluation, and reporting arrangements. • A program logic using the template provided by the Commonwealth. • GEM-HITH and GEMR-HITH evaluation plan outlining the planned evaluation methodology for the initiative which will include but is not limited to the minimum evaluation criteria outlined in the national evaluation plan. • Collection of baseline data for initiative and in line with the nationally agreed consistent long stay older patient (LSOP) data indicators.	30 October 2024	\$9.5m
	 Provision of a Progress Status Report demonstrating the following: Progress against the implementation plan. Commencement of deployment of services. Progress in operationalising all seven new sites. Report relevant data to the Department of Health and Aged Care, including aggregate nationally agreed consistent LSOP data indicators outlined in the national evaluation plan, presented either month-by-month or quarterly. Number of patients receiving services monthly at all sites that accepted funding within the reporting period. 	14 April 2025 (reporting period: 1/9/24-1/4/25)	\$6.8m

	 Progress against the implementation plan. Report relevant data to the Department of Health and Aged Care, including aggregate nationally agreed consistent LSOP data indicators, presented either month-by-month or quarterly. Outcomes of services monitored against national evaluation plan. Initiative risks and issues (including intervention plans where services are not performing) and lessons learned. 	1 February 2026 (reporting period: 2/4/25-15/1/26),	\$16.3m
		1 February 2027 (reporting period: 16/1/26- 15/1/27),	\$16.3m
		1 February 2028 (reporting period: 16/1/27-15/1/28)	16.3m
	 Provision of a Final Report, including: An evaluation of the impact of the expansion of care services on long stay older patients against the GEM-HITH and GEMR-HITH evaluation plan. Cumulative data reporting on the nationally agreed consistent data indicators for duration of schedule presented either month-by-month or quarterly. Outcomes of the initiative, key achievements and challenges, and lessons learned with supporting data where available. 	30 October 2028	Nil
Preventing Avoidable Presentations of Older People (PAPOP) Provide interim and crisis care responses for long stay older patients when community support arrangements fail or are at risk of failure.	Provision of an implementation plan for expansion of interim and crisis care capacity to prevent hospital presentations of older patients due to community support failure including: • Identified target HHSs/hospitals for expanded or additional sites. • Information about the arrangements for the establishment, oversight and evaluation of the establishment of the initiative, including: • service specifications (including a detailed inclusion and exclusion protocol for PAPOP interventions), • information about patient eligibility criteria and any needs assessment frameworks; • recruitment requirements, • delivery milestones and phasing, • data collection, monitoring, evaluation, and reporting arrangements. • A program logic using the template provided by the Commonwealth. • PAPOP evaluation plan outlining the planned evaluation methodology for the initiative which will include but is not limited to the minimum evaluation criteria outlined in the national evaluation plan. • Collection of baseline data for initiative and in line with the nationally agreed consistent LSOP data indicators	30 October 2024	\$1M

 Provision of a Progress Report with delivery and data metrics including: Progress against the implementation plan. Outcomes of services monitored against national evaluation plan. Report relevant data to the Department of Health and Aged Care, including aggregate nationally agreed consistent LSOP data indicators, presented either month-by-month or quarterly. Initiative risks and issues (including intervention plans where services are not performing) and lessons learned. 	14 April 2025 (reporting period: 1/9/24-1/4/25)	\$1M
Provision of an Annual Progress Report with delivery and data metrics including: Progress against the implementation plan. Outcomes of services monitored against national evaluation plan.	1 February 2026 (reporting period: 2/4/25-15/1/26)	\$2M
 Report relevant data to the Department of Health and Aged Care, including aggregate nationally agreed consistent LSOP data indicators, presented either month-by-month or quarterly. Initiative risks and issues (including intervention plans where services are not 	1 February 2027 (reporting period: 16/1/26- 15/1/27)	\$2M
performing) and lessons learned.	1 February 2028 (reporting period: 16/1/27-15/1/28)	\$2M
 Provision of a Final evaluation report, which includes: An evaluation of the impact of the expansion of care services on long stay older patients against the PAPOP evaluation plan. Cumulative data reporting on the nationally agreed consistent data indicators for duration of schedule presented either month-by-month or quarterly. Outcomes of the initiative, key achievements and challenges, and lessons learned with supporting data where available. 	30 October 2028	Nil

Transitional Bed Capacity (TBC)	Provision of an Implementation Plan for the development of transitional bed capacity for long stay older patients including:	30 October 2024	\$12.12M
Establish partnerships with private and not-for-profit residential aged care homes and purchase transitional bed capacity based on local need and local availability. The initiative will benefit long stay older patients	Initiative governance established, including:	30 0 000000 2024	
	 purchase specifications (including a detailed inclusion and exclusion criteria for bed and application process), 		
	 information about patient eligibility criteria and any needs assessment frameworks (including assessment of priority locations for transitional bed capacity in Queensland), 		
	o delivery milestones and phasing		
awaiting permanent supported places in	 governance structure with Queensland Health and Department of Health and Aged Care Local Network. 		
residential aged care.	 A program logic using the template provided by the Commonwealth. 		
	 TBC evaluation plan outlining the planned evaluation methodology for the initiative which will include but is not limited to the minimum evaluation criteria outlined in the national evaluation plan. 		
	 Collection of baseline data for initiative and in line with the nationally agreed consistent LSOP data indicators 		
	Provision of an Annual Progress Report with delivery and data metrics including:	14 April 2025	\$12.12M
	Progress against the implementation plan.	(reporting period:	
	 Outcomes of services monitored against national evaluation plan. 	1/9/24-1/4/25)	
	 Report relevant data to the Department of Health and Aged Care, including aggregate nationally agreed consistent LSOP data indicators, presented either month-by-month or quarterly. 		
	 Initiative risks and issues (including intervention plans where services are not performing) and lessons learned. 		
	Provision of an Annual Progress Report with delivery and data metrics including:	1 February 2026	\$24.24m
	Progress against the implementation plan.	(reporting period:	
	 Outcomes of services monitored against national evaluation plan. 	2/4/25-15/1/26)	
	 Report relevant data to the Department of Health and Aged Care, including aggregate nationally agreed consistent LSOP data indicators, presented either month-by-month or quarterly. 		

 Initiative risks and issues (including intervention plans where services are not performing) and lessons learned. 		-
 Final evaluation report, which includes: A plan for long term management of transitional bed-eligible patients after initiative funding ceases (including any recommendations and sustainable solutions to be implemented). 	30 October 2026	Nil
 An evaluation of the impact of the initiative on long stay older patients against the Transitional Bed Capacity evaluation plan. 		
 Cumulative data reporting on the nationally agreed consistent data indicators for duration of schedule presented either month-by-month or quarterly. 		
 Outcomes of the initiative, key achievements and challenges, with supporting data where possible. 		

The Parties have confirmed their commitment to this schedule as follows:

Signed for and on behalf of the Commonwealth

of Australia

The Honourable Mark Butler MP Minister for Health and Aged Care

[Day] [Month] 2024

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Signed for and on behalf of the State of Queensland by

The Honourable Shannon Fentiman MP Minister for Health, Mental Health and Ambulance Services and Minister for Women

[Day] [Month] 2024

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