Schedule

Strengthening Medicare – Supporting Older Australians (New South Wales)

FEDERATION FUNDING AGREEMENT - HEALTH

Table 1: Fo	rmalities and operation of schedule		
Parties	Commonwealth and New South Wales		
Duration	This Schedule is expected to expire on 30 October 2028 or upon completion of the initiative(s), including final performance reporting.		
Purpose	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:		
	 Aged Care Outreach Service (ACOS) Time-limited specialist non-admitted clinical care supporting older people in residential aged care homes and the community to manage acute and sub-acute deterioration in their health. 		
	 Virtual Specialist Geriatric Care services (VSGC) Multi-disciplinary teams provide acute and sub-acute hospital level care to older people through a hospital in the home (HITH) admission. This initiative will expand access to specialist multidisciplinary care across NSW including regional and rural areas. 		

Estimated financial contributions

The Commonwealth will provide an estimated total financial contribution to New South Wales of \$196.92m in respect of this Schedule.

(\$ million)	2024-25	2025-26	2026-27	2027-28	Total
Estimated total budget*	52.63	46.17	49.06	49.06	196.92
Less estimated National Partnership Payments*	52.63	46.17	49.06	49.06	196.92
Balance of non-Commonwealth contributions-	0.0	0.0	0.0	0.0	0.0

^{*}Totals may not add due to rounding

Additional terms

New South Wales 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. New South Wales 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. New South Wales 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 New South Wales will undertake an evaluation of each initiative funded under this schedule. New South Wales 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. New South Wales 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 Aged Care Outreach Service initiative funding will serve to expand existing services in 11 Local Health Districts (LHDs) and establish new services in 4 LHDs to address service and geographical gaps.. Once fully operational (likely by year two) the initiative will aim to deliver:

- Year 1: 42,333 occasions of service.
- Year 2: 116,155 occasions of service.
- Year 3: 116,155 occasions of service.
- Year 4: 116,155 occasions of service.

The Parties agree the Virtual Specialist Geriatric Service initiative funding will serve to establish services in all Local Health Districts and aim to:

- Year 1: Establish a centralised, clinically led triage point via Hospital in the Home into local clinical pathways to their Virtual Specialist Geriatric Service.
- Year 2: 1,700 eligible patients receiving access and linkage to the service, with the objective of increasing inpatient capacity at public hospitals.
- Year 3: 2,500 eligible patients receiving access and linkage to the service, with the objective of increasing inpatient capacity at public hospitals.
- Year 4: 3,400 eligible patients receiving access and linkage to the service, with the objective of increasing inpatient capacity at public hospitals.

Output	Performance milestones	Report due	Payment
Aged Care Outreach Service (ACOS) Time-limited specialist non- admitted clinical care supporting older people in the community to manage acute and sub-acute deterioration in their health.	Provision of an Implementation Plan for the expansion and delivery of care services in older patients' places of residence including: • An outline of the services offered through existing ACOS programs. • Information about the Local Health Districts through which services will be expanded and established. • Expansion – 11 LHDs • Additional sites – 4 LHDs • 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. • A draft evaluation plan outlining the planned evaluation methodology for measuring initiative effectiveness and the agreed minimum evaluation criteria outlined in the national evaluation plan. • Information about the proposed baseline data metrics for the initiative and in line with the agreed long stay older patient (LSOP) data indicators.	14 February 2025	\$20.000m
	Provision of a Progress Status Report for the Commonwealth's approval demonstrating the following: Progress against the implementation plan. Finalised initiative specific evaluation plan based on the national evaluation plan, and collection of baseline data. Outcomes of services monitored against the initiative evaluation plan. Operationalisation of all four new sites. Report relevant data to the Department of Health and Aged Care, including aggregate agreed LSOP data indicators outlined in the national evaluation plan, presented either month-by-month or quarterly. Initiative risks and issues (including intervention plans where services are not performing) and lessons learned.	28 April 2025 (reporting period: 1/9/24-31/3/25)	\$15.000m

	Provision of an Annual Progress Report with delivery and data metrics for the Commonwealth's approval including: • Progress against the implementation plan. • Outcomes of services monitored against the initiative evaluation plan.	1 February 2026 (reporting period: 1/4/25-15/1/26),	\$35.000m
	 Report relevant data to the Department of Health and Aged Care, including aggregate agreed LSOP data indicators outlined in the national evaluation plan, presented either month-by-month or quarterly. 	1 February 2027 (reporting period: 16/1/26-15/1/27),	\$35.000m
	 Initiative risks and issues (including intervention plans where services are not performing) and lessons learned. 	1 February 2028 (reporting period: 16/1/27-15/1/28)	\$35.000m
	 Provision of a Final Evaluation Report for the Commonwealth's approval, including: An evaluation of the impact of the expansion of care services on long stay older patients against the initiative evaluation plan. Cumulative data reporting on the agreed 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
Virtual Specialist Geriatric Care services (VSGC) Multi-disciplinary teams provide acute and sub-acute thospital level care to older people through a hospital in the home admission.	Provision of an Implementation Plan for the expansion and delivery of care services in older patients' places of residence including: • An outline of the services offered through the existing HITH network. • Information about the Local Health Districts and Specialty Health Networks through which services will be established. • Information about the arrangements for the establishment, oversight and evaluation of the services including: • the 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. • A draft evaluation plan outlining the planned evaluation methodology for measuring initiative effectiveness and the agreed minimum evaluation criteria outlined in the national evaluation plan.	14 February 2025	\$12.000m
	 Information about the proposed baseline data metrics for initiative and in line with the agreed long stay older patient (LSOP) data indicators. 	-	

	 Provision of a Progress Status Report for the Commonwealth's approval demonstrating the following: Progress against the implementation plan. Finalised initiative specific evaluation plan based on the national evaluation plan, and collection of baseline data. Outcomes of services monitored against the initiative evaluation plan. Commencement of deployment of services. Report relevant data to the Department of Health and Aged Care, including aggregate agreed LSOP data indicators outlined in the national evaluation plan, presented either month-by-month or quarterly. Initiative risks and issues (including intervention plans where services are not performing) and lessons learned. 	28 April 2025 (reporting period: 1/9/24-31/3/25)	\$5.627m
	Provision of an Annual Progress Report with delivery and data metrics for the Commonwealth's approval including: Progress against the implementation plan. Outcomes of services monitored against the initiative evaluation plan. Report relevant data to the Department of Health and Aged Care, including aggregate agreed LSOP data indicators outlined in the national evaluation plan, presented either month-by-month or quarterly. Initiative risks and issues (including intervention plans where services are not performing) and lessons learned.	1 February 2026 (reporting period: 1/4/25-15/1/26)	\$11.173m
		1 February 2027 (reporting period: 16/1/26- 15/1/27)	\$14.061m
		1 February 2028 (reporting period: 16/1/27-15/1/28)	\$14.061m
	Provision of a Final Evaluation Report for the Commonwealth's approval, which includes: An evaluation of the impact of the establishment of care services on long stay older patients against the initiative evaluation plan. Cumulative data reporting on the agreed 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

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

Signed for and on behalf of the Commonwealth

of Australia My

The Honourable Mark Butler MP Minister for Health and Aged Care

[Day] [Month] 2025

28 Jan

Signed for and on behalf of the State of New South Wales by

The Honourable Ryan Park MP Minister for Health and Regional Health

[Day] [Month] 2025

5 Feb