

Strengthening Medicare – Supporting Older Australians (Australian Capital Territory)

FEDERATION FUNDING AGREEMENT – HEALTH

Table 1: Formalities and operation of schedule																									
Parties	Commonwealth and Australian Capital Territory																								
Duration	This Schedule is expected to expire on 30 October 2028 or upon completion of the initiative(s), including final performance reporting.																								
Purpose	<p>This agreement's objective is to support older people who are or are at-risk of becoming long stay older patients by avoiding hospital presentation and admission and contributing to the broader objectives of the Strengthening Medicare package.</p> <p>This Schedule will support the delivery of:</p> <ul style="list-style-type: none"> Sustainable, Personalised Interventions for Cognition, Care and Engagement (SPICE) An allied health-led rehabilitation program that supports improved health and wellbeing and reduced avoidable hospital presentations and admissions for older people living with dementia and their carers. Geriatric Evaluation and Management in the Home Program (GEM@Home) Multidisciplinary team care delivered in older people's homes (both residential aged care and community settings) supporting improved function and reducing avoidable hospital presentations and admissions. 																								
Estimated financial contributions	<p>The Commonwealth will provide an estimated total financial contribution to Australian Capital Territory of \$8.88m in respect of this Schedule.</p> <table border="1"> <thead> <tr> <th>Table 1 (\$ million)</th> <th>2024-25</th> <th>2025-26</th> <th>2026-27</th> <th>2027-28</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Estimated total budget*</td> <td>2.06</td> <td>2.21</td> <td>2.27</td> <td>2.33</td> <td>8.88</td> </tr> <tr> <td>Less estimated National Partnership Payments*</td> <td>2.06</td> <td>2.21</td> <td>2.27</td> <td>2.33</td> <td>8.88</td> </tr> <tr> <td>Balance of non-Commonwealth contributions</td> <td>0.0</td> <td>0.0</td> <td>0.0</td> <td>0.0</td> <td>0.0</td> </tr> </tbody> </table> <p>*Figures may not total due to rounding.</p>	Table 1 (\$ million)	2024-25	2025-26	2026-27	2027-28	Total	Estimated total budget*	2.06	2.21	2.27	2.33	8.88	Less estimated National Partnership Payments*	2.06	2.21	2.27	2.33	8.88	Balance of non-Commonwealth contributions	0.0	0.0	0.0	0.0	0.0
Table 1 (\$ million)	2024-25	2025-26	2026-27	2027-28	Total																				
Estimated total budget*	2.06	2.21	2.27	2.33	8.88																				
Less estimated National Partnership Payments*	2.06	2.21	2.27	2.33	8.88																				
Balance of non-Commonwealth contributions	0.0	0.0	0.0	0.0	0.0																				

Additional terms

The Australian Capital Territory 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. The Australian Capital Territory 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. The Australian Capital Territory 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 Australian Capital Territory will undertake an evaluation of each initiative funded under this schedule. Australian Capital Territory 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. Where possible, the Australian Capital Territory will undertake best endeavours reporting that seeks to align with the ongoing work towards nationally consistent reporting through relevant intergovernmental working groups. The Australian Capital Territory 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, where relevant:

- 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@Home initiative will serve to expand services delivered by the Rapid Assessment of Deteriorating Aged at Risk (RADAR) model and the Geriatric Rapid Acute Care and Evaluation (GRACE) service. The initiative will extend RADAR services from 5 to 6 days per week, with additional allied health supports, and GRACE to operate 7 days per week, with enhanced specialist nursing and allied health in-reach supports. The initiative will aim to:

- Service 700 eligible patients annually receiving these services in community settings.
- Service 3780 new residential aged care home visits annually.
- Service a minimum of 1600 post hospital follow-ups annually in residential aged care homes.
- Satisfaction of 80% for services received in community settings based on the returned feedback from patients or their families.

The Parties agree the SPICE initiative will serve to support continuation of existing services and establish a revised model of care. The initiative will aim to:

- Service 55 eligible dyads¹ annually.
- Achieve improvements in at least 75% of reported psychosocial outcome measures.
- Maintain a program completion rate of 75% or greater.

¹ Dyad refers to pair comprising the older person living with dementia and their carer.

Table 2: Performance requirements, reporting and payment summary

Output	Performance milestones	Report due	Payment
<p>Geriatric Evaluation and Management in the Home Program (GEM@Home)</p> <p><i>Multidisciplinary team care delivered in older people's homes (both residential aged care and community settings) supporting improved function and reducing avoidable hospital presentations and admissions.</i></p>	<p>Provision of an Implementation Plan for the Commonwealth's approval for the expansion of multidisciplinary care services in older patients' place of residence including:</p> <ul style="list-style-type: none"> • An outline of the services offered through existing RADAR and GRACE programs • Information about the arrangements for the establishment, oversight and evaluation of the expansion of services including: <ul style="list-style-type: none"> ○ the expanded services to be provided (specifications); ○ information about patient eligibility criteria and any needs assessment frameworks; ○ delivery milestones and phasing across all sites, ○ data collection, monitoring, evaluation, and reporting arrangements. • A program logic using the template provided by the Commonwealth • An evaluation plan outlining the planned evaluation methodology for measuring initiative effectiveness and the agreed minimum evaluation criteria outlined in the national evaluation plan. • Collection of baseline data for initiative and in line with the agreed long stay older patient (LSOP) data indicators. 	<p>16 February 2025</p>	<p>\$0.808m</p>
	<p>Provision of a Progress Status Report for the Commonwealth's approval demonstrating the following:</p> <ul style="list-style-type: none"> • Progress against the Implementation Plan. • Outcomes of services monitored against the initiative evaluation plan, based on the national evaluation plan. • Number of patients receiving services or visits to Residential Aged Care Facilities monthly at all sites within the reporting period. • 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. 	<p>14 April 2025 (reporting period: commencement of services-1/4/25)</p>	<p>\$1.000m</p>

	<p>Provision of an Annual Progress Report with delivery and data metrics for the Commonwealth's approval including:</p> <ul style="list-style-type: none"> • Progress against the implementation plan. • Outcomes of services monitored against the initiative evaluation plan, based on the national evaluation plan. • Outcomes of preliminary study on the GEM@Home enhanced model. • 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. 	<p>1 February 2026 (reporting period: 2/4/25-15/1/26)</p> <p>\$1.811m</p>
	<p>Provision of an Annual Progress Report with delivery and data metrics for the Commonwealth's approval including:</p> <ul style="list-style-type: none"> • Progress against the implementation plan. • Outcomes of services monitored against the initiative evaluation plan, based on the national 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. 	<p>1 February 2027 (reporting period: 16/1/26- 15/1/27)</p> <p>\$1.862m</p>
	<p>Provision of a Final Report for the Commonwealth's approval, including:</p> <ul style="list-style-type: none"> • An evaluation of the impact of the expansion of care services on long stay older patients against the initiative evaluation plan, based on the agreed minimum evaluation criteria outlined in the national 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. • Outcomes of scoping activities for expansion of services to include rehabilitation and palliative care in the home. 	<p>1 February 2028 (reporting period: 16/1/27-15/1/28)</p> <p>\$1.912m</p>
		<p>30 August 2028</p> <p>Nil</p>

<p>Sustainable, Personalised Interventions for Cognition, Care and Engagement (SPICE)</p> <p><i>Allied health-led rehabilitation program supporting improved health and wellbeing for older people living with dementia and their carers.</i></p>	<p>Provision of an Implementation Plan for the Commonwealth's approval for the provision of an allied health-led rehabilitation program for older people living with dementia including:</p> <ul style="list-style-type: none"> • An outline of the services offered through existing SPICE program • Information about the arrangements for the establishment, oversight and evaluation of the program including: <ul style="list-style-type: none"> ○ the expanded services to be provided (specifications); ○ information about participant eligibility criteria and any needs assessment frameworks; ○ delivery milestones and phasing across all sites, ○ data collection, monitoring, evaluation, and reporting arrangements. • A program logic using the template provided by the Commonwealth • An evaluation plan outlining the planned evaluation methodology for measuring initiative effectiveness and the agreed minimum evaluation criteria outlined in the national evaluation plan. • Collection of baseline data for initiative and in line with the agreed long stay older patient (LSOP) data indicators. 	<p>16 February 2025</p>	<p>\$0.126m</p>
	<p>Provision of a Progress Status Report for the Commonwealth's approval demonstrating the following:</p> <ul style="list-style-type: none"> • Progress against the Implementation Plan. • Outcomes of services monitored against the initiative evaluation plan, based on the national evaluation plan. • Number of dyads receiving services monthly at all sites within the reporting period. • 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. • Results of program cost-effectiveness evaluation (commenced in 2024) 	<p>14 April 2025 (reporting period: commencement of services-1/4/25)</p>	<p>\$0.126m</p>

	<p>Provision of an Annual Progress Report with delivery and data metrics for the Commonwealth's approval including:</p> <ul style="list-style-type: none"> • Progress against the implementation plan. • Outcomes of services monitored against the initiative evaluation plan, based on the national 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. 	<p>1 February 2026 (reporting period: 2/4/25-15/1/26)</p>	<p>\$0.400m</p>
		<p>1 February 2027 (reporting period: 16/1/26- 15/1/27)</p>	<p>\$0.411m</p>
		<p>1 February 2028 (reporting period: 16/1/27-15/1/28)</p>	<p>\$0.422m</p>
	<p>Provision of a Final evaluation report for the Commonwealth's approval, including:</p> <ul style="list-style-type: none"> • An evaluation of the impact of the expansion of care services on long stay older patients against the initiative evaluation plan, based on the agreed minimum evaluation criteria outlined in the national 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. 	<p>30 August 2028</p>	<p>Nil</p>

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

Signed for and on behalf of the Commonwealth
of Australia by



The Honourable Mark Butler MP
Minister for Health and Aged Care

[Day] [Month] 2025

28 Jan

Signed for and on behalf of the
Australian Capital Territory by



Ms Rachel Stephen-Smith MLA
Minister for Health

[Day] [Month] 2025

5 Nov