

Comprehensive Palliative Care in Aged Care 2024-25 to 2025-26 - ACT

FEDERATION FUNDING AGREEMENT - HEALTH

Table 1: Formalities and operation of schedule																	
Parties	Commonwealth Australian Capital Territory (ACT)																
Duration	This agreement is expected to expire on 30 June 2026, or on completion of the initiative, including acceptance of final performance reporting and processing of final payments.																
Purpose	<p>This Schedule will support the improved delivery of palliative care services for older Australians living in Residential Aged Care Homes (RACHs) by expanding existing models of care and supporting new approaches to the way care is delivered or commissioned by the ACT.</p> <p>This includes, but is not limited to:</p> <ul style="list-style-type: none"> • Support to implement a multidisciplinary model of care composed of a Registrar, Nurse Practitioners, Clinical Nurse Consultants, Registered Nurses and allied health professionals, • Support to implement linked and interconnected referral and case coordination pathways to ensure the specialist palliative care service needs of RACH residents are planned, anticipated, and met through in-reach and outreach services, and • Access to training and resources for RACH staff to enhance their capability to identify and appropriately refer residents with specialist palliative care needs. 																
Estimated financial contributions	<p>The Commonwealth will provide the ACT up to a total of \$303,000 over two years (2024/25 – 2025/26) 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>Total</th> </tr> </thead> <tbody> <tr> <td>Estimated total budget</td> <td>0.480</td> <td>0.486</td> <td>0.966</td> </tr> <tr> <td><i>Commonwealth National Partnership Payment (1)</i></td> <td>0.150</td> <td>0.153</td> <td>0.303</td> </tr> <tr> <td>ACT contribution</td> <td>0.330</td> <td>0.333</td> <td>0.663</td> </tr> </tbody> </table> <p>(1) The Commonwealth contribution is contingent on the ACT's contribution of equal funding. Where the ACT contributes a lesser amount the Commonwealth contribution will be reduced accordingly.</p>	Table 1 (\$ million)	2024-25	2025-26	Total	Estimated total budget	0.480	0.486	0.966	<i>Commonwealth National Partnership Payment (1)</i>	0.150	0.153	0.303	ACT contribution	0.330	0.333	0.663
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<p>Additional terms</p>	<ul style="list-style-type: none"> • For this Schedule, a RACH is a special-purpose facility, providing accommodation and personal care 24 hours a day, access to nursing and general healthcare services for senior Australians who can no longer live in their own home as described under the Aged Care Act 1997 (Aged Care Act 2024 from 1 July 2025). RACHs are accredited by the Aged Care Quality and Safety Commission to receive funding from the Australian Government through residential aged care subsidies. • The Parties agree that the applicable performance indicators for the April 2025 and April 2026 performance milestone report are listed below (but not limited to): <ul style="list-style-type: none"> ○ All (100%) ACT RACHs utilising the sPecialist palliative Aged Care (PEACE) team services, ○ 60% of all ACT RACH palliative residents supported by multidisciplinary teams, including PEACE. • Data on the below items will also be provided to help assess the effectiveness of the measure: <ul style="list-style-type: none"> ○ Number of resident referrals to specialist palliative care team, ○ Number of specialist palliative care services delivered to residents, ○ Evidence of resident and family satisfaction levels (if available). • The Health Insurance Act 1973 prohibits the payment of Medicare benefits where other government funding is provided for that service. The ACT will ensure any agreement for the provision of services using funding under this agreement recognises and does not contravene the operation of the Health Insurance Act 1973. • 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 ACT 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.
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Table 2: Performance requirements, reporting and payment summary			
Output	Performance milestones	Report due	Commonwealth contribution payment
<p>Delivery of palliative care services for older Australians living in RACHs in the ACT, including, but not limited to:</p> <ul style="list-style-type: none"> • Transition to a multidisciplinary model of care: <ul style="list-style-type: none"> ○ deliver an agile, multidisciplinary model of care in all ACT RACHs (100%) for the sPecialist palliativE Aged CarE (PEACE) composed of Registrar, Nurse Practitioners, Clinical Nurse Consultants, Registered Nurse level 2, allied health and administrative staff. ○ Anticipated number of residents to be cared for by PEACE team is approximately 60% of all ACT RACH residents. • Enhanced workforce capability: <ul style="list-style-type: none"> a. undertake activities to build the capacity of all RACH staff to effectively identify and appropriately refer residents with specialist palliative care needs. • Linked and interconnected referral and case coordination: <ul style="list-style-type: none"> a. maintain engagement with all RACHs in the ACT to deliver the PEACE program and foster strong referral links, case coordination and specialist palliative care access for RACH residents. b. maintain and continue to build strong and collaborative relationships across the aged care and health sectors to support the effective delivery and coordination of specialist palliative care services for residents. • Data collection and evaluation: <ul style="list-style-type: none"> a. collect patient and service data on the PEACE program to assess effectiveness, support continuous improvement and optimise service delivery. b. promote lessons learned through relevant conferences, journals, and other relevant channels. 	<p>Provision and acceptance of performance report outlining the activities undertaken to 31 March 2025 against each output.</p> <p>Performance report – The report should include data against each of the performance indicators and data items listed in the ‘Additional Terms’ and ‘Outputs’ column. In the case that these are not met, the ACT is to provide reasoning for this.</p> <p>In addition, the performance report will also include:</p> <ul style="list-style-type: none"> • Case studies that demonstrate activity and benefits of the CPCiAC measure. • Challenges and lessons learned about implementation and delivery of the CPCiAC measure. 	30/04/2025	<p>Up to \$150,000</p> <p>Payment planned June 2025, subject to provision and acceptance of the Performance Report.</p>
	<p>Provision and acceptance of performance report outlining the activities undertaken from 1 April 2025 to 31 March 2026 against each output.</p> <p>Performance report – The report should include data against each of the performance indicators and data items listed in the ‘Additional Terms’ and ‘Outputs’ column. In the case that these are not met, the ACT is to provide reasoning for this.</p> <p>In addition, the performance report will also include:</p> <ul style="list-style-type: none"> • Case studies that demonstrate activity and benefits of the CPCiAC measure. • Challenges and lessons learned about implementation and delivery of the CPCiAC measure. 	30/04/2026	<p>Up to \$153,000</p> <p>Payment planned June 2026, subject to provision and acceptance of the Performance Report.</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

02 Feb

Signed for and on behalf of the
Australian Capital Territory by



Ms Rachel Stephen-Smith MLA
Minister for Health

[Day] [Month] 2025

5 March