

# Comprehensive Palliative Care in Aged Care 2024-25 to 2025-26 - SA

## FEDERATION FUNDING AGREEMENT - HEALTH

Table 1: Formalities and operation of schedule																	
<b>Parties</b>	Commonwealth South Australia																
<b>Duration</b>	This Schedule 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.																
<b>Purpose</b>	<p>This Schedule will support the improved delivery of palliative care services for older Australians living in Residential Aged Care Homes (RACHs), (formally Residential Aged Care Facilities (RACF)), by expanding existing models of care and supporting new approaches to the way care is delivered or commissioned by South Australia. This includes, but is not limited to, developing and implementing models of care that:</p> <ul style="list-style-type: none"> <li>- include pathways for specialist palliative care to support residents with complex symptoms,</li> <li>- focus on shared care between specialist and primary care providers, and</li> <li>- provide access to contemporary training, resources and mentoring for RACH staff to enhance their capability to deliver palliative care.</li> </ul>																
<b>Financial contributions</b>	<p>The Commonwealth will provide an estimated total financial contribution to South Australia of up to \$1.821 million over two years (2024/25 – 2025/26) in respect of this Schedule.</p> <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>Table 1 (\$ million)</th> <th>2024-25</th> <th>2025-26</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td><b>Estimated total budget</b></td> <td><b>1.800</b></td> <td><b>1.842</b></td> <td><b>3.642</b></td> </tr> <tr> <td><i>Commonwealth National Partnership Payment (1)</i></td> <td>0.900</td> <td>0.921</td> <td>1.821</td> </tr> <tr> <td>South Australia contribution</td> <td>0.900</td> <td>0.921</td> <td>1.821</td> </tr> </tbody> </table> <p>(1) South Australia will make an estimated contribution of \$1.821 million as per the Commonwealth commitment to funding in Table 1. .</p>	Table 1 (\$ million)	2024-25	2025-26	Total	<b>Estimated total budget</b>	<b>1.800</b>	<b>1.842</b>	<b>3.642</b>	<i>Commonwealth National Partnership Payment (1)</i>	0.900	0.921	1.821	South Australia contribution	0.900	0.921	1.821
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<b>Additional terms</b>	<ul style="list-style-type: none"> <li>• For this Schedule, a RACH is a special-purpose facility providing accommodation and personal care 24 hours a day, access to nursing</li> </ul>																

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.

- Performance reports provided by South Australia at the times specified in Table 2 will include relevant data including (but not limited to):
  - Number of participating RACHs
  - Number of aged care workers completing palliative care training and education
  - Number of completed Advance Care Plans (including as a proportion of residents)
  - Number and uptake of 2019-2024 South Australian education resources disseminated to the aged care sector
  - Number of referrals to specialist palliative care team
  - Number of specialist palliative care services delivered
  - Number of multidisciplinary case conferences, including General Practitioners
  - Evidence of resident and family satisfaction levels (if available)
  - Feedback from stakeholders.
- **Data reporting for the Metropolitan In-Reach KPIs:**

The metropolitan in reach model is provided by specialist palliative care clinicians who support residents of aged care homes approaching end of life to be better cared for by aged care and primary care staff. This initiative utilises the palliative care Needs Round as a way of supporting primary care clinicians further develop palliative and end of life care skills through case based discussions with specialist service providers.

  - Engagement with RACHs (Aim to engage and onboard 4-6 residential aged care homes across life of the project)
  - ***Escalation of care within Aged Care***
    - Number of RACH referrals made to Local Health Network (LHN) specialist palliative care teams via CPCiAC
    - Occasions of specialist palliative care service to CPCiAC sites including modality of service
    - Number of RACH residents discussed at Needs Rounds dying in their place of choice

	<ul style="list-style-type: none"><li>○ <b>Advance Care Planning</b><ul style="list-style-type: none"><li>▪ Number of advance care planning discussions held</li></ul></li><li>○ <b>Aged Care Workforce Education</b><ul style="list-style-type: none"><li>▪ Number of RACH/ Multi-Purpose Services (MPS) staff participating in palliative care and end-of-life care training sessions supported by specialist palliative care</li></ul></li><li>○ <b>Specialist Palliative Care Needs Rounds</b><ul style="list-style-type: none"><li>▪ Number of Needs Rounds conducted</li><li>▪ Number of residents discussed at a Needs Round</li><li>▪ Number of staff attending Needs Round</li></ul></li><li>● The Health Insurance Act 1973 prohibits the payment of Medicare benefits where other government funding is provided for that service. SA 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'.</li><li>● 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. South Australia 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.</li></ul>
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**Table 2: Performance requirements, reporting and payment summary**

Output	Performance milestones	Report due	Commonwealth contribution payment
<p>Demonstrated improvements to delivery of palliative care services for older Australians living in RACHs in South Australia, including through developing and implementing models of care that:</p> <ol style="list-style-type: none"> <li>1. Include pathways for specialist palliative care to support residents with complex symptoms,</li> <li>2. Rural Support Service: Target to support all 48 state-operated aged care homes in country SA through Needs Rounds to June 2026.</li> <li>3. Metropolitan Services: Pilot needs rounds model in 12-18 RACH in metro Adelaide supported by the 3 specialist palliative care services through Needs Rounds to June 2026.</li> <li>4. Focus on shared care between specialist and primary care providers, including:               <ol style="list-style-type: none"> <li>a. Rural Support Service support aged care link nurses through x10 pre-arranged education/mentor sessions per year (not conducted in December and January period).</li> <li>b. Number of GPs that participated in Needs Rounds for rural palliative care residents.</li> <li>c. Promotion and number of primary care providers at x1 Echo education session or equivalent per year across regional SA.</li> <li>d. Metropolitan in reach model will collect data on aged care staff support provided through the SA community care palliative care team to reflect shared care opportunities.</li> <li>e. Metropolitan Specialist palliative care Needs Rounds model will capture number of case conferences that result from Needs Rounds and number of encounters with primary care staff that result from Needs Rounds.</li> </ol> </li> <li>5. Provide access to contemporary training, resources and mentoring for RACH staff to enhance their capability to deliver palliative care.</li> </ol>	<ul style="list-style-type: none"> <li>• Provision and acceptance of performance report outlining the activities undertaken to 15 February 2025 against each output.</li> </ul> <p><b>Performance report</b> – The report should include data against each of the performance indicators listed in the ‘Additional Terms’ and ‘Outputs’ column.</p> <p><b>In addition, the performance report will also include:</b></p> <ul style="list-style-type: none"> <li>• Case studies that demonstrate activity and benefits of the CPCiAC measure</li> <li>• Challenges and lessons learned about implementation and delivery of the CPCiAC measure.</li> </ul>	<p>15/03/2025</p>	<p>Up to \$900,000 Payment planned May 2025, subject to provision and acceptance of the Performance Report</p>
	<ul style="list-style-type: none"> <li>• Provision and acceptance of performance report outlining the activities undertaken between 16 February 2025 and 15 February 2026 to achieve each output.</li> </ul> <p><b>Performance report</b> – The report should include data against each of the performance indicators listed in the ‘Additional Terms’ and ‘Outputs’ column.</p> <p><b>In addition, the performance report will also include:</b></p> <ul style="list-style-type: none"> <li>• Case studies that demonstrate activity and benefits of the CPCiAC measure</li> <li>• Challenges and lessons learned about implementation and delivery of the CPCiAC measure.</li> </ul>	<p>15/03/2026</p>	<p>Up to \$921,000 Payment planned May 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

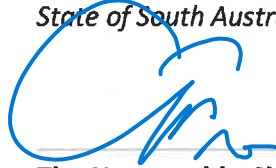


**The Honourable Mark Butler MP**  
Minister for Health and Aged Care

[Day] [Month] 2025

03 Feb

Signed for and on behalf of the  
State of South Australia by



**The Honourable Chris Picton MP**  
Minister for Health and Wellbeing

[Day] [Month] 2025

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