

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

FEDERATION FUNDING AGREEMENT – HEALTH

<b>Table 1: Formalities and operation of schedule</b>																	
<b>Parties</b>	Commonwealth Tasmania																
<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) by continuing existing models of care and supporting new approaches to the way palliative care is delivered or commissioned by Tasmania. This includes:</p> <ul style="list-style-type: none"> <li>• delivering specialist palliative care in-reach services led by Clinical Nurse Consultants in RACHs, and</li> <li>• building the confidence and knowledge of RACH staff to provide high quality palliative care to older Australians living in RACHs.</li> <li>• building the confidence of RACH staff to identify unmet palliative care allied health needs and refer appropriately.</li> </ul>																
<b>Estimated financial contributions</b>	<p>The Commonwealth will match Tasmania's financial contribution up to an estimated total of \$455,000 over two years (2024/25 – 2025/26) in respect of this Schedule.</p> <table border="1"> <thead> <tr> <th><b>Table 1</b> <b>(\$ million)</b></th> <th><b>2024-25</b></th> <th><b>2025-26</b></th> <th><b>Total</b></th> </tr> </thead> <tbody> <tr> <td><b>Estimated total budget</b></td> <td><b>0.450</b></td> <td><b>0.460</b></td> <td><b>0.910</b></td> </tr> <tr> <td><i>Commonwealth National Partnership Payment (1)</i></td> <td>0.225</td> <td>0.230</td> <td>0.455</td> </tr> <tr> <td>Tasmania contribution</td> <td>0.225</td> <td>0.230</td> <td>0.455</td> </tr> </tbody> </table> <p>(1) The Commonwealth contribution is contingent on Tasmania's contribution of equal funding. Where Tasmania contributes a lesser amount the Commonwealth contribution will be reduced accordingly.</p>	<b>Table 1</b> <b>(\$ million)</b>	<b>2024-25</b>	<b>2025-26</b>	<b>Total</b>	<b>Estimated total budget</b>	<b>0.450</b>	<b>0.460</b>	<b>0.910</b>	<i>Commonwealth National Partnership Payment (1)</i>	0.225	0.230	0.455	Tasmania contribution	0.225	0.230	0.455
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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 and general healthcare services for older Australians who can no</li> </ul>																

	<p>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.</p> <ul style="list-style-type: none"><li>• The Health Insurance Act 1973 prohibits the payment of Medicare benefits where other government funding is provided for that service. Tasmania 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. Tasmania 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><li>• Performance reports provided by Tasmania at the times specified in Table 2 will provide relevant data, including:<ul style="list-style-type: none"><li>○ Number of RACHs participating in the initiative.</li><li>○ Number of specialist palliative care in-reach services delivered by Clinical Nurse Consultants.</li><li>○ Evidence of increased confidence and knowledge of RACH staff to provide high quality palliative care.</li><li>○ Number of Advance Care Plans and end of life plans updated or developed</li><li>○ Number of Advanced Care Directives reviewed and/or updated.</li><li>○ Number of linkages made by Clinical Nurse Consultants to allied health teams.</li><li>○ Evidence of RACH resident and family satisfaction levels (if available).</li><li>○ Number of needs rounds completed.</li></ul></li><li>• The Parties agree that the applicable performance targets for the April 2025 and April 2026 performance milestone reports are listed below. Where targets have not been achieved, Tasmania will provide explanatory information through the performance reporting process.<ul style="list-style-type: none"><li>○ 70 RACHs participating in the initiative.</li></ul></li></ul>
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	<ul style="list-style-type: none"><li>○ 1800 specialist palliative care in-reach services delivered by Clinical Nurse Consultants.</li><li>○ 1200 Advance Care Plans and end of life plans updated or developed.</li><li>○ 1200 Advance Care Directives reviewed and/or updated.</li><li>○ 80 linkages to allied health teams.</li><li>○ Evidence of RACH resident and family satisfaction levels, to be provided through qualitative case study from each of Tasmania's three regions.</li><li>○ 80% of RACH staff surveyed reported increased confidence or knowledge to provide palliative care.</li><li>● Tasmania will provide a matched contribution under the Schedule as set out in Table 1. The Parties agree that Tasmania's reporting obligations under this Schedule extend only to the delivery of the items listed in the 'Additional Terms' and the outputs included in Table 2.</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 Tasmania, including through:</p> <ol style="list-style-type: none"> <li>1. Delivering specialist palliative care in-reach services led by Clinical Nurse Consultants (CNCs) in up to 70 RACHs. This includes:               <ol style="list-style-type: none"> <li>a. continuing the delivery of up to three CNC positions,</li> <li>b. on-site clinical assessment, treatment and care coordination for all residents referred to CPCiAC, as well as education and capacity building for RACHs to deliver palliative care,</li> <li>c. facilitating regular needs rounds, and</li> <li>d. managing referrals received from general practitioners, RACHs and acute care.</li> </ol> </li> <li>2. Building the capacity of RACH staff to provide high quality palliative care to people living in RACHs through increased confidence and knowledge. This includes:               <ol style="list-style-type: none"> <li>a. supporting staff to provide clinical care to patients, and</li> <li>b. providing case-based learning in needs rounds.</li> </ol> </li> <li>3. Building the confidence of RACH staff to identify unmet palliative care allied health needs and refer appropriately. This includes:               <ol style="list-style-type: none"> <li>a. supporting staff to consider and identify allied health needs, and ensure these needs are met.</li> </ol> </li> </ol>	<p>Performance report outlining the activities undertaken to 31 March 2025 against each output.</p> <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>• Up to three 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>Final performance report outlining the activities undertaken between 1 April 2025 and 31 March 2026 to achieve each output.</p> <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>• Up to three 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>30/04/2025</p>	<p>Up to \$225,000 Payment planned June 2025, subject to the provision and acceptance of Performance Report.</p>
		<p>30/04/2026</p>	<p>Up to \$230,000 Payment planned June 2026, subject to the provision and acceptance of 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

27 02

Signed for and on behalf of the  
State of Tasmania by



**The Honourable Jacquie Petrusma MP**  
Minister for Health

[Day] [Month] 2025

20/3/25

