

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

FEDERATION FUNDING AGREEMENT - HEALTH

Table 1: Formalities and operation of schedule

Parties	Commonwealth Queensland																
Duration	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.																
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 Queensland. This includes:</p> <ul style="list-style-type: none">• Support to integrate specialist palliative care into RACHs in each Hospital and Health Service (HHS) (15 total) in Queensland (all other than Children’s Health Queensland), and• Access to contemporary resources for RACH staff to enhance their capacity and capability to deliver specialist palliative care to residents in RACHs.																
Estimated financial contributions	<p>The Commonwealth will match the contribution of Queensland up to a total of \$4.248 million over two years (2024/25 – 2025/26) in respect of this Schedule.</p> <table><tr><td>Table 1 (\$ million)</td><td>2024-25</td><td>2025-26</td><td>Total</td></tr><tr><td>Estimated total budget</td><td>5.300</td><td>5.348</td><td>10.648</td></tr><tr><td>Commonwealth National Partnership Payment (1)</td><td>2.100</td><td>2.148</td><td>4.248</td></tr><tr><td>Queensland contribution</td><td>3.200</td><td>3.200</td><td>6.400</td></tr></table> <p>(1) The Commonwealth contribution is contingent on Queensland’s contribution of equal or more funding. Where Queensland contributes a lesser amount the Commonwealth contribution will be reduced accordingly.</p>	Table 1 (\$ million)	2024-25	2025-26	Total	Estimated total budget	5.300	5.348	10.648	Commonwealth National Partnership Payment (1)	2.100	2.148	4.248	Queensland contribution	3.200	3.200	6.400
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Additional terms	<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																

	<p>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"> • The Parties agree that the April 2025 and April 2026 performance milestone reports will include the relevant data listed below. In the case where targets are specified and not met, Queensland is to provide reasoning for this. <ul style="list-style-type: none"> ○ 85% of RACHs with an active model based on the Specialist Palliative Care in Aged Care (SPACE) service principles. ○ 25 Full Time Equivalent staff funded through CPCIAC providing specialist palliative care in RACHs. ○ Number of interprofessional education and training sessions, including case-based learning, provided by HHS SPACE teams to RACH staff (and number of participants). ○ Number of completed Statement of Choices received by the Statewide Office of Advance Care Planning which were completed in Queensland RACHs. ○ Number of palliative care needs rounds. ○ Number and location of mobile in-reach visits. ○ Number of telehealth consults. ○ Staff reported improvements in patient and family experience including feeling more prepared for end-of-life and improved coordination and continuity of care. ○ HHS challenges and lessons learned. • Under the schedule, each HHS (15) will have an active model of care based on the SPACE service principles, including: <ul style="list-style-type: none"> ○ Streamlined Service: <ul style="list-style-type: none"> ▪ Provide a single point of contact within each HHS for all RACH providers to support their clinical decision-making in relation to specialist palliative care. ▪ Communicate clear guidelines and referral pathways that clarify roles, responsibilities and referral processes to all local service providers. ○ Collaborate with existing services (e.g. RACH Acute care Support Services (RaSS) or equivalent), RACH staff, General Practitioners, Queensland Comprehensive, resident-focused, whole person care: <ul style="list-style-type: none"> ▪ Support development and communication of shared comprehensive care plans (including plans for
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	<p>deterioration) in partnership with the resident/substitute decision-maker/family members and carers, General Practitioner, RACH staff, and other members of the care team.</p> <ul style="list-style-type: none"> ▪ Support RACH staff to advocate for residents' care wishes, including spiritual, cultural and relational needs, and incorporate these into care planning. ▪ Collaborate with RACH providers to implement advance care planning processes, including discussions, development, sharing and review of advance care planning documents. <ul style="list-style-type: none"> ○ Capacity building: <ul style="list-style-type: none"> ▪ Build capacity of RACH staff and/or General Practitioners through formal and/or informal education, knowledge exchange, and upskilling. <ul style="list-style-type: none"> • The Health Insurance Act 1973 prohibits the payment of Medicare benefits where other government funding is provided for that service. Queensland 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. Queensland 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>Demonstrated improvements to delivery of palliative care services for older Australians living in RACHs in Queensland, including through:</p> <ol style="list-style-type: none"> 1. Integration of specialist palliative care in 85% of all Queensland RACHs 2. 25 Full Time Equivalent staff funded through CPCiAC providing specialist palliative care in RACHs. 3. Each Hospital and Health Services (15) with an active model of care based on the SPACE service principles. 4. All 15 Hospital and Health Services report annually on their model of care to the Queensland Department of Health. 5. Enhanced workforce capacity and capability: <ol style="list-style-type: none"> a. Build capacity and capability of RACHs to provide high quality specialist palliative care to residents: <ol style="list-style-type: none"> i. Annual reporting of number of RACHs engaged ii. Annual reporting of activity, including number of proactive needs rounds, mobile in-reach teams, completed Statement of Choices, interprofessional education and case-based learning sessions (and number of participants), telehealth consults depending on local context and requirements. 6. Sustain improvements achieved by the program. 7. Report project risks to the Department. 	<p>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 listed in the 'Additional Terms' and 'Outputs' column.</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	Up to \$2,100,000 Payment planned June 2025, subject to the provision and acceptance of the Performance Report
	<p>Final performance report outlining the activities undertaken between 1 April 2025 and 31 March 2026 to achieve each output.</p> <p>Performance report – The report should include data against each of the performance indicators listed in the 'Additional Terms' and 'Outputs' column.</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	Up to \$2,148,000 Payment planned June 2026, subject to the provision and acceptance of the Performance Report

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

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Signed for and on behalf of the
State of Queensland by



The Honourable Timothy Nicholls MP
Minister for Health and Ambulance Services

[Day] [Month] 2025

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