Schedule

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

FEDERATION FUNDING AGREEMENT - HEALTH

<b>Parties</b>	Commonwealth					
	Northern Territory					
Duration	This Schedule is expected to expire on 30 June 2026, or on completion the initiative, including acceptance of final performance reporting an processing of final payments					
Purpose	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 Northern Territory (NT). This includes improving the delivery of pallia care services through:					
	<ul> <li>specialist palliative care needs rounds in participating aged-ca homes;</li> </ul>					
	<ul> <li>regional outreach visits and telehealth services to provide workforce education, raise awareness around palliative care a support end-of-life care; and</li> </ul>					
	<ul> <li>education to support GPs and families to establish goals of car</li> </ul>					
Estimated financial contributions	The Commonwealth will match the					
	of \$152,000 over two years (2024/2 schedule.  Table 1 (\$ million)					
	schedule.	2024-25 0.150	2025-26 0.154	Total		
	schedule.  Table 1 (\$ million)	2024-25	2025-26	Total		
	Table 1 (\$ million)  Estimated total budget  Commonwealth National Partnership	2024-25 0.150	2025-26 0.154	Total 0.304		
	schedule.  Table 1 (\$ million)  Estimated total budget  Commonwealth National Partnership Payment (1)	2024-25 0.150 0.075 0.075 eent on the NT's co	2025-26 0.154 0.077 0.077 ontribution of ec	7otal 0.304 0.152 0.152 qual funding.		

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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 the NT at the times specified in Table 2 will include relevant data including (but not limited to):
  - Number of participating RACHs in Central Australia and the Top End
  - Number of palliative residents supported by needs rounds
  - Number of family meetings to discuss goals of care and advance care decisions
  - Number of completed Advance Care Plans (including as a proportion of residents)
  - Number of palliative care telehealth consultations delivered into RACHs
  - Number of GP case reviews
  - Number of outreach visits to participating sites
  - Number of referrals to specialist palliative care team
  - Number of specialist palliative care services delivered.
  - o 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. NT 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 NT 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		
Demonstrated improvements to the delivery of palliative care services for older Australians living in participating RACHs in the NT.  For the Top End, this includes improving end of life care (EOLC) in remote RACHs in Maningrida and Wurrumyanga including:  o Annual community visits to establish service provision and provide symptom assessment/management/endof-life-care, goals of care and Advance Care Planning.  Establishment of step-down pathways for telehealth services.  Regular specialist telehealth needs rounds  Targeted case reviews with GP's to support ongoing education.  For Central Australia, this includes specialist palliative care outreach services, cyclical case reviews with GP's to support ongoing education, and continued telehealth support provided to four remote RACHs (Mutijulu, Docker River, Ernabella, Pulkapulkka Kari (Tennant Creek)).	Provision and acceptance of performance report outlining the activities undertaken to 31 March 2025 against each output.  Performance report – The report should include data against each of the performance indicators and data Items listed in the 'Additional Terms' and 'Outputs' column.	30/04/2025	Up to \$75,000 Payment planned June 2025, subject to provision and acceptance of the Performance Report.		
	Provision and acceptance of performance report outlining the activities undertaken from 1 April 2025 to 31 March 2026 against each output.  Performance report – The report should include data against each of the performance indicators and data items listed in the 'Additional Terms' and 'Outputs' column.	30/04/2026	Up to \$77,000 Payment planned June 2026, subject to provision and acceptance of the Performance Report.		

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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

06 03

Signed for and on behalf of the Northern

Territory by

The Honourable Hon Steven Edgington MLA

Minister for Health

[Day] [Month] 2025

- 7 APR 2025