

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

## FEDERATION FUNDING AGREEMENT - HEALTH

**Table 1: Formalities and operation of schedule**

Parties	Commonwealth Western Australia (WA)																
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 WA.</p> <p>This includes:</p> <ul style="list-style-type: none"><li>• Expansion of the Residential aged care in-reach specialist palliative care consultancy service to build RACH staff capability using patient-based care episode and scenario training.</li><li>• increase RACH residents’ access to quality specialist end-of-life and palliative care.</li><li>• Continued expansion of the Hospital Liaison Nurse service to improve the interface between hospitals and RACHs and improve transitions of care between these settings.</li><li>• Optimising primary care coordination for people living in residential aged care homes.</li></ul>																
Estimated financial contributions	<p>The Commonwealth will match the contribution of WA up to a total of \$1.970 million over two years (2024/25 – 2025/26) in respect of this schedule.</p> <table><tr><th>Table 1 (\$ million)</th><th>2024-25</th><th>2025-26</th><th>Total</th></tr><tr><td>Estimated total budget</td><td>1.945</td><td>1.995</td><td>3.940</td></tr><tr><td>Commonwealth National Partnership Payment (1)</td><td>0.975</td><td>0.995</td><td>1.970</td></tr><tr><td>WA contribution</td><td>0.970</td><td>1.000</td><td>1.970</td></tr></table> <p>(1) The Commonwealth contribution is contingent on WA’s contribution of equal funding. Where WA contributes a lesser amount the Commonwealth contribution will be reduced accordingly.</p>	Table 1 (\$ million)	2024-25	2025-26	Total	Estimated total budget	1.945	1.995	3.940	Commonwealth National Partnership Payment (1)	0.975	0.995	1.970	WA contribution	0.970	1.000	1.970
Table 1 (\$ million)	2024-25	2025-26	Total														
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Commonwealth National Partnership Payment (1)	0.975	0.995	1.970														
WA contribution	0.970	1.000	1.970														

<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 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.</li> <li>• The Health Insurance Act 1973 prohibits the payment of Medicare benefits where other government funding is provided for that service. WA 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. WA 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>• The Parties agree that the June 2025 and April 2026 performance milestone reports will include the relevant data listed below (but not limited to). In the case where targets are specified and not met, WA is to provide reasoning for this:</li> </ul> <p><b>Project 1- Residential aged care in-reach specialist palliative care consultancy service:</b></p> <ul style="list-style-type: none"> <li>○ Number of aged care workers completing palliative care training and education.</li> <li>○ Number of patient-based care episode (approximately 300 episodes per 6 months) and scenario training sessions completed (approximately 200 sessions per 6 months).</li> <li>○ Impact of extended social work services, including the number of out of hours family meetings attended</li> <li>○ Impact of continued expansion of the Hospital Liaison Nurse (HLN) service (including number of referrals facilitated by HLN role).</li> <li>○ Impact of on-call phone nursing service to 7:30pm on weekdays to support RACH staff caring for patients admitted to the service (including number of calls received during the after hours period).</li> </ul>
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- Number of FTE to support metropolitan-wide coordination of integrated end-of-life and palliative care across hospitals and RACHs.
- Increased staff RACH capability to deliver quality primary, end-of-life and palliative care, and holistically improve resident outcomes and quality of life.
- Number of Aged Care providers included in measure activities.
- Evidence of resident and family satisfaction levels (if available), to be provided in 2025-26 report.
- Challenges and lessons learned.

**Project 2 - Optimising primary care coordination for people living in residential aged care homes:**

- Number of aged care workers completing palliative care training and education.
- Evidence of decreased administrative burden on GPs in relation to RACH resident case conferencing (including number of case conferences conducted across participating RACHs)
- Number of FTE to support metropolitan-wide coordination of integrated end-of-life and palliative care across hospitals and RACHs.
- Increased staff RACH capability to deliver quality primary, end-of-life and palliative care, and holistically improve resident outcomes and quality of life.
- Number of Aged Care providers included in measure activities.
- Evidence of resident and family satisfaction levels (if available), to be provided in the 2025-26 report.
- Challenges and lessons learned.

Table 2: Performance requirements, reporting and payment summary

Output	Performance milestones	Report due	Commonwealth contribution payment
<b>Project 1: Residential aged care in-reach specialist palliative care consultancy service</b> <ul style="list-style-type: none"> <li>Continue the expanded specialist in-reach model to build residential aged care home (RACH) staff capability using patient-based care episode and scenario training (approximately 300 episodes for patient based care and 200 sessions for scenario training, every 6 months). The expanded model aims to increase RACH residents' access to quality specialist end-of-life and palliative care (EOL&amp;PC) in the outer east metropolitan region, and support the metropolitan-wide coordination of integrated EOL&amp;PC across hospitals and RACHs via increased staffing.</li> <li>Continue trial of extended services that commenced 2 May 2023 including: <ul style="list-style-type: none"> <li>extended social work services to meet with families and staff on weekdays until 7:30pm across the Perth metropolitan area.</li> <li>continued expansion of the Hospital Liaison Nurse service from the 10 metropolitan hospitals currently involved across the Perth metropolitan area to improve the interface between hospitals and RACHs and improve transitions of care between these settings.</li> <li>an on-call phone nursing service from 4.00pm to 7:30pm on weekdays to support RACH staff caring for patients admitted to the service.</li> </ul> </li> </ul>	Provision and acceptance of performance report outlining the activities undertaken to 31 May 2025 against each output.  <b>Performance report</b> – The report should include data against each of the performance indicators listed in the 'Additional Terms' and 'Outputs' column.  <b>In addition, the performance report will also include:</b> <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>	13/06/2025	Up to \$0.975 million Payment planned June 2025.  Subject to provision and acceptance of the Performance Report.
	Provision and acceptance of performance report outlining the activities undertaken between 1 June 2025 and 31 March 2026 to achieve each output.	30/04/2026	Up to \$0.995 Payment planned June 2026.  Subject to provision and acceptance of the Performance Report.

**Project 2: Optimising primary care coordination for people living in residential aged care homes**

- Continue implementation of the pilot project for four dedicated Case Coordinators located in metropolitan RACHs to facilitate EOL&PC case coordination, decrease administrative burden on GPs, and increase staff RACH capability to deliver quality primary, end-of-life and palliative care, and holistically improve resident outcomes and quality of life.
- Complete intake 1 with three current Aged Care providers by 28 February 2025.
- Commence intake 2 with four new Aged Care providers on 1 April 2025.

**Performance report** – The report should include data against each of the performance indicators listed in the 'Additional Terms' and 'Outputs' column.

**In addition, the performance report will also include:**

- Case studies that demonstrate activity and benefits of the CPCiAC measure
- Challenges and lessons learned about implementation and delivery of the CPCiAC measure.

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 Ageing

[Day] [Month] 2025

29 May

Signed for and on behalf of  
Western Australia by



**The Honourable Meredith Hammat BA MIR MLA**  
Minister for Health and Mental Health

[Day] [Month] 2025

30 June