Better Access to Palliative Care in Tasmania Program
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1. Introduction

1.1. Purpose of this document

This document provides the program guidelines for the Better Access to Palliative Care in Tasmania (BAPC) program.

1.2. Overview

On 15 June 2012, the Minister for Health, the Hon Tanya Plibersek announced a $325 million Tasmanian Health Assistance Package (THAP), outlining a number of significant investments to ease pressures and equip Tasmania’s health system to meet future challenges.

The BAPC program is a key element of the THAP. As part of the package, funding of up to $54.95 million (GST inclusive) over four years (2012-13 to 2015-16) will be made available to increase the provision of community based palliative care, with an emphasis on providing patient centred packages of palliative care.

Total funding of up to $42.85 million (GST inclusive) will be made available to organisations that can demonstrate a commitment and ability to link with and enhance existing specialist palliative care services funded by the Department of Health and Human Services (DHHS) and delivered through each of the Tasmanian Health Organisations (THO) – THO South, THO North and THO North-West.

The program is administered by the Department of Health and Ageing (the Department). You can find more information about the BAPC program on the Department’s website by visiting www.health.gov.au

1.3. Policy Context

When asked where they would prefer to die, most healthy Australians nominate their home as their preference. However, data on place of death indicate that only 16% of people die at home, while 20% of people die in hospices and 10% in nursing homes\(^1\) and the rest die in hospitals. This data suggests not only that many people do not receive care where they would prefer, but also that the cost of providing care is being incurred in the most expensive part of the health system, namely hospitals.

Due to a higher proportion of older and lower socioeconomic populations, Tasmania experiences the country’s second highest rate of burden of disease as a result of chronic disease\(^2\). Tasmania also has a highly decentralised population with nearly 60 per cent living outside greater Hobart and Launceston\(^3\). For these reasons, the need for specialist palliative care services in the community in Tasmania continues to grow.

The existing Tasmanian Palliative Care Service delivery model\(^4\) (the model) recognises that not all people with a life-limiting illness need the same level of access to specialist palliative care during the course of their illness. The model ensures that clients and their families receive palliative care and support in such a way that ensures that they have access to an appropriate level of care when and where it is required.

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\(^3\) Australian Bureau of Statistics (ABS) 2007, Australian Demographic Statistics (cat. No. 3101.0), viewed 10 August 2012

\(^4\) Department of Health and Human Services (DHHS) Palliative Care Service Delivery Model: www.dhhs.gov.au/palliativecare/publications2
The model provides a framework for palliative care service providers (primary and specialist) to work together for the benefit of patients and their families to provide a seamless service, regardless of whether the patient is in a rural or urban hospital or a community setting.

The model consists of:

- **Level 1:** Primary Palliative Care, training and support of primary providers;
- **Level 2:** Consultation-Liaison for other providers;
- **Level 3:** Shared Care with other providers; and
- **Level 4:** Direct Care by specialist palliative care services.

The specialist palliative care service also provides education for health professionals and families, undertakes shared care with the primary health providers where appropriate, and directly coordinates care when necessary.

Through expanding the existing capacity of the private, non-government and public health sectors in Tasmania to deliver multi-disciplinary, home based palliative care services, people with life limiting illnesses nearing the end of their lives, their families and carers will have greater choice regarding how and where palliative care services are accessed.

The BAPC program supports the intent of the National Health Reform Agreement (NHRA)\(^5\), agreed by COAG in August 2011 which recognises that:

- all Australians should have equitable access to high quality health care, including those living in regional and rural areas;
- the effectiveness of the healthcare system requires co-ordination between hospitals, GPs and other primary care, aged care services and other health services; and
- governments should continue to support innovation in the health system, as a crucial mechanism to achieve better outcomes.

This program will further support the intention of the National Palliative Care Strategy 2010 which seeks to:

- build and enhance the capacity of all relevant sectors in health and human services to provide quality palliative care;
- ensure that appropriate and effective palliative care is available to all Australians based on need; and
- support integrated and coordinated models of palliative care service provision.

### 1.4. Objectives and Desired Outcomes of the BAPC Program

The overall objective of the BAPC program is to increase access to community based palliative care for people with life limiting illnesses nearing the end of their lives in Tasmania.

The BAPC program will deliver outcomes for patients which are consistent with the Tasmanian government’s commitment to actively improve the palliative care service delivery system for Tasmanians\(^6\). This will include patient centred, wrap around care focused on encompassing the full suite of palliative care services to provide:

- greater choice regarding palliative and end of life care services for people with life limiting illnesses;

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\(^5\) National Health Reform Agreement (NHRA). Council of Australian Governments, 2 August 2011

\(^6\) Department of Health and Human Services (DHHS). Submission: Senate Inquiry into Palliative Care in Australia, 2012
• enhanced capacity of private, non-government and public providers to deliver home based palliative and end of life care services;
• improved continuity of care between community, primary and acute care settings; and
• reduced demand on in-patient hospital services.

The intended outcomes of the BAPC program are:
• an increase in the number of Tasmanians who are able to access multidisciplinary palliative and end of life care in their own home;
• increased understanding and use of advance care planning by health professionals, patients and their families and carers;
• the provision of high quality information to patients, their families and carers regarding palliative care and end of life care;
• an increase in the number of volunteers who are trained to support palliative and end of life care;
• an increase in the number and proportion of health professionals who have received education and training in palliative and end of life care; and
• Improved access to carer and family support services including specific bereavement services.

This will be achieved through:
• direct delivery of packages of patient centred, multidisciplinary, home based care, with a focus on ensuring 24 hour / after-hours access to services in areas of greatest need;
• educating health professionals, patients, their families and carers in relation to advance care planning and healthy dying;
• development of high quality patient and carer information;
• accessing equipment where a need is identified;
• supporting existing service models and networks including service coordination;
• enhanced communication between services and service providers; and
• support for capacity building including volunteer and carer training and health professional education and training.

1.5. Key Expectations

The Department has the following key expectations from service providers:
• deliver services and activities at no cost to the care recipient;
• meet the service needs of patients, their carers and families;
• provide person centred care and support related activities delivered in the person’s home/usual place of residence;
• services and activities will be integrated with existing services and models of care in Tasmania including primary care, acute care, aged care and specialist palliative care services;
• link with existing specialist palliative care systems and services to identify patients with a need for the service/activity;
• work with existing specialist palliative care services and DHHS in the design and delivery of new services to ensure that they do not result in fragmentation across the system;
• work collaboratively with all aspects of the multidisciplinary palliative care network including the primary care/acute care networks in the private/not-for-profit and public health sectors;
• contribute to the long-term sustainability of the delivery of palliative care services;
• participate in a comprehensive program evaluation/review process throughout the program;
• demonstrate financial viability and value for money; and
• utilise nationally recognised standards and benchmarks for the delivery of services.

1.6. **Funding Distribution**

The distribution of funding considers the characteristics of the existing palliative care service model in Tasmania as well as equity in the distribution of services and capacity of existing providers to deliver high quality services. A provider or providers may be chosen to deliver services across the state or in one or more regions, based on need.

1.6.1. **Role of Department of Health and Human Services (DHHS)**

DHHS will play an integral role as the health system manager in Tasmania. The role will require DHHS to ensure patients are appropriately identified and managed using a patient centred approach.

Whilst DHHS will not deliver services directly, its role in policy, planning and coordination at a system level in Tasmania is critical to the success and sustainability of the home based palliative care services administered under the program. DHHS will also be responsible for ensuring continuity of patient care, harnessing existing workforce skills and knowledge, leveraging existing service capacity and engendering a model that avoids duplication of effort.

It is essential that any organisation(s) chosen to deliver services through the BAPC program demonstrate a commitment to ensuring a close clinical and operational relationship with existing palliative care services delivered through Tasmanian Health Organisations (THOs).

1.7. **Program Value**

The total value of funding available under the BAPC program, as announced by Minister Plibersek on 15 June 2012, is $54.95 million (GST inclusive) over the period 2012-13 to 2015-16 (there are annual caps in funding - refer Table 1 below). Applicants must stay within the limits of the annual caps to be considered eligible for funding. Funds unexpended in a single financial year may be rolled over into the next financial year with agreement from the Department.

Following consultations with palliative care service providers and experts in Tasmania and across Australia, the Australian Government will now provide funding for a program to improve access to community based palliative care service provision. This program will comprise:

- **National Partnership Agreement on Improving Health Services in Tasmania (NPA IHST):** The Australian Government will provide up to $11 million over the period 2012-13 to 2015-16 to DHHS to enhance support for existing service models in Tasmania in line with Section 1.6.1 of these Program Guidelines; and

- **Competitive Grant Funding:** The Australian Government will provide a total of up to $42.85 million (GST inclusive) over the period 2013-14 to 2015-16 to implement the core service delivery component of this program. Funding will comprise two components:
  
  - **Component 1: Packages of Community Based Palliative Care** – $39.33 million (GST inclusive) to deliver packages of customised wrap around care with a focus on 24 hour/after-hours access to community based palliative care, carer and family support services including equipment and specified bereavement services (where there is an identified need); and
Component 2: Infrastructure Support and Enablers – $3.52 million (GST inclusive) to provide vital infrastructure support services including (but not limited to) health promotion, volunteer training, professional development training and capacity building.

Table 1: Total funding available through competitive grants.

<table>
<thead>
<tr>
<th></th>
<th>2013-14 $million (GST inclusive)</th>
<th>2014-15 $million (GST inclusive)</th>
<th>2015-16 $million (GST inclusive)</th>
<th>Total $million (GST inclusive)</th>
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<tbody>
<tr>
<td>Component 1*</td>
<td>$11.46</td>
<td>$12.76</td>
<td>$15.11</td>
<td>$39.33</td>
</tr>
<tr>
<td>Component 2*</td>
<td>$1.65</td>
<td>$1.10</td>
<td>$0.77</td>
<td>$3.52</td>
</tr>
<tr>
<td>Total*</td>
<td>$13.11</td>
<td>$13.86</td>
<td>$15.88</td>
<td>$42.85</td>
</tr>
</tbody>
</table>

* Rows may not add up due to rounding.

Applicants may apply for funding to deliver services under one or both components of the program. Applicants submitting an application under Component 1: Packages of Community Based Palliative Care must demonstrate that they are able to provide or access, either directly or through subcontracting arrangements, a full suite of home based palliative care services. These services must complement and link with existing palliative care services rather than duplicate them. Applicants submitting an application under Component 2: Infrastructure Support and Enablers may apply to undertake stand alone or multiple activities.

2. Eligibility

2.1. Eligible Applicants

Existing providers of palliative care and associated services are eligible to submit an application for funding including but not limited to:

- Non-profit/charitable organisations.
- For profit organisations.
- Non-government health care providers.
- Aged care providers.
- Aboriginal or Torres Strait Islander organisations.

2.2. Consortium and Joint Proposals

Preference will be given to consortia based approaches. The Department therefore encourages organisations to form partnerships and consortia that will enable the delivery of services at a regional or whole of state level.

2.3. What is eligible for funding?

2.3.1. Project activities/items that will be considered eligible

Component 1: Packages of Community Based Palliative Care

The successful applicant(s) will be responsible for the delivery of or arranging access to, either directly or through sub-contracting arrangements, patient centred home based palliative care services to eligible patients across one or more geographic regions of Tasmania.
In doing so, applicant(s) must include details of a targeted approach for individual assessment, care customisation and ongoing monitoring and reassessment of patients that enables patients to remain at home (where clinically appropriate). Applicants must also demonstrate a capacity to facilitate reassessment and change/update individual care needs on a 24/7 basis.

In addition, care providers, such as the patients’ general practitioner or other health care professional may play a role in determining and (where applicable) providing the mix of services to be delivered to individual patients.

Successful applicants may provide/arrange (but is not limited to) access to:

- on the ground palliative care clinical services in people’s home/usual place of residence;
- other infrastructure that supports existing services to enhance the delivery of home based care;
- palliative care specialist consultation services;
- after-hours and 24/7 services and support including outreach services in rural/remote areas;
- patient support services, including care navigation/case management services;
- carer/family centred support services, including after-hours advice/support services and limited specified bereavement services;
- respite care; and
- domestic support services.

It is expected that packages of care could be delivered to up to 2000 eligible patients across Tasmania over the life of the period 2013-14 to 2015-2016. It is expected that services will be provided to care recipients free of charge. Applicants will pay for services under existing fee structures.

**Aids and equipment:** will be accessed to support high quality end of life care at home. It is expected that aids and equipment that are a part of existing public equipment pools will be utilised in the first instance. Applicants will pay for the use of existing aids and equipment under existing fee structures.

It is also expected that where applicants purchase new equipment, applicants will demonstrate best practice purchasing. Where new aids and equipment are purchased using BAPC funding it is expected that these will become a part of public equipment pools to ensure ongoing use and availability beyond the funding period.

**Component 2: Infrastructure Support and Enablers**

Applicants will undertake activities under Component 2 that will enhance the delivery of community based palliative care in Tasmania.

It is anticipated that there will be a staged implementation of Component 2 activities to fit with current strategic palliative care service planning framework that is underway in Tasmania.

Successful applicants must work in collaboration with DHHS and the THOs to ensure that all activities connect with the existing public sector system governance arrangements to avoid duplication and service fragmentation.

**Activities to commence immediately:**

- volunteer training and education, including the development of resources;
- health professional education and training, including but not limited to activities that attract continuing professional development points; and
- other capacity building activities not already identified.

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7 Patient eligibility will be determined by clinical assessment using criteria to be developed for this program.
Activities to commence from 2014-15:

In consultation with DHHS and THOs

- health promotion activities relating to death, dying, end of life care and bereavement including health professional, patient, carer and community awareness raising such as advance care planning; and
- Other health promotion/ healthy dying activities not already identified.

2.3.2. Project activities/items that are not in scope for funding

Funding will not be made available for:

- major capital infrastructure such as the purchase of real estate or for building or construction;
- activities which subsidise commercial activity;
- the delivery of acute in-patient services;
- the delivery of existing publicly funded services where this represents a substitution of funding source;
- the delivery of services through a hospice or hospice-like facility;
- services or activities delivered outside Tasmania; and/or
- activity that is currently funded by other sources.

2.3.3. Restrictions on start/end dates for activity:

The delivery of services (and related activities) and associated funding must be finalised by the last day of the contract period. Unexpended funding associated with this Program must be returned to the Department.

2.4. Additional eligibility requirements

In addition to Section 2.3, organisations must demonstrate that projects:

- build on existing services and models of care but does not substitute care;
- contribute to the delivery of a state wide palliative care service network; and
- will not result in fragmentation across the system.
3. **Probity**

The Australian Government is committed to ensuring that the process for providing funding under the BAPC program is transparent and in accordance with published Guidelines.

*Note: Guidelines may be varied from time-to-time by the Australian Government as the needs of the program dictate. Amended Guidelines will be published on the Department’s website.*

3.1. **Conflict of interest**

A conflict of interest may exist, for example, if the applicant or any of its personnel:

- Has a relationship (whether professional, commercial or personal) with a party who is able to influence the application assessment process, such as a Department staff member;
- Has a relationship with, or interest in, an organisation, which is likely to interfere with or restrict the applicant in carrying out the proposed activities fairly and independently; or
- Has a relationship with, or interest in, an organisation from which they will receive personal gain as a result of the granting of funding under the BAPC program.

Each applicant will be required to declare as part of their application, existing conflicts of interest or that to the best of their knowledge there is no conflict of interest, including in relation to the examples above, that would impact on or prevent the applicant from proceeding with the project or any funding agreement it may enter into with the Australian Government.

Where an applicant subsequently identifies that an actual, apparent, or potential conflict of interest exists or might arise in relation to this application for funding, the applicant must inform the Department in writing immediately.

Members of Assessment Committees are required to sign a Deed of Confidentiality – Conflict Statement. Where a Department staff member or other officer involved in the assessment of applications identifies that an actual, apparent or potential conflict of interest exists or might arise in relation to this application for funding, they must declare it to the Department in accordance with Corporate Business Rule 4 - Conflict of Interest.

3.2. **Confidentiality and Protection of Personal Information**

Each applicant will be required to declare as part of their application, their ability to comply with the following Legislation/Clauses in the Funding Agreement it may enter into with the Department.

The Protection of Personal Information Clause requires the Participant to:

- comply with the *Privacy Act (1988)* ('the Privacy Act'), including the 11 Information Privacy Principles (IPPs), as if it were an agency under the Privacy Act, and the National Privacy Principles (NPPs);
- refrain from engaging in direct marketing (s 16F of the Privacy Act), to the extent that the NPP and/or s 16F apply to the Participant; and
- impose the same privacy obligations on any subcontractors it engages to assist with the Project.

The Confidentiality Clause imposes obligations on the Participant with respect to special categories of information collected, created or held under the Agreement. The Participant is required to seek the Commonwealth’s consent in writing before disclosing Confidential Information.
Further information can be found in the Standard Funding Agreement at: www.health.gov.au.

4. **The Application Process – How to Apply**

This program is administered through an open competitive funding round which opens on 23 April 2013 and closes to applications on 30 May 2013. Eligible applications will be assessed against the assessment criteria set down for the program and then prioritised against competing, eligible applications for the available funding and will be undertaken to achieve the Objectives and Desired Outcomes (see Section 1.4) of the program.

4.1. **Invitation to Apply**

An Invitation to Apply (ITA) process for the BAPC program will be advertised in the national press, and the Department’s website (www.health.gov.au).

Applications received will be reviewed by the Department for compliance with the mandatory requirements set out below. Only compliant applications will be assessed.

Applicants may obtain an application form from the Department’s website (www.health.gov.au).

4.2. **Mandatory Requirements**

Please note these important points:

- Applications must be submitted on the accompanying application form. An electronic version is available on the Department’s website at www.health.gov.au.
- Each application must respond to the requirements of the ITA for which funding is sought, including addressing each of the Assessment Criteria listed at Section 6 below and detailing how the proposed structures and services will achieve the objectives and outcomes listed at Section 1.4 above.
- Applicants must clearly indicate which catchment area their proposal relates.
- Applicants must ensure that they complete the application using check list.
- Applications must comply with any or all of the mandatory requirements. Applications will not be further assessed against the assessment criteria for funding if they fail to do so. It is the responsibility of each applicant to check that the mandatory requirements have been met.
- Applications must be submitted to the Department by 2:00PM (AEST) on 30 May 2013.

4.3. **How to submit an application**

Applications may be submitted in the following manner: Submit your Application at Part D by courier or hand delivery to:

Better Access to Palliative Care in Tasmania Program ITA No. DoHA/273/1213
Department of Health and Ageing
Tender Box
Sirius Building,
Foyer, Ground Floor,
23 Furzer Street
WODEN ACT 2606

You must provide SIX unbound (i.e. unstapled) copies of your Application.

**NOTE:** The Tender Box is accessible for deliveries between the hours of 8:30am and 2:00pm Monday to Friday (public holidays excepted). Do not hand deliver to the security guard. Applications are to be lodged in the tender box by the Applicant or authorised representative.

To assist with the assessment of an application, clarifying information may be requested by the Department. Applicants will be notified by email where this is required.
5. Appraisal

5.1. Assessment Process

Based on the information provided, applications will be assessed by an assessment panel consisting of officers from the Department. Other representatives with relevant expertise may provide advice and/or technical assistance to the Assessment Committee as required.

Applicants should note that relevant sections of applications may also be assessed by independent financial advisors and legal advisors as deemed necessary by the Department. During the assessment process, applications will be assessed on their ability to demonstrate value for money in the context of health, economic, and social outcomes.

As part of the assessment process, the Department may also take into account information that has come to its knowledge in the normal course of departmental business, such as through previous program participation.

All compliant applications will be assessed by the assessment panel against the Assessment Criteria outlined in Section 6 below.
6. **Assessment Criteria**

- There are a maximum of **seven (7)** assessment criteria against which applicants must demonstrate their capacity to fulfil the objectives and outcomes of the BAPC program. The assessment criteria one (1) to six (6) are identical for both components.

- Assessment Criteria sub-points are provided for guidance. Applicants applying for Component 2 may not need to address all sub-points.

- Applicants applying for **Component 1: Packages of Community Based Palliative Care** must complete Assessment Criteria one (1) to six (6) inclusive.

- Applicants applying for **Component 2: Infrastructure Support and Enablers** must complete Assessment Criteria one (1) to seven (7) inclusive.

- All Assessment Criteria will be considered with the same weighting.

- The Assessment Panel will assess submissions in accordance with the Assessment Criteria.

- The Assessment Panel will develop a relative merit list from the applications assessed, based on the assessment criteria above, and provide recommendations of preferred applicants to the Minister for Health or the appropriate departmental delegate.

6.1. **Assessment Criterion One:**

Demonstrate that the proposed service or project will meet the Objectives and Desired Outcomes of the BAPC Program.

In responding to this criterion, the applicant(s) **must** provide a description of the proposed service, demonstrating how it will meet the program’s Objectives and Desired Outcomes, which may include, but is not limited to:

6.1.1. the aims, scope and geographic locations(s) of the proposed service(s);

6.1.2. which catchment area(s) the applicant will deliver services and/or activities in;

6.1.3. the applicant(s)’ client group(s)/target group(s) outlining any exclusions;

6.1.4. how the new and additional service framework and/or activities will interact with the specialist palliative care service and existing services, providers and systems including acute care, primary care, community health, aged care and government, non-government and private providers;

6.1.5. how the service framework and/or activities will include and involve patients, patient’s families, carers and existing care providers, including primary care providers in the delivery of quality services in people’s homes;

6.1.6. how the services and/or activities will be monitored for quality and appropriateness (including services that are delivered remotely) and adapted to meet changing patient needs over time;

6.1.7. an estimated number of patients and/or services to be provided for the duration of the project for each financial year of the project; and

6.1.8. how any equipment accessed through the BAPC program will be managed and maintained and how this will value-add to existing equipment/infrastructure in Tasmania.
6.2. **Assessment Criterion Two:**

Demonstrated organisational capacity to operate the proposed services or project in the chosen region (applicants may use graphical/map based representations to assist with the identification of areas).

In responding to this criterion, the applicant(s) **must** provide a description of their organisational capacity to deliver home based palliative care services or undertake activities to support the delivery of home based palliative care services in Tasmania, including, but not limited to:

6.2.1. location of and geographic catchment for the provision of services and/or activities;

6.2.2. knowledge of the population base, community based palliative care service architecture/infrastructure, and priorities in the proposed catchment area(s);

6.2.3. knowledge and experience in the delivery of a palliative approach to care and/or purchasing of similar services or activities;

6.2.4. organisational and physical infrastructure already in place;

6.2.5. indicative personnel and other resources to be allocated to deliver these activities; and

6.2.6. details of how the service(s) will be established within the proposed timeframes.

6.2.7. the proposed services are “service ready” (i.e. can demonstrate readiness to proceed).

6.3. **Assessment Criterion Three:**

Demonstrate how the services or project will build on or link with existing palliative care services and or programs in Tasmania.

In response to this criterion, the applicant(s) **must** provide evidence to support how the applicant(s) will link with and build on existing palliative care services in Tasmania, including, but not limited to:

6.3.1. knowledge of the existing model of palliative care in Tasmania and linkages with acute and non-acute public, private and non-government palliative care services;

6.3.2. how the proposed project or service will link to and complement rather than duplicate existing projects and services;

6.3.3. understanding of the linkages between acute, primary and community based palliative care in Tasmania; and

6.3.4. how the applicant will work in collaboration with the specialist palliative care service teams located in THOs to address the needs of eligible palliative care patients in Tasmania.

6.4. **Assessment Criterion Four:**

Demonstrated evidence of ability to engage with and form productive relationships with key stakeholders, including DHHS and THOs.

In response to this criterion, the applicant(s) **must** provide evidence of any current partnership(s) and operational arrangements, and strategies to ensure effective engagement with:

a) public, private and NGO organisations;

b) existing palliative care service providers including THOs and general practice;

c) the broader health care sector that interconnects with palliative care in Tasmania; and

d) DHHS
This may include but is not limited to:

6.4.1. effective collaborative relationships (or ability to develop relationships) with other agencies and health service providers to achieve improved health service provision, referral pathways and/or outcomes, including a demonstrated culture of inclusion across the palliative care service system, as well as local community engagement;

6.4.2. the applicant’s ability to develop and maintain partnerships and operational arrangements for the benefit of patients, carers and their families; and

6.4.3. strategies employed by the applicant(s) to identify and respond to local need.

6.5. **Assessment Criterion Five:**

Proposed corporate and clinical governance and operational arrangements for the proposed services or project.

In response to this criterion, the applicant(s) must provide a description of how they will manage the operational component for this project including, but not limited to:

6.5.1. details of the proposed legal/corporate and organisational structures and corporate governance arrangement;

6.5.2. details of quality processes to ensure that service providers are appropriately skilled in the delivery of a palliative approach to care;

6.5.3. strategies for ensuring appropriate accountability and transparency;

6.5.4. experience, skills and expertise of the proposed Executive, including in the management of public funds;

6.5.5. ability to ensure that services provide care that is consistent with the palliative care approach.

6.5.6. a structure that recognises the diversity of clinicians, services and health care recipients within the contemporary primary health care sector;

6.5.7. structures that encourage and maintain local engagement and responsiveness;

6.5.8. strategy for ensuring appropriate clinical governance;

6.5.9. organisational risk management processes/practices in place to ensure the safety and quality of patient care (including identification, management and reporting practices);

6.5.10. strategy, skills and expertise to manage flexible funding to target services to the local community’s specific needs;

6.5.11. strategy for establishing effective linkages with other sectors and organisations; and

6.5.12. compliance with contractual obligations.

6.6. **Assessment Criterion Six:**

Demonstrate how the services or project will be delivered in accordance with best value for money practices.

In responding to this assessment criterion, applicant(s) must clarify how they have undertake a comparative analysis of all relevant costs and benefits in proposing their budget for the whole funding cycle, including but not limited to description of:
6.6.1. how the project or services will demonstrate best practice purchasing arrangements, including but not limited to subcontracting service delivery and hiring or leasing arrangements where appropriate;

6.6.2. demonstrated experience in the management of Commonwealth or other funding;

6.6.3. evidence of proposed project costs including quotations where appropriate; and

6.6.4. details of financial governance arrangements including the ability of the organisation to make decisions in an accountable and transparent manner.

6.7. **Assessment Criterion Seven (Component 2 applicants only)**

Evidence of how the proposed infrastructure support project will address an identified need(s) or gap(s).

In responding to this assessment criterion, applicant(s) **must** provide a description of the:

6.7.1. aims of the proposed infrastructure support project explicitly identifying and describing the need(s) to be addressed;

6.7.2. proposed innovative strategies and services to be delivered, and how they will contribute to capacity building;

6.7.3. location and targeted catchment areas;

6.7.4. knowledge/understanding of existing supply and demand for infrastructure to support the delivery of community based palliative care initiatives within Tasmania; and proposed staged implementation of activities to fit with current strategic palliative care service planning framework.

7. **Important Notice to Applicants**

7.1. **Reference to additional information**

Applicants are advised to refer to relevant documents when preparing their application.

These include:

- *National Palliative Care Strategy 2010*;
- *National Health Reform Agreement*; and
- *Department of Health and Human Services – Palliative Care Service Delivery Model*.

8. **Decisions**

8.1. **Approval of funding**

Following an appraisal of the applications by the Assessment Panel, advice will be provided by the Department to the Funding Approver on the merits of the application/s.

The Approver will consider whether the proposal/s will make an efficient, effective and ethical use of Commonwealth resources, as required by Commonwealth legislation, and whether any specific requirements will need to be imposed as a condition of funding.

The Minister, or her delegate, will make decisions on the projects to be funded, taking account of the advice from the Assessment Panel.
8.2. **Advice to applicants**

Applicants will be advised by letter of the outcome of their application. Letters to successful applicants will contain details of any specific conditions attached to the funding. Funding approvals will also be listed on the Department’s website.

The Department will notify all unsuccessful applicants, in writing, after execution of Agreement/s with successful applicants.

8.3. **Complaint handling**

The Department’s Procurement and Funding Complaints Handling Policy applies to complaints that arise in relation to a procurement or funding process. It covers events that occur between the time the request documentation is released publicly and the date of contract execution, regardless of when the actual complaint is made. The Department’s requires that all complaints relating to a procurement or funding process must be lodged in writing. Further details of the policy are available 'About Us' page on the Department’s internet site: [www.health.gov.au](http://www.health.gov.au).

Any enquiries relating to funding decisions for this Program should be directed to bapc@health.gov.au
9. **Conditions of Funding**

9.1. **Contracting arrangements**

Successful applicants will be required to enter into a Funding Agreement with the Commonwealth (represented by the Department).

A template of the standard agreement is available on the Department’s internet site: www.health.gov.au.

The Department will work with successful applicants with the aim of having Funding Agreements signed within **four** weeks of the approval.

9.2. **Specific conditions**

There may be specific conditions attached to the funding approval required as a result of the appraisal process or imposed by the Approver. These will be identified in the offer of funding or during Funding Agreement negotiations.

9.3. **Payment arrangements**

Payments will be made on achievement of agreed milestones.

Before any payment can be made, funding recipients will be required to provide:

- a tax invoice for the amount of the payment; and
- evidence of meeting the obligations of the Funding Agreement;

Where payments are linked to the achievement of specific milestones, payments will only be made after the Department is satisfied that those milestones and associated obligations of the Funding Agreement have been met.

9.4. **Reporting requirements**

Funding recipients will be required to provide progress reports on the agreed milestones. These progress reports may include funding acquittal requirements. The timing of progress reports will be negotiated as part of the funding agreement.

9.5. **Monitoring**

The funding recipient will be required to actively manage the delivery of the project. The Department will monitor progress against the Funding Agreement through assessment of progress reports and by conducting site visits as necessary.

9.6. **Evaluation**

An evaluation by the Department will determine how the funding contributed to the objectives of the program. Funding recipients will be required to provide information to assist in this evaluation over the life of the program, as stipulated in the Funding Agreement, after funding has been provided.
9.7. **Taxation**

Applicants are advised to carefully consider the likely taxation treatment of any funding provided by the Commonwealth as part of the BAPC program. As a general principle, funding such as that proposed to be provided to successful BAPC applicants will be assessable as income in the hands of a recipient where they are received in relation to the carrying on of a business.

This may mean that unless you (or the entity that you propose to use to receive funding) have tax exempt status (such as a not for profit organisation) or are not currently carrying on a business, tax may be payable on the full amount of funding provided. For some general guidance on the taxation treatment of grants and funding from the Commonwealth, applicants may wish to refer to the Australian Tax Office website at [www.ato.gov.au](http://www.ato.gov.au) However, you are advised to seek your own independent advice on this issue and should seek independent advice from a taxation professional on how funding paid to you (or to any entity you propose to establish to receive funding) under the program would be treated for tax purposes.

9.8. **Goods and Services Tax (GST)**

Funding amounts payable by the Commonwealth are exclusive of GST. Applicants are advised to consider the likely implications of the *A New Tax System (Goods and Services Tax) Act 1999* (GST Act) on the funding provided by the Commonwealth.

Where GST is payable, the Commonwealth will increase the funds payable to the funding recipient by the amount of GST that is payable for the purposes of the GST Act.

For example, if the payment due at a particular milestone is $250,000 and GST is payable on that amount, then the Commonwealth will increase the payment provided to the funding recipient to $275,000.

The GST inclusive amount will be reflected in any Funding Agreement. In the event GST is payable, the funding recipient will be required to provide the Commonwealth with a valid tax invoice.

9.9. **Marketing and Branding**

All funding recipients will be required to give due recognition to the Australian Government.

As such, funding recipients will be subject to common communications, marketing and branding protocols, which will be reflected in future Funding Agreements.

The Department will issue further advice and guidance on these matters in due course to successful applicants.