

Policy and Funding Guidelines 2022–23

Funding Rules

This document sets out the financial parameters – and specifically, the detailed pricing and budgetary targets – that funded organisations will use to achieve the Victorian Government’s outcomes.

The *Policy and Funding Guidelines 2022–2023* (the Guidelines) represent the system-wide terms and conditions (for funding, administrative and clinical policy) of funding for government-funded healthcare organisations.

The Guidelines reflect the government’s and department’s role as system stewards, and underpin the department’s individual contracts with funded organisations (including but not limited to Statements of Priorities (SOPs) and service agreements). They set out the requirements that funded organisations must comply with as part of their contractual and statutory obligations, outline activity that is required to receive funding, and provide detailed expectations of administrative and clinical conduct.

The guidelines are relevant for all funded organisations. This includes health services, community service organisations and other funded organisations, such as Ambulance Victoria.

In addition to these guidelines, funded organisations are expected to comply with all other applicable policies.

Funded organisations should always refer to the [Policy and Funding Guidelines webpage](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services) <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services> for the most recent version of the publications that comprise the guidelines, as items may be updated throughout the year.

Where these guidelines refer to a statute, regulation or contract, the reference and information provided is descriptive only.

In the case of any inconsistencies or ambiguities between these guidelines, and any legislation, regulations and contractual obligations with the State of Victoria, acting through the Department of Health (the department) or the Secretary of the department, the legislative, regulatory and contractual obligations take precedence.

Each funded organisation should refer to the relevant statute, regulation or contract to ascertain all details of its legal obligations. If any funded organisation has specific queries regarding its legal obligations, it should seek independent legal advice.

**Please note:** Service agreements are contractual arrangements between entities funded to deliver services in the community and the department, which provides funding for this. Should your entity be funded through a service agreement, for funding information and activity tables that underpin service agreements, please visit the [service agreement website](https://fac.dhhs.vic.gov.au/service-agreement) <https://fac.dffh.vic.gov.au/service-agreement>.

To receive this publication in an accessible format email [Commissioning and System Improvement; Accountability](mailto:accountability@health.vic.gov.au) on <Accountability@health.vic.gov.au>.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people. ‘Indigenous’ or ‘Koori/Koorie’ is retained when part of the title of a report, program or quotation.

ISSN 2653-4207 (online)

Available on the [Policy and Funding Guidelines webpage](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services) <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>.

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# Overview of the *Policy and Funding Guidelines* *2022–23*

The *Policy and Funding Guidelines* 2022-*23* (the Guidelines) represent the system-wide terms and conditions for government-funded healthcare organisations (funded organisations). These organisations include health services and hospitals, and other organisations such as Ambulance Victoria.

The guidelines:

* reflect the Department of Health’s (the department) role as the system steward
* provide operational and service delivery policy changes, and outline contractual, statutory, and other, duties and requirements
* detail the budgetary landscape, including funding and pricing arrangements as well as funded activity and targets and
* consist of the following two separate, although interconnected, publications.

*Policy Guide (separate publication)*

The Policy Guide provides detailed information on various operational and service delivery policy items, including the conditions within which funded organisations operate, as well as the obligations, standards and requirements funded organisations are expected to adhere to.

Part 1: Operational and service delivery policy

Part 1 is not intended to be a complete, holistic guide to operational and service delivery policy in Victoria, but instead provides an annual publication to health services that identifies and highlights the novel policy changes for a range of delivered services.

Part 2: Obligations, standards and requirements

Outlines relevant standards and obligations that funded organisations must adhere to, ensuring the delivery of safe, high-quality services and responsible financial management.

*Funding Rules*

The *Funding* Rules go over the budgetary and funding parameters within which funded organisations are expected to work.

Part 1: Budgetary landscape and pricing arrangements

Part 1 details the budget highlights and outputs, and funding and pricing arrangements.

For funding rules for community-based programs including Community Health, Home and Community Care Program for Younger People, please see [Service agreement and activity descriptors](https://providers.dffh.vic.gov.au/families-fairness-housing-health-activity-search) <https://providers.dffh.vic.gov.au/families-fairness-housing-health-activity-search>.

Part 2: Funding and activity levels

Part 2 provides funding and activity tables detailing the modelled budgets, as well as targets for a range of programs across the health system.

# Terminology

The term ‘funded organisations’ relates to all entities that receive departmental funding to deliver services, unless specified otherwise.

For the purposes of the Funding Rules, the term ‘health services’ relates to public health services, denominational hospitals, public hospitals, and multipurpose services, as defined by the *Health Services Act 1988*, regarding services provided within a hospital or a hospital-equivalent setting, unless otherwise specified.

The *Funding* Rules is also relevant for Ambulance Victoria, Health Purchasing Victoria trading as HealthShare (HealthShare), and the Victorian Institute of Forensic Mental Health (known as Forensicare). The *Funding* Rules specifies where aspects are relevant for these organisations.

Additionally, for the following terms:

* ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people
* ‘COVID’ or ‘coronavirus’ refers to coronavirus (COVID-19)
* ‘department’ refers to the Department of Health, unless specified otherwise
* ‘funded organisations’ refers to all entities that receive departmental funding to deliver services, unless specified otherwise
* ‘community service organisations’ refers to registered community health centres, local government authorities and non-government organisations that are not health services.

# Budgetary Landscape and Pricing Arrangements

## Budget Highlights

The *Victorian Budget 2022–23* (the budget) continues to support Victorians by investing in our health system by providing for more staff, better hospitals and first-class care.

There is a $4.2 billion package to support our ongoing pandemic response, including:

* $522 million to support our hospitals to treat COVID-19
* $1.1 billion to purchase and distribute free rapid antigen tests to schools, hospitals and Victorians with disability
* $133 million for personal protective equipment
* $258 million to protect and vaccinate Victorians against COVID-19
* $110 million for COVID-19 care pathways, including continuing our 28 general practitioner respiratory clinics.

In addition, a further $1.5 billion is provided to deliver the COVID Catch-up Plan. This will enable record levels of surgical capacity and $300 million for the Regional Health Infrastructure Fund to boost regional healthcare.

This budget backs our healthcare workers, providing training and the extra pair of helping hands they need – with funding to train and hire up to 7,000 new healthcare workers across the sector, helping to relieve pressure on the system and improve care for all Victorians.

There is strong investment in Ambulance Services so that every Victorian has the confidence that an ambulance will arrive in their hour of need by making record investments in our Triple Zero services and hiring more paramedics. This includes $124.1 million to recruit new paramedics and enhance fleet management, rostering and support functions in order to meet growth in demand for ambulance services as well as establishing a second mobile stroke unit to improve access to prehospital stroke treatment.

Table 1.1 details departmental health operations funding by the output categories provided in the Budget. A summary of health service modelled budgets for 2022–23 is provided at section 2.1 ‘Budget Tables’.

1. Victorian Budget 2022–23 by output group

| Output group | 2021–22 budget ($ m) | 2022–23 budget ($ m) | % variation from  2021–22 to 2022–23 |
| --- | --- | --- | --- |
| Admitted Services | 12 903.4 | 14 132.6 | 9.5% |
| Non-Admitted Services | 2 208.8 | 2189.7 | -0.9% |
| Emergency Services | 838.3 | 882 | 5.2% |
| Health Workforce Training and Development | 352.3 | 439.9 | 24.9% |
| Residential Aged Care | 436.1 | 439.5 | 0.8% |
| Aged Care Assessment | 59.6 | 59.7 | 0.2% |
| Aged Support Services | 108.8 | 67.6 | -37.8% |
| Home and Community Care Program for Younger People | 202.2 | 189.7 | -6.2% |
| Ambulance Emergency Services | 1 166.5 | 1 212.8 | 4.0% |
| Ambulance Non-Emergency Services | 197.0 | 180.0 | -8.6% |
| Drug Prevention and Control | 44.8 | 40.8 | -9.1% |
| Drug Treatment and Rehabilitation | 285.4 | 272.5 | -4.5% |
| Mental Health Clinical Care | 2177.0 | 2594.7 | 19.2% |
| Mental Health Community Support Services | 166.3 | 155.2 | -6.7% |
| Community Health Care | 381.0 | 401.2 | 5.3% |
| Dental Services | 351.9 | 327.7 | -6.9% |
| Maternal and Child Health and Early Parenting Services | 150.6 | 155.0 | 2.9% |
| Health Protection | 555.0 | 446.2 | -19.6% |
| Health Advancement | 81.5 | 103.1 | 26.5% |
| Emergency Management | 15.0 | 12.9 | -13.8% |
| Small Rural Services – Acute Health | 431.5 | 429.5 | -0.5% |
| Small Rural Services – Aged Care | 243.9 | 250.3 | 2.6% |
| Small Rural Services – Home and Community Care Services | 5.3 | 11.5 | 116.2% |
| Small Rural Services – Primary Health | 24.5 | 24.7 | 0.8% |
| **Total** | **23 386.6** | **25 018.9** | **7.0%** |

Source: *2022–23 Victorian Budget Paper No. 3*, p. 220.

## Output Initiatives

Through the *Victorian Budget* 2022–23, the department was allocated $2.62 billion in 2022–23 and $9.33 billion over five years for new output initiatives that will grow and strengthen the health, ambulance, mental health, and aged care sectors.

### Admitted Services

The departmentis investing $1.99 billion in 2022–23 ($6.09 billion over five years) in output funding for acute health services and programs across metropolitan Melbourne and regional Victoria, including the following:

* $1.9 million in 2022–23 ($4.8 million over four years) is provided to support the health and wellbeing of the Victorian health workforce. This includes the continuation and expansion of Safer Care Victoria’s Healthcare Worker Wellbeing Centre to provide programs and training to organisations to create productive and safe workplaces and expand the Nursing and Midwifery Health Program.
* $172.6 million in 2022–23 ($698.1 million over four years) is provided to continue the delivery of healthcare in the home through use of home-based and virtual care models where clinically appropriate and selected by patients. This includes funding to support sustained activity growth and maturation of new shared service models as well as the expansion of a pilot model between health services providing transitional care in home like settings while patients await NDIS packages and to pilot a virtual specialist clinic model that enables Aboriginal Victorians to access care on Country.
* $564.8 million in 2022–23 ($1.35 billion over five years), with a further $70.3 million in asset funding over five years (TEI to be confirmed), is provided to increase surgical activity across Victoria to record volumes, exceeding pre-pandemic levels by 25%. Funding will support at total of 240,000 surgeries annually by 2024, including by transforming Frankston Private Hospital into a public surgery centre to deliver additional capacity.
* $942.8 million in 2022–23 ($2.34 billion over five years) with $6 million TEI in asset funding is provided to support service delivery and performance in Victoria’s hospitals, including more emergency department staff, additional highly specialised therapies, and to support new wards. Funding is also provided to expand the newborn screening program, medicinal cannabis compassionate access scheme for children, and robot assisted surgery.
* $11.4 million in 2022–23 ($23.8 million over four years) with $13.7 million TEI in asset funding is provided to BreastScreen Victoria (BSV) to deliver additional breast cancer screening across new and existing services. Additional funding is provided to meet increases in demand for cancer treatment following the easing of COVID-19 restrictions. Further investment is provided to replace radiotherapy linear accelerators, install a new radiotherapy linear accelerator in Traralgon and catch up on vaccinations against the Human Papilloma Virus (HPV) for young Victorians at secondary schools
* $1.5 million in 2022–23 ($3.0 million over two years) of funding is provided for the implementation of the *Child Wellbeing and Safety (Child Safe Standards Compliance and Enforcement) Amendment Act 2021*. As a result of these legislative reforms, additional support is required to set up information sharing systems and compliance and enforcement frameworks and make necessary organisational changes
* $35.7 million in 2022–23 ($64.9 million over three years) with $54.9 million TEI in asset funding in 2021–22 is provided to establish additional capacity at Werribee Mercy Hospital, Northern Hospital and Casey Hospital. This includes the establishment and staffing of modular units to alleviate demand on health service emergency departments by providing triage, assessment, respiratory clinic, and urgent care clinic functions
* $19 million in 2022–23 with $15 million TEI in asset funding is provided to upgrade the network infrastructure needed to support and deliver patient-related services such as pathology, diagnostic imaging and patient management systems. Funding is also provided to strengthen cybersecurity measures for Victorian public health services and Ambulance Victoria. This includes support for next generation antivirus protections, a security operations centre, and a recovery service in the event of a successful cyber-attack
* $4.6 million in 2022–23 ($9.8 million over two years) of funding is provided for maternity workforce capacity and support, including new Registered Undergraduate Student of Midwifery positions. Funding is also provided to health services to support the midwifery workforce and meet growing demand for maternity services through flexible approaches
* $244 million in 2022–23 ($1.58 billion over two years) with $4.9 million TEI in asset funding is provided to continue support for patients in recovery from COVID-19 and support for the health system in continuing to address Victoria’s COVID-19 case load.

### Aged Support Services

The department is investing $800,000 in 2022–23 to design and plan a new 60-bed public sector residential aged care services facility, including a new 30-bed specialist dementia unit at the Mornington Centre.

### Ambulance Emergency Services

The department is investing $33.4 million in 2022–23 ($122.3 million over five years), with $1.8 million TEI in asset funding to recruit new paramedics to meet growth in demand for ambulance services. A second mobile stroke unit will also be established to improve access to prehospital stroke treatment. Funding will also support Ambulance Victoria to implement recommendations from the Victorian Equal Opportunity and Human Rights Commission’s review.

### Community Health Care

The department is investing $21 million in 2022–23 ($41.2 million over four years) to support new output initiatives that will improve access to health services for vulnerable Victorians in the community including the following:

* $5.7 million in 2022–23 is provided to continue and expand services to asylum seekers in Victoria, addressing gaps in safety net supports and delivering culturally appropriate healthcare to newly arrived and at-risk refugees.
* $700,000 in 2022-23 ($1.4 million over two years) is provided to fund the Trans and Gender Diverse in Community Health Program.
* $6.5 million in 2022–23 ($7.3 million over two years) is provided to strengthen community-based healthcare, by increasing the delivery of services for people who have deferred care and supporting the integration of general practitioners into 20 registered community health services as well as supporting the design of a new community-based model of care for people diagnosed with type 2 diabetes.
* $8.1 million in 2022–23 ($26.8 million over four years) is provided to help community service organisations that deliver social services on behalf of the Government to cover the impacts of minimum wage and consumer price index cost increases.
* $500,000 in 2022–23 is provided to progress planning for two co-designed healing centres that will support and promote the social and emotional wellbeing of Aboriginal Victorians
* $100,000 in 2022–23 ($1 million over four years) is provided to design and deliver an Aboriginal-led employee assistance program, which will include supervision and mentoring for all workers in the Aboriginal health sector to improve cultural safety and embed culture as a protective factor for workforce wellbeing.

### Dental Services

The department is investing funds to deliver additional specialist dental treatment to children referred by Smile Squad. This includes an uplift to specialist capacity, and the development of the public specialist workforce through overseas recruitment and training to upskill generalist dentists. Note: Funding allocation is not for publication at this time as arrangements are commercial in confidence.

### Drug Treatment and Rehabilitation

The department is investing $13.5 million in 2022–23 ($19.5 million over four years) in drug treatment and rehabilitation services, including the following:

* $9.3 million in 2022–23 ($14.9 million over four years) is provided to support better outcomes for Victorians experiencing substance use and addiction, including continued support for community and forensic treatment services, Aboriginal Metropolitan Ice Partnerships and the Needle and Syringe Program
* $4.2 million in 2022–23 ($4.6 million over three years) is provided to improve access to health and social support services, enhance public amenity and improve experiences and perceptions of safety and security in the North Richmond precinct. Enhanced outreach in the Melbourne CBD will also be continued, providing a multidisciplinary team of alcohol and other drug workers.

### Health Protection

The department is investing $249.4 million in 2022–23 ($2.1 billion over five years) in health protection services including the following:

* $175.5 million in 2022–23 (plus $466.5 million in 2021-22) is provided to scale down the COVID-19 public health response in 2022-23 to transition from crisis response to a public health stewardship role, including targeted outbreak management in high-risk aged care and health settings via local public health units and multidisciplinary mobile teams.
* $1.6 million in 2022–23 ($3 million over two years) is provided to continue reforms relating to the decriminalisation of sex work in Victoria. This includes support for WorkSafe to establish a dedicated Sex Work Safety Team and for Victoria Police to manage the transition to decriminalisation. Note: This program is delivered through the Department of Justice and Community Safety, further developing a peer-led agency to embed the reforms within the sex-worker industry.
* $257.9 million in 2021–22 was provided to support delivery of COVID-19 vaccines to Victorians due for a booster shot and 5- to 11-year-olds receiving their first two vaccine doses. Vaccines are distributed through a combination of fixed and mobile clinics and are supported by community engagement, booking systems, and dedicated support for 5- to 11-year-olds.
* $72.3 million in 2022–23 ($87 million over four years) is provided for the continued operation of local public health units and additional public health capacity to support these services. Funding will also support public health prevention, regulation, and response programs.
* $1.1 billion in 2021–22 was provided to purchase more than 200 million rapid antigen tests to support Victoria’s testing strategy, and provide tests to healthcare workers, school students, COVID contacts and other essential public sector workforces.

### Health Workforce Training and Development

The department is investing $42.8 million in 2022–23 ($75.8 million over four years) in workforce training and development including the following:

* $5 million in 2022–23 is provided to the Jreissati Family Pancreatic Centre at Epworth to support efforts to diagnose and treat pancreatic cancer. This will include improving treatment pathways, undertaking research, and developing education materials for health practitioners, patients and families affected by pancreatic cancer.
* $37.8 million in 2022–23 ($70.8 million over four years) is provided for a review into current clinical placement activity to improve the quantity and quality of clinical placements across healthcare disciplines and expand allied health advanced practice service models. Funding is also provided to support newly graduated enrolled nurses to enter health services with additional support to become skilled professionals within their first year of practice as well as supporting the retention and growth of the Aboriginal health workforce to increase the accessibility of culturally safe services and fill essential workforce gaps. Lastly funding is to consolidate learning and facilitate the transition to registered graduate practice, a Registered Undergraduate Student of Nursing (RUSON) pilot program will be established to facilitate the appointment of 1,125 RUSONs a year.

### Ageing, Aged and Home Care

The departmentis investing $41.4 million in 2022–23 ($80.7 million over two years) to fund services and programs to support Victorians with disability who are not eligible for the National Disability Insurance Scheme (NDIS). This includes the Home and Community Care Program for Younger People. It will also provide aids and equipment support. This initiative will deliver on the government’s commitment to continue to provide support to existing Victorian disability services’ clients who have not been able to transition to the NDIS.

### Maternal and Child Health and Early Parenting Services

The department is investing $3.9 million in 2022–23 ($10.2 million over four years) to continue support for maternal and child health services delivered by Aboriginal organisations. This also includes the Aboriginal-led co-design of Aboriginal early years health services spanning antenatal, maternal and child health, and early parenting. Additional funding is also provided to support four new early parenting centres to become operational in 2023.

### Mental Health Clinical Care

The department is investing $167.4 million in 2022–23 ($774 million over five years) in mental health services, including the following:

* $200,000 in 2022–23 ($4 million over four years), with $60.8 million TEI in asset funding, is provided to implement contemporary mental health information infrastructure. This will comprise an electronic statewide mental health and wellbeing record, mental health information and data exchange, and online portal for Victorians experiencing mental illness or psychological distress to support personalised and integrated mental health and wellbeing services.
* $29.3 million in 2022–23 ($218.4 million over four years) is provided to operationalise 82 new beds in Victoria’s mental health system to improve access to acute care for those experiencing mental illness as well as increased bed-based support for people experiencing eating disorders. Funding is also available to expand the eating disorder enhanced integrated specialist model into four regional health services. Funding will also support the operation of five emergency department mental health and alcohol and other drug hubs.
* $1.1 million in 2024–25 with $61.1 million TEI in asset funding is provided for a program of works to improve the separation of vulnerable consumers, including gender-based separation, in the intensive care areas of mental health inpatient facilities.
* $3.5 million in 2022–23 with $6.5 million TEI in asset funding is provided to construct a new emergency department mental health and alcohol and other drug crisis hub at the Latrobe Regional Hospital. Planning funding is provided for future hubs in Ballarat, Bendigo and Shepparton.
* $15.7 million in 2022–23 ($29.4 million over four years) is provided to support the implementation of new mental health and wellbeing legislation as well as the delivery on the government’s commitment to undertake an independent review of compulsory treatment criteria, and support ongoing legislative reform and development of supporting regulations.
* $10.5 million in 2022–23 ($30.5 million over four years) is provided to foster connection and reduce social isolation in vulnerable groups by establishing 10 new social inclusion action groups in local government areas. Mental health training for Auslan and deaf interpreters is also funded to increase the availability of credentialled interpreters.
* $42.9 million in 2022–23 ($115.6 million over four years) is provided for a range of initiatives to deliver a mental health and wellbeing system that is reoriented towards community-based treatment, care and support. This includes integrated treatment, care and support for people with a co-occurring mental illness and substance use or addiction, and extension of the TelePROMPT program. It also includes in-person group-based parenting sessions to be delivered in regional Infant, Child and Youth Area Mental Health and Wellbeing Services, and approaches to eating disorder care and support to be enhanced through the development of a new statewide eating disorder strategy.
* $65.3 million in 2022–23 ($371.5 million over five years) is provided to continue building the pipeline of workers required to deliver Victoria’s mental health reform agenda in line with the *Mental health and wellbeing workforce strategy*. This includes clinical supervision training, improvement in capability in providing safe and responsive care to culturally and linguistically diverse and LGBTIQ+ Victorians, with the Mental Health Workforce Capability Framework being implemented through the development of educational resources and an interactive web platform.

### Non-Admitted Services

The department is investing $18.4 million in 2022–23 ($32.4 million over four years) to continue palliative care services, including regional and rural services and the statewide Palliative Care Advice Service. Funding is also provided to enable palliative care providers to respond to increased demand for specialist palliative care throughout the COVID-19 pandemic.

### Residential Aged Care

The department is investing $29.9 million in 2022–23 in public sector residential aged care services to continue to provide high-quality care to vulnerable aged persons, including those with mental health issues, and assist in meeting nurse to patient ratios in public sector residential aged care.

## Asset Initiatives

The Budgetincludes funding of more than $2.6 billion[[1]](#footnote-2) for health, mental health and aged care infrastructure.

1. Funding for asset initiatives – acute health

| Initiative | Description | TEI ($ million) |
| --- | --- | --- |
| Barwon Women’s and Children’s Hospital | Funding is provided to expand women’s and children’s services at University Hospital Geelong. In Stage 1, capacity will increase in paediatric outpatient services, operating theatres, birthing suites and Maternity Assessment and Short Stay Unit. Stage 2 will build a new inpatient tower with maternity, women’s and paediatric services and Special Care Nursery. This expansion will deliver better access to quality care for people in the Barwon region.  This initiative delivers on the government’s election commitment as published in Labor’s Financial Statement 2018.  This initiative contributes to the department’s Admitted Services output. | 500.000– 525.000 |
| Early Parenting Centre – Shepparton | Funding is provided to increase the current early parenting centres expansion and upgrade program by building a new 10-bed early parenting centre in Shepparton. It will provide specialist support and deliver flexible, targeted services for families with children up to four years of age to enhance the parent–child relationship and support parents with strategies to achieve their parenting goals.  This initiative contributes to the Department of Health’s Maternal and Child Health and Early Parenting Centres output. | 25.000 |
| Emergency Departments Expansion Program – Casey Hospital (Casey) and Werribee Mercy Hospital (Werribee) | Funding is provided to expand emergency department capacity at Casey Hospital and Werribee Mercy Hospital to address significant demand for emergency services. This investment will increase the performance of the hospitals and Ambulance Victoria by delivering more efficient patient flows and better patient care.  This initiative builds on the ‘Providing additional bed capacity through modular facilities’ investment to provide short-term capacity expansions of the emergency departments at Casey Hospital, Northern Hospital and Werribee Mercy Hospital.  This initiative contributes to the department’s Admitted Services output. | 236.400 |
| Engineering infrastructure replacement program 2022–23 | Funding is provided to upgrade and replace essential engineering infrastructure in selected metropolitan, rural and regional hospitals. This will allow health services to support the successful delivery of high-quality care and ensure continued public confidence in Victorian health services.  Funding covers a range of infrastructure items and can include boilers, air handling units, cardiac electrical body protection systems and fire risk management systems to enable continuity of health service delivery and compliance with regulatory requirements.  This initiative contributes to the department’s Admitted Services output. | 20.000 |
| Medical equipment replacement program 2022–23 | Funding is provided to continue to replace essential medical equipment across Victoria. The equipment supports operating suites, emergency departments, surgical wards, intensive care units, neonatal and maternity services, and specialist areas. This will reduce risks for patients and staff and improve service availability through the introduction of newer, more advanced medical equipment.  This initiative contributes to the department’s Admitted Services output. | 35.000 |
| Metropolitan Health Infrastructure Fund 2022–23 | Additional funding is provided to the Metropolitan Health Infrastructure Fund to improve the quality and amenity of infrastructure across a range of metropolitan health services. This funding will allow health services to respond to local priorities and maintain and enhance their service delivery capacity.  This initiative contributes to the department’s Admitted Services output. | 25.000 |
| New Melton Hospital | Funding is provided to construct a new tertiary Melton Hospital in Cobblebank, which will provide 24-hour emergency services supported by more than 100 medical and surgical beds, an intensive care unit, maternity and neonatal services, mental health services, ambulatory care, and a range of clinical supports.  The new hospital will also be fully electric and will contribute to the Victorian Government’s climate policy and renewable energy targets.  This investment will activate the Cobblebank precinct and stimulate further investment and development in the area to drive employment growth and nearby residential developments to improve housing supply. This initiative builds on funding provided in previous years to plan, acquire land and undertake early works for the new hospital.  This initiative contributes to the department’s Admitted Services output. | 900.000–1000.000 |
| Regional Health Infrastructure Fund 2022–23 | Additional funding is provided to the Regional Health Infrastructure Fund to improve the quality and amenity of infrastructure across a range of rural and regional health services. This funding will allow health services to respond to local priorities and maintain and enhance their service delivery capacity. The funding boost takes the investment in this fund to more than $790 million.  This initiative contributes to the department’s Admitted Services output. | 300.000 |
| Providing additional bed capacity through modular facilities | Funding is provided to establish additional capacity at Werribee Mercy Hospital, Northern Hospital and Casey Hospital. This includes the establishment and staffing of modular units to alleviate demand on health service emergency departments by providing triage, assessment, respiratory clinic, and urgent care clinic functions. | 54.900 |

1. Funding for asset initiatives – ageing, aged and home care

|  |  |  |
| --- | --- | --- |
| Initiative | Description | TEI ($ million) |
| Rural and Regional Public Sector Residential Aged Care Revitalisation Stage 1 | Funding is provided to deliver 36 beds at Camperdown Hospital, 72 beds at Mansfield District Hospital and 38 beds at Orbost Regional Health. | 142.845 |
| Rural and Regional Public Sector Residential Aged Care Revitalisation Stage | Output funding to plan for replacement of two PSRACS in Bright and Heywood | 3.177 |

1. Funding for asset initiatives – mental health

| Initiative | Description | TEI ($ million) |
| --- | --- | --- |
| Additional acute mental health beds in regional Victoria | Funding is provided to replace and expand the existing mental health facility to increase acute and community mental health services at Goulburn Valley Health in Shepparton. The development will enable improved models of care and will ensure the community has access to safe and high-quality mental health services.  Funding is also provided to undertake land acquisition and further detailed planning and design work to deliver additional acute mental health beds in the future at Northeast Health Wangaratta and the Ballarat Base Hospital.  This initiative contributes to the government’s response to the Royal Commission into Victoria’s Mental Health System final report and the department’s Mental Health Clinical Care output. | 195.834 |
| Improving safety in mental health intensive care areas | Funding is provided for a program of works to improve the separation of vulnerable consumers, including gender-based separation, in the intensive care areas of mental health inpatient facilities.  This initiative contributes to the government’s response to the Royal Commission into Victoria’s Mental Health System final report and the department’s Mental Health Clinical Care output. | 61.138 |
| Initiative | Description | TEI ($ million) |
| Mental health and alcohol and other drugs emergency department hubs in regional Victoria | Funding is provided to construct a new emergency department mental health and alcohol and other drug crisis hub at the Latrobe Regional Hospital. Planning funding is provided for future hubs in Ballarat, Bendigo and Shepparton. The hub at Latrobe Regional Hospital will ensure specialist care is provided to people requiring urgent treatment for mental health, alcohol and drug issues and will also relieve pressure on the emergency department to treat other patients.  This initiative contributes to the government’s response to the Royal Commission into Victoria’s Mental Health System final report and the department’s Mental Health Clinical Care output. | 6.500 |
| Mental health and alcohol and other drugs facility renewal fund 2022–23 | Additional funding is provided to the Mental Health and Alcohol and Other Drugs Facilities Renewal Fund to improve the quality and amenity of state-owned infrastructure that assists people with mental health, alcohol, and other drug issues. The works enable enhanced access and improved models of care through targeted improvements to ageing and poor-quality facilities, which will reduce risks for patients and staff.  This initiative contributes to the government’s response to the Royal Commission into Victoria’s Mental Health System final report and the department’s Mental Health Community Support Services output. | 10.000 |
| Mental health and alcohol and other drugs residential rehabilitation facility – Mildura | Funding is provided to construct a 30-bed alcohol and other drugs residential rehabilitation facility including a withdrawal unit in Mildura servicing the Loddon Mallee region. This will reduce wait times and improve treatment outcomes for clients.  This initiative contributes to the department’s Drug Treatment and Rehabilitation output. | 36.000 |
| Redevelopment of Thomas Embling Hospital – Stage 2 | Funding is provided to deliver Stage 2 of the redevelopment of Thomas Embling Hospital. This will deliver important supporting infrastructure, including a new gatehouse and sally port, and bed refurbishments for patients.  This initiative contributes to the government’s response to the Royal Commission into Victoria’s Mental Health System final report and the department’s Mental Health Clinical Care output. | 123.897 |
| Victorian Collaborative Centre for Mental Health and Wellbeing | Funding is provided to progress service and capital planning to establish the Victorian Collaborative Centre for Mental Health and Wellbeing.  This initiative contributes to the Government’s response to the Royal Commission into Victoria’s Mental Health System interim and final reports and the department’s Mental Health Community Support Services output. | 5.000 |

## National programs

### Transition Care Program

The Transition Care Program is jointly funded by the Commonwealth, state and territory governments through joint per diem contributions. The flexible care places used in the program are legislated by the *Aged Care Act 1997* and the Aged Care Principles made under that Act. The *Transition Care Program guidelines* *2022* govern the program.

Commonwealth Government subsidies are provided directly to health services by Services Australia (Medicare). These are paid on a monthly advance and acquittal basis for occupied places. Health services are required to submit a monthly claim form directly to Medicare for payment.

Commonwealth Government subsidies are paid for up to 12 weeks (with an option for a single extension of up to six weeks where appropriate and with prior approval from the Aged Care Assessment Service (ACAS)) for each client, up to the maximum number of approved Transition Care Program places at each health service.

The department no longer provides financial support to health services that support clients beyond their maximum permitted stay on the program (that is, 18 weeks where a six-week extension has been approved by ACAS). Any potential discharge challenges should be made known prior to this time. These should be worked through to achieve a safe discharge for the client.

Daily care fees for Transition Care Program recipients are determined by the Commonwealth under the *Aged Care Act 1997*. Maximum care fee charges must not exceed 85% of the basic single age pension for care delivered in a bed-based setting and 17.5% of the basic single age pension for care delivered in a home-based setting. Such fees are adjusted twice yearly (March and September) in line with the consumer price index, which also affects the age pension payment.

The state-funded component of the Transition Care Program is subject to recall for under-performance, as outlined in the recall policy detailed in these guidelines.

The Commonwealth Government continues to implement its aged care reforms. All Transition Care Program referrals are received via the My Aged Care provider portal. Program staff must ensure that clients have current approvals to avoid loss of the Commonwealth subsidy component for episodes of care. Approvals can be verified with ACAS or online with Medicare.

### National Bowel Cancer Screening Program

Victorian public hospitals providing colonoscopy are allocated a separate National Bowel Cancer Screening Program (NBCSP) NWAU target. This funding is provided in addition to the funding provided for other activity and is paid according to actual activity. An NWAU target is aligned with prior-year activity and growth resulting from the NBCSP. A prior-year adjustment process will reconcile NBCSP activity with targets. Variation in activity against the NBSCP NWAU target will be recalled or paid at the full NWAU rate.

To be admitted for a colonoscopy under the NBCSP, with or without gastroscopy, a patient must have been referred for the procedure due to a positive faecal occult blood test as a result of participating in the NBCSP. Other patients admitted for a procedure to investigate a positive faecal occult blood test, for surveillance or for follow-up colonoscopies, are not eligible for admission under the NBCSP funding arrangement. Patients admitted for an NBCSP colonoscopy may elect to be public or private according to the usual election procedure. NWAU for the episode will be calculated accordingly.

NBCSP participants must be coded under funding arrangement Code 8 and will be funded under the NWAU funding model. It is expected that most episodes will be grouped to Australian Refined Diagnosis-Related Groups G48B colonoscopy, same-day or G46B complex endoscopy, same-day. A small number of episodes may group to other diagnosis-related groups where the patient has required an overnight stay or other circumstances have arisen.

NBCSP activity will be paid against the health service’s NBCSP NWAU target based on actual throughput. Reconciliation for under, or over, activity will be adjusted at the end of the financial year.

The department may ask hospitals to confirm episodes with unusual diagnosis-related groups to ensure correct coding or that the patient was a participant in the NBCSP.

## Pricing and Funding

### Pricing and Funding Framework

Refer to the [Pricing and funding framework](https://www.health.vic.gov.au/funding-performance-accountability/pricing-and-funding-framework) <https://www.health.vic.gov.au/funding-performance-accountability/pricing-and-funding-framework>.

### Commonwealth Funding

#### National Health Reform Agreement

The National Health Reform Agreement (NHRA) was signed by all first ministers in 2011. The NHRA sets out the shared intention of the Commonwealth, state and territory governments to improve health outcomes for all Australians, and the sustainability of the Australian health system in particular, through sustainable funding arrangements for public hospitals.

Since 2013–14, the Commonwealth Government has determined growth as calculated by the national funding model and provided funding contributions to Victorian hospitals through the terms of the NHRA.

The NHRA outlines system-wide objectives and roles and responsibilities for:

* sustainability of funding for public hospital services
* transparency and performance
* local governance of Local Hospital Networks and Primary Health Networks
* the interfaces between the health, disability, and aged care systems.

Health services are required to ensure their operations comply with the business rules and requirements within the NHRA.

The Addendum to the National Health Reform Agreement (2017 Addendum) was in effect from 1 July 2017 to 30 June 2020. The 2017 Addendum maintained the Commonwealth contribution rate to funding growth at 45% and introduced a 6.5% funding cap on Commonwealth funding. The 2017 Addendum also introduced reforms to decrease avoidable demand for public hospital services, including:

* incorporating quality and safety into hospital pricing and funding for sentinel events, hospital-acquired complications and avoidable readmissions
* bilateral agreements on coordinated care for patients with chronic and complex disease and
* Health Care Homes and reforms to primary care to reduce potentially avoidable hospital admissions.

The most recent Addendum to the National Health Reform Agreement 2020–2025 is in effect from 1 July 2020 to 30 June 2025. This addendum updates and revises the 2011 NHRA and maintains the reforms and changes introduced in the 2017 Addendum. The addendum continues the 45% Commonwealth contribution rate to hospital services funding growth and the 6.5% funding cap.

To guide further reform of the health system the addendum outlines shared action between the Commonwealth, State and Territory governments on four strategic priorities, comprising:

* improving efficiency and ensuring financial sustainability
* delivering safe, high-quality care in the right place at the right time, including long-term reforms in nationally cohesive health technology assessment, paying for value and outcomes, and joint planning and funding at a local level
* prioritising prevention and helping people manage their health across their lifetime, including long-term reforms in empowering people through health literacy, and prevention and wellbeing
* driving best practice and performance using data and research, including long-term reform in enhanced health data.

The NHRA and the *National Health Reform Act 2011* (Cth) also details the functions, roles and responsibilities of the national bodies who support the operation of the agreement. The national bodies are the: Independent Health and Aged Care Pricing Authority (IHACPA), Administrator of the National Health Funding Pool, Australian Commission on Safety and Quality in Health Care (ACSQHC), and Australian Institute of Health and Welfare (AIHW).

#### Commonwealth Investment in Public Dental Services

A 12-month extension of the *Federation Funding Agreement – Schedule on Public Dental Services for Adults* to June 2023 was announced in the 2022–23 Commonwealth Budget, indicating funding of up to $26.9 million for Victoria in 2022–23. A formal offer to extend the Agreement is yet to be received, however it is anticipated that the Agreement will be rolled over under the same terms and conditions. The funding announced maintains the 30% reduction on previous Commonwealth investment.

Public dental providers have access to the Commonwealth’s Child Dental Benefits Schedule, a means-tested scheme (Family Tax Benefit A) for children up to 17 years, covering preventive and basic dental treatment. Eligibility was extended to include children under the age of two years in the 2021–22 Commonwealth Budget. Eligible children have access to a benefit cap of $1,026 over a two calendar year period. Public sector access to the Child Dental Benefits Schedule is available to 31 December 2022, as announced in the 2019–20 Commonwealth Budget.

### Funding Reforms 2022–23

The department continues to refine and develop hospital funding models to ensure the investment made is delivering the best value to all Victorians. Funding models must remain contemporary if Victoria is to continue to deliver better value through high-quality care, delivered in the most effective settings using the most efficient model of care.

In 2021–22, the department commenced alignment with the National Funding Model and in 2022–23 will continue to develop innovative approaches. These funding reforms will improve system outcomes by:

* encouraging accountability for both health service providers and government
* remaining simple and transparent
* supporting efficient and sustainable health service operations.

These reforms will not negatively affect patient access or care and are intended to ensure patients receive appropriate care in a timely way, in the most appropriate setting, and by the right providers.

In line with the Victorian *Pricing and funding policy framework*, Victoria will maintain a state-based funding system that adopts and adapts elements of the national approach where it is suitable in the Victorian context.

#### Victoria’s Transition to the National Weighted Activity Unit

In 2021–22, the National Weighted Activity Unit (NWAU) was adopted as part of the National Funding Model Reform project, replacing local funding models (WIES, SWIES, WASE, NAESGs) for acute admitted care, subacute care, emergency care and non-admitted care. A major benefit of this approach is to support flexibility in delivery of services, where all activity is counted and funded as a common unit. Other benefits include:

* alignment with national reform initiatives, including progressive alignment with national safety and quality initiatives, as foreshadowed in the National Health Reform Agreement
* comparability of funding across service streams signalling equity of funding regardless of service setting, and to enhance decision making on substitution of services where clinically warranted

The Victorian implementation of the NWAU recognises that activity-based funding may not always be practicable and that some services will need to be funded on a block-grant basis. Under current arrangements, small rural health services and teaching, non-admitted mental health training, and research outputs will continue to be funded through block grants.

Further information concerning NWAU price weights can be found in the respective service stream sections in this document.

#### Mental Health and Wellbeing

The department will continue to fund acute admitted mental health care on an input basis in 2022–23. Health services will be funded based on their capacity to provide inpatient mental health care, according to the number of bed days available.

Further review of the funding model for acute mental health admitted care across all patient types will be considered in the future. As the Victorian Cost Data Collection is essential to further understanding of the costs of mental healthcare and the funding models which are most sensitive to those costs, health services should continue to contribute to mental health costing processes within the collection.

Admitted extended care and non-admitted acute mental healthcare (such as ambulatory, subacute, and residential aged mental health services) will also continue to be funded in 2022–23 via a mixture of input (per day or service hour) and block grants.

Funding will be provided to support health services to improve their mental health information management capability and processes, ahead of the future implementation of activity-based funding. Funding services on the basis of the activity they deliver, and the characteristics of the consumers they support, will require a greater level of capability in mental health data management and quality control.

The funding of intensive community mental health packages since 2018–19 has foreshadowed the features of activity-based funding, which will allocate resources for adult community mental health services based on the severity and complexity of consumers’ needs, and the associated volume and intensity of service responses required to meet these needs. The Royal Commission into Victoria’s Mental Health System has recommended trialling and then implementing an activity-based funding model for both bed-based and community-based mental health and wellbeing services. The future activity-based funding model will be linked to developments in performance monitoring and clinical guidelines outlining expected levels and types of service responses for consumers of varying levels of need for treatment and care.

An initial care classification for ambulatory mental health consumers, based on a modified version of the Australian Mental Health Care Classification, has been developed. This classification will be used to shadow fund community mental health services according to an activity-based funding model in 2022–23.

Funding for MHCSS activities is output-based. Statewide targets are set out in *Victorian State Budget Paper No. 3* targets for MHCSS activities are listed in the Funding and Service Agreement and these represent the minimum deliverables expected for the funding provided. Refer to *Policy* Guide *2022–23* section 17.9 ‘Mental health and wellbeing services’ for more information.

It is expected that health services maintain and report mental health non-admitted patient-level costing data (or aggregate where patient-level cannot be obtained) to the VCDC.

All existing community service hour grants will be retained in 2022–23 and rationalised for 2023–24.

Targets for the number of service hours to be provided are set per health service. They are calculated on the hours of service provided per clinician and adjusted for historical and projected service levels. The funding rate per service hour has been used in setting ambulatory targets.

Further information on the 2022–23 prices is available in section 1.21 ‘Price Tables’.

#### Subcutaneous Immunoglobulin Therapy

The National Blood Authority has made immunoglobulin products available since 1 September 2013, which can be administered by the patient at home to treat:

* primary immunodeficiency with antibody deficiency
* specific antibody deficiency
* acquired hypogammaglobulinaemia secondary to haematological malignancy
* secondary hypogammaglobulinaemia (including iatrogenic immunodeficiency) and
* chronic inflammatory demyelinating polyneuropathy.

There are about 2,200 patients who are currently treated with intravenous immunoglobulin. Approximately 30% of these patients could be treated with subcutaneous immunoglobulin therapy.

The department will provide hospitals with quarterly funding for each patient being treated with subcutaneous immunoglobulin at home in 2022–23. More information can be found on the [Subcutaneous Immunoglobulin (SCIg) access program webpage](https://www.health.vic.gov.au/patient-care/subcutaneous-immunoglobulin-scig-access-program) <https://www.health.vic.gov.au/patient-care/subcutaneous-immunoglobulin-scig-access-program>.

#### Dental Pricing

The Victorian Auditor-General's report *Access to Public Dental Services in Victoria* made recommendations in relation to pricing, funding, performance management and other parameters for state government-funded services.

The department commenced implementation of new pricing and funding arrangements for public dental services from 1 July 2021. The key component of the new funding model (Stage 1 over two years) has been the introduction of a consistent Dental Weighted Activity Unit (DWAU) price for all public dental services from 1 July 2021. Stage 1 will also include further work to align clinical placement grants with the broader department approach to clinical placements funding and a review of language services funding.

#### Community Health Pricing

The Victorian Auditor-General's report Community Health Program recommended the development of a more sophisticated funding model to allow flexibility for services to adapt to changing community and client needs.

The Community Health Funding Model Review commenced in 2019–20 and a final report was delivered in June 2021. The department will work with community health services to implement the recommendations, including the development of a new pricing model, weightings that reflect complexity and associated requirements for care coordination. In turn, community health services will have greater flexibility to deliver optimal care to people with chronic and complex needs.

#### High-Cost, Low-Volume Cross-Border Patients

The department allocates funding according to the expected activity levels. Normally, the department estimates its expected revenue for a relevant financial year (Commonwealth, state, net cross-border funding) and also sets aside funding for known commitments to be incurred during the financial year.

In general, funded organisations are cash-flowed during the financial year according to their funding allocations. Funded organisations are expected to manage their resident and non-resident demand based on the funding provided.

Where required, adjustments to this funding for over- and under-activity are made in the following financial year according to the policies set out in the prior-year adjustment section of these guidelines. The prior-year adjustment policy does not make adjustments for changes for annual variations in this cohort.

In accordance with Clause A91 of the National Health Reform Agreement, cross-border agreements are developed between jurisdictions that experience significant cross-border flows. The department negotiates agreements with all other states and territories (jurisdictions), based on a standard agreement. These agreements form the basis of the flow of funds between Victoria and other jurisdictions for residents treated from those respective states and territories. Annual reconciliations of cross-border flows occur to determine the liability of each jurisdiction. This revenue/liability is then factored into the available revenue available for redistribution as part of the modelled budget each year.

Under these agreements, all financial transactions are to be transacted by the relevant health departments and not through interagency transfers (for example, hospital to hospital or state health department to hospital).

Under the cross-border agreements, there is an exemption for high-cost procedures. A high-cost procedure is defined as a procedure that is not reasonably funded by the existing classification system and cost weights and are agreed to at a jurisdictional level prospectively on a case-by-case basis. For the avoidance of doubt, this definition excludes experimental procedures.

Admitted acute high-cost procedures (for example, those funded by NWAU) are defined by procedures that:

* are provided at limited sites nationally
* have low volume (< 200 separations nationally)
* cost significantly more (> $20,000) than the funding provided based on the relevant year’s [National Efficient Price Determination](https://www.ihacpa.gov.au/pricing/national-efficient-price-determination) <https://www.ihacpa.gov.au/pricing/national-efficient-price-determination>.

Prior to the procedure, hospitals may seek this exemption (in limited circumstances) from the department for those services classified as high-cost procedures and that will be provided to patients who reside in another state or territory. Subject to meeting the definition of a high-cost procedure and complying with the agreed criteria and process, hospitals may be paid a supplementary payment by the department through the prior-year adjustment process to meet the difference between the department’s funding allocation and the actual cost of the procedure paid by the resident’s jurisdiction.

Hospitals should advise the department in advance (wherever possible) and care to non-resident patients should not be subject to or impacted by financial arrangements and should be based on standard clinical protocols.

Hospitals may not seek an exemption for Nationally Funded Centre (NFC) procedures as the funding for these procedures are already shared by jurisdictions and set annually by the Health Chief Executives Forum.

## National Funding Arrangements

The National Health Reform Agreement establishes a framework for funding public hospital services under a national approach to activity-based funding (ABF).

The goal of the national approach is to provide a national platform for accurately and visibly allocating funding to Australian hospitals based on activity performed.

In 2022–23, the in-scope public hospital services that will be funded by the Commonwealth through activity-based funding under the National Health Reform Agreement are:

* all acute admitted patient services, including HITH
* all emergency department services
* all admitted subacute services
* all admitted mental health services
* non-admitted acute and non-admitted subacute patient services.

The national model recognises that activity-based funding may not always be practicable and that some services will need to be funded on a block-grant basis. Under current arrangements, small rural health services and teaching, non-admitted mental health training and research outputs will continue to be funded nationally through block grants.

### Pricing Framework for Australian Public Hospitals

The *Pricing framework for Australian public hospital services* (updated annually) outlines the principles, scope and methodology adopted by the Independent Health and Aged Care Pricing Authority (IHACPA) to determine funding of in-scope public hospital services under the National Health Reform Agreement. The Framework articulates both ABF and block funding approaches. The key difference between the two approaches is that the ABF model calculates an efficient price per episode of care, while the block-funded model calculates an efficient cost for the hospital (see sections 1.6.1.3 ‘Activity-Based Funding’ and 1.6.1.4 ‘National Efficient Cost (block funding)).

#### National Efficient Price and National Efficient Cost

The National Efficient Price (NEP) is used to calculate Commonwealth payments for public hospital services that are funded on an activity basis. The NEP has two key purposes:

* It comprises a major determinant of the level of Commonwealth government funding for public hospital services.
* It provides a benchmark for the efficient cost of providing public hospital services.

The IHACPA determines the NEP for a NWAU and has responsibility for setting the NEP based on the National Hospital Cost Data Collection (NHCDC).

The National Efficient Cost (NEC) is used to calculate Commonwealth Government payments for services that are funded on a block-grant basis.

#### National Weighted Activity Unit

Activity under the national model is measured in terms of the NWAU, which is a measure of health service activity expressed as a common unit against which a price is paid. It provides a way of comparing and valuing public hospital services whether they are admissions, emergency department presentations or outpatient episodes, and is weighted for clinical complexity.

In 2022–23, the national activity unit will be known as NWAU(22).

#### Activity-Based Funding

The national funding model uses a number of classification systems to express the relative cost weights in terms of NWAUs for each ‘group’ of activity-based funding services. The national classification systems used to group patients for each activity-based funding service are:

* admitted patient services: AR-DRG Version 10.0
* emergency department services: Australian Emergency Care Classification version 1.0 (for recognised emergency departments at levels 3B–6) and Urgency Disposition Groups Version 1.3 (for recognised emergency departments at levels 1–3A)
* non-admitted patient services: Tier 2 Non Admitted Services Version 7.0
* admitted subacute patient services: Australian National Subacute and Non-Acute Patient Classification (AN-SNAP) Version 4.0.

The technical specifications of the national activity-based funding model are referred to in the IHACPA’s [*National pricing model technical specifications 2022–23*](https://www.ihacpa.gov.au/resources/national-pricing-model-technical-specifications-2022-23) <https://www.ihacpa.gov.au/resources/national-pricing-model-technical-specifications-2022-23>.

#### National Efficient Cost (block funding)

The Victorian Government provides advice to the IHACPA about which services meet the criteria to be block-funded. Services funded through the small rural health services model in 2019–20 will continue to be block-funded. Those receiving output funding through the case mix model will be subject to activity-based funding and will therefore be paid via the National Health Funding Pool (see section 1.6.1.5 ‘Payment Flows Under the National Funding Approach’).

The government also provides block funding estimates to the IHACPA for publication in the National Efficient Cost determination. Block-funded services include:

* small rural health services
* teaching, training and research
* non-admitted mental health services, including child and adolescent mental health services
* non-admitted home ventilation services
* high cost, highly specialised therapies.

The IHACPA has applied these criteria in developing the national costing model and the National Efficient Cost determination for 2022–23 that applies to block-funded services.

In 2022–23 the IHACPA has determined the efficient cost of a small rural hospital to be the sum of the fixed cost component and the variable cost component.

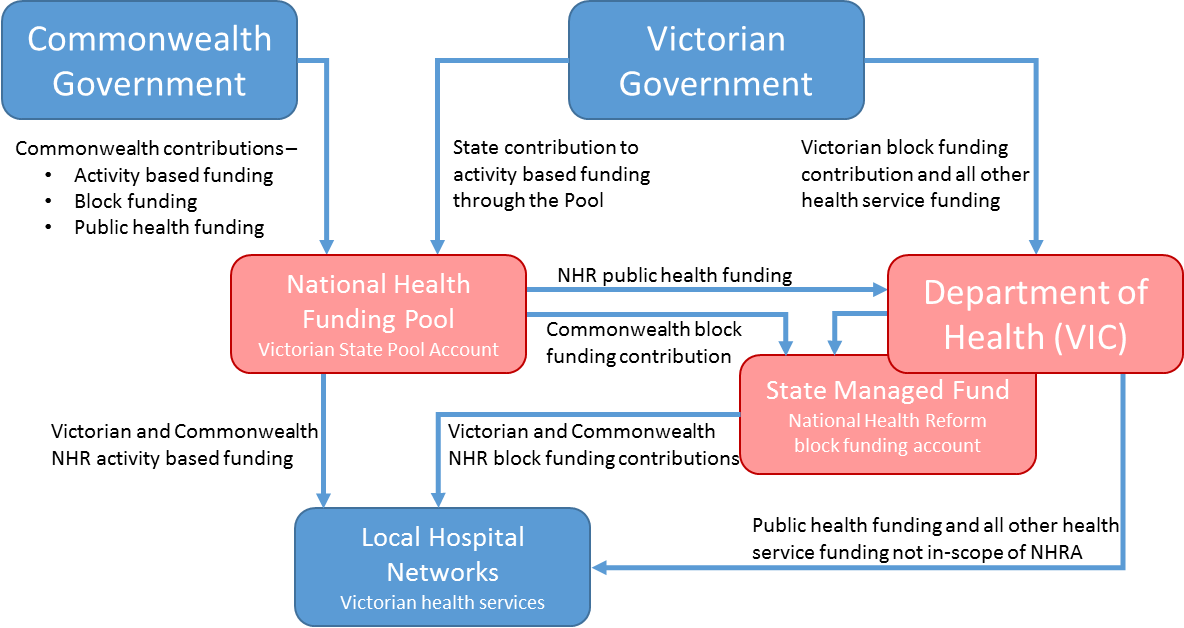
Read more about the pricing framework for Australian public hospitals and the categorisation of small rural health services in the report *National Efficient Cost Determination 2022–23* at [IHACPA’s website](https://www.ihacpa.gov.au/resources/national-efficient-price-determination-2022-23) < https://www.ihacpa.gov.au/resources/national-efficient-price-determination-2022-23>.

#### Payment Flows Under the National Funding Approach

Commonwealth activity-based funding flow to health services through Victoria’s State Pool Account managed by the Administrator of the National Health Funding Pool. The Administrator (established as an independent statutory office holder) oversees both the Commonwealth and state and territory funding of the public hospital services in-scope of the NHRA and publicly reports on funding provided to each health service, and for which services.

As system manager, the Victorian Government instructs when payments are to be made out of the pool in accordance with the activity levels agreed between the state and each health service in their Statement of Priorities. The Victorian Government will continue to manage National Health Reform block funding for block-funded services and hospitals, including small rural services. Block-funded payments will be paid to health services by the department through the State-Managed Fund (see Figure 1).

Figure 1: Payment flows under national activity-based funding



Read more about:

* the [*Pricing Framework for Australian public hospital services*](https://www.ihacpa.gov.au/resources/pricing-framework-australian-public-hospital-services-2022-23) <https://www.ihacpa.gov.au/resources/pricing-framework-australian-public-hospital-services-2022-23>
* the [*National Efficient Price Determination*](https://www.ihacpa.gov.au/pricing/national-efficient-price-determination) <https://www.ihacpa.gov.au/pricing/national-efficient-price-determination>
* the [*National Efficient Cost Determination*](https://www.ihacpa.gov.au/health-care/pricing/national-efficient-cost-determination) <https://www.ihacpa.gov.au/health-care/pricing/national-efficient-cost-determination>
* [*National pricing model technical specifications 2022–23*](https://www.ihacpa.gov.au/resources/national-pricing-model-technical-specifications-2022-23) <https://www.ihacpa.gov.au/resources/national-pricing-model-technical-specifications-2022-23>.

### Victorian Alignment with the National Funding Model

#### NWAU Model

In 2022–23, the NWAU developed as part of the National Funding Model will continue to be used as the mechanism to determine growth funding for acute admitted care, subacute care, emergency care and non-admitted care activity.

Mental health, non-admitted palliative care and small rural health service funding have not yet transitioned to the NWAU model; however, relevant activity will be counted in NWAU.

NWAU targets will be included in health services’ Statement of Priorities (Part C) and align with the NWAU targets reported to the National Health Funding Body (Part D).

#### Victorian Efficient Price

In 2021–22, Victoria adopted a Victorian Efficient Price (VEP) for the purpose for funding NWAU growth. In 2022–23, the VEP is updated for indexation. The adoption of a VEP is more reflective of the funding required to deliver services in Victoria and the continued use of specified grants alongside activity-based funding. VEP groups reflect the governance arrangements outlined in the *Health Services Act 1988* (Vic.), distinguishing public health service boards as either metropolitan or regional. Specialist hospitals group with metropolitan, and all others group into the subregional, local and other price group. This structure applies to the acute admitted, emergency, subacute and non-admitted services that have transitioned to NWAU.

For 2022–23, the VEP will only apply to additional funding allocations for growth of in-scope activities. Existing activity whose funding was determined in prior financials years will remain as is.

NWAU price groups and prices for 2022–23 are outlined in section 1.22 ‘Price Groups for NWAU Purposes’.

#### Activity-Based Services

For 2022–23, health services’ existing funding will continue to be determined based on activity volumes and prices according to the Victorian funding models. The Commonwealth and state contributions to health services, through the national funding pool, will be based on the projected equivalent NWAUs generated by the activity levels as set by the Victorian funding models and will be cash-flowed according to a health service NWAU-specific rate.

The VEP will only apply to additional funding allocation from 2022–23 for the relevant in-scope activities.

#### Block-Funded Services

Not all service type components will transition to the national funding model from 1 July 2021. In general, specified grants, including those tailored to support statewide services, will continue to be block funded. Some subacute non-admitted services will only partially transition to all for ongoing implementation considerations. Teaching and training, mental health and small rural services will not transition to the national funding model at this point in time.

## Pricing for Quality

In 2014–15 Victoria implemented a pricing for quality scheme, providing an opportunity to link funding allocations to discrete performance measures that demonstrate a health service’s success in reducing preventable harm and improving the quality of care.

From 1 July 2017, following the recommendations arising from the Independent Health and Aged Care Pricing Authority (IHACPA) Consultation paper on the pricing framework for Australian public hospital services 2017–18 (2016), the Australian Government determined that, any admitted or non-admitted episode of hospital care associated with a sentinel event would not be funded in its entirety (also known as ‘pricing for quality’). In response, Victoria introduced a new pricing mechanism for sentinel events in 2017–18, where episodes of care with an avoidable sentinel event, as defined by the nationally agreed sentinel event categories, are not funded. This model excludes ‘category 11 All other adverse patient safety events resulting in serious harm or death’, because this sentinel event category is only used in Victoria and not subject to the national pricing for quality.

Health services are required to report all sentinel events (see list below) to the Sentinel Event Program, which is coordinated by Safer Care Victoria. All sentinel events in categories 1–10 are analysed to determine avoidability. If an event is found to be avoidable, a health service will not receive payment for the entire episode of care.

A national pricing and funding model for Hospital Acquired Conditions (HAC), developed by the IHACPA, will continue in 2022-23. The national HAC model applies a risk-adjusted discount for each episode in which a HAC is present. The HAC NWAU funding discount will not apply to health services in 2022-23.

The impact of the HAC national discounts will be shadow reported in 2022-23, with consideration given to implementation of a funding discount.

### Sentinel Events List

1. Surgery or other invasive procedure performed on the wrong site resulting in serious harm or death.
2. Surgery or other invasive procedure performed on the wrong patient resulting in serious harm or death.
3. Wrong surgical or other invasive procedure performed on a patient resulting in serious harm or death.
4. Unintended retention of a foreign object in a patient after surgery or other invasive procedure resulting in serious harm or death.
5. Haemolytic blood transfusion reaction resulting from ABO incompatibility resulting in serious harm or death.
6. Suspected suicide of a patient in an acute psychiatric unit or acute psychiatric ward.
7. Medication error resulting in serious harm or death.
8. Use of physical or mechanical restraint resulting in serious harm or death.
9. Discharge or release of an infant or child to an unauthorised person.
10. Use of an incorrectly positioned oro- or naso-gastric tube resulting in serious harm or death.
11. All other adverse patient safety events resulting in serious harm or death (not subject to pricing for quality).

### Hospital-Acquired Conditions

A hospital-acquired condition (HAC) refers to a complication that is acquired in hospital for which clinical risk mitigation strategies may reduce (but not necessarily eliminate) the risk of that complication occurring.

The list of HACs was determined by a joint working group of the Australian Commission on Safety and Quality in Health Care and the IHACPA.

The HACs are:

* pressure injury
* falls resulting in fracture or other intracranial injury
* healthcare-associated infection
* surgical complications requiring unplanned return to theatre
* unplanned intensive care unit admission
* respiratory complications
* venous thromboembolism
* renal failure
* gastrointestinal bleeding
* medication complications
* delirium
* incontinence
* endocrine complications
* cardiac complications
* third- and fourth-degree perineal laceration during delivery
* neonatal birth trauma.

More information on the HAC list, including diagnosis codes used to identify each HAC, is available at [Hospital-acquired complications – Australian Commission on Safety and Quality in Health Care](https://www.safetyandquality.gov.au/our-work/indicators/hospital-acquired-complications) <https://www.safetyandquality.gov.au/our-work/indicators/hospital-acquired-complications>.

The funding adjustment for HACs has been risk adjusted to take account of the increased predisposition of some patients to experiencing a HAC during their hospital stay and adjusts the reduction in funding accordingly.

More information on the risk adjustment model for HACs, including the risk factors for each HAC group, is contained in the [National pricing model technical specifications 2022–23 – Independent Health Pricing Authority website](https://www.ihacpa.gov.au/resources/national-pricing-model-technical-specifications-2022-23) < https://www.ihacpa.gov.au/resources/national-pricing-model-technical-specifications-2022-23>.

## Health Service Requirements

### Patient Costing

It is expected that health services maintain and report acute (admitted and non-admitted), subacute (admitted and non-admitted), mental health (admitted and community), emergency and specialist clinic patient-level costing data that is used in the development of funding models. Along with reporting of all other costed data for all settings.

Victorian public hospitals are required to report patient-level cost information (and at the phase level for palliative care and mental health admitted and community) about the services used to deliver care across all hospital patient settings. The department currently maintains annual cost data collections for all patients treated, covering all settings from all metropolitan, major rural and some small rural public hospitals. The data collections include:

* admitted including acute, subacute (geriatric evaluation and management), palliative care (including phase of care), rehabilitation (including paediatric) and mental health
* non-admitted contacts including subacute and mental health
* home-based service delivery
* emergency activity including all emergency department presentations and urgent care centre activities
* mental health community activity including subacute residential services (prevention and recovery care, community care units, aged persons residential) and consultation liaison services
* radiotherapy
* community health services
* specialty programs such as the Victorian Perinatal Autopsy Service, statewide services and other diagnostic and therapeutic services and other specified programs
* any other programs or settings where patients have received treatment.

Health services’ cost method is to allocate actual expenditure (regardless of funding source) to patients’ actual interactions and events (including allocation of hospital overhead expenses), known as patient-level costing. This approach is more direct and sophisticated because it uses service volumes (for example, actual tests and minutes in theatre) and minimises assumptions, thereby achieving more accurate cost allocations at the individual patient level.

By contrast, cost modelling is a top-down allocation method where expenses are allocated based on averages and apportionments attributing the same costs to all patient episodes. This method of patient costing is not recommended because it achieves a less accurate cost allocation. However, hospitals cost-model to some extent when there is an absence of patient service volumes, but hospitals can differ widely in the extent to which they model.

In Victoria, actual expenditure (direct and indirect/overhead) is allocated including capital and depreciation costs, however these are excluded from the total cost of patient and all allocated costs must reconcile with the general ledger and annual financial statements. Costs are reported by service areas (cost centres as found in the standard chart of accounts) and by account types such as salary and wages (by professions), medical supplies or drugs, et cetera. For ease of analysis these are mapped into generic resource categories, such as nursing, medical, theatre and pathology.

Health services must adhere to the specifications, business rules and costing guidance outlined in the documentation found within the data collections list of reports for the [Victorian Cost Data Collection](https://www.health.vic.gov.au/data-reporting/victorian-cost-data-collection-vcdc) <https://www.health.vic.gov.au/data-reporting/victorian-cost-data-collection-vcdc>. The VCDC document is guided by the *Australian hospital patient costing standards* (version 4.1 or the most recent version available). VCDC data is then submitted to the National Health Cost Data Collection (NHCDC) via the Independent Health and Aged Care Pricing Authority (IHACPA).

To ensure the integrity and assurance of quality data and as part of good hospital management practice health services are expected to:

* maintain activity and costing systems
* review allocation methodologies
* reconcile financial and non-financial information to source systems
* identify and review fluctuations in cost results.

### Activity Reporting

It is a condition of funding that health services collect and report activity data that spans a range of healthcare settings in accordance with the department’s health data collection specifications. These include, but are not limited to the Victorian Admitted Episodes Dataset (VAED), the Victorian Emergency Minimum Dataset (VEMD), the Elective Surgery Information System (ESIS), the Victorian Integrated Non-Admitted Health (VINAH) minimum dataset, and the Agency Information Management System (AIMS).

Specifications for these datasets are at the [Health data standards and systems webpage](https://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems) <https://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems>.

#### Admission Policy

The admission policy applies to acute, subacute and mental health admissions.

A distinction is drawn between admitted and non-admitted patients throughout the classification, coding and funding systems. An admitted patient is a patient who undergoes a hospital’s formal admission process to receive treatment and/or care. Generally, admitted patients are treated in wards and non-admitted patients in specialist clinics. Care provided in an emergency department is not considered part of admitted care.

The *Victorian Admitted Episodes Dataset: Criteria for Reporting* document provides guidelines to enable health services to distinguish between admitted and non-admitted patient episodes for the purpose of data reporting. To be reported to the VAED, patients must meet one of the admission criteria outlined in the document. Patients not meeting one of these criteria are non-admitted patients. No data for these encounters is to be reported to the VAED. The criteria apply to public hospitals, and private health service establishments (private hospitals and day procedure centres) registered under the *Health Services Act 1988*. The reporting requirement for private health service establishments is set out in the Health Services (Health Service Establishments) Regulations 2013.

Access the *VAED criteria for reporting* document and accompanying procedure code lists from the [Health data standards and systems webpage](https://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems) <https://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems>.

Admissions are formal admissions, or statistical (when the care type may change). Admission practices must ensure that an eligible person’s priority for receiving health services is not determined by:

* whether the person has health insurance
* the person’s financial status or place of residence
* whether the person intends to elect or elects to be treated as a public or private patient
* a person’s status as a Medicare-ineligible asylum seeker (refer to [Hospital Access for People Seeking Asylum - Policy](https://www.health.vic.gov.au/publications/hospital-access-for-people-seeking-asylum): <https://www.health.vic.gov.au/publications/hospital-access-for-people-seeking-asylum>.

As part of their admission practices, health services will:

* ensure that an eligible person, at the time of admission or as soon as practical thereafter, elects or confirms in writing whether they wish to be treated as a public or private patient and that this election process conforms to the *National standards for public hospitals admitted patient election processes*
* ensure that any ineligible person is appropriately identified as such in the VAED
* report admitted Medicare-ineligible asylum seekers to the VAED with the account class code MF – Ineligible Asylum Seeker
* make every effort to verify the place of residence of interstate patients
* ensure that all patients admitted to hospital are asked whether they are of Aboriginal or Torres Strait Islander background. (Identifying Indigenous status is a mandatory data item to be reported by hospitals to the VAED; Aboriginal and Torres Strait Islander patients identified on the VAED will be funded at the nominated NWAU payment for 2022–23.)

#### Admitted Episodes and Care Type

Each time a patient is admitted and discharged from hospital during the year, it is counted as an episode of care. Episodes can also be called admissions or separations. A single patient may have a number of separations during the year. Separations can also occur when admitted patients are transferred to another hospital, change the type of care required (see below) or die in hospital.

Care type refers to the nature of the clinical service provided to an admitted patient during an episode of admitted patient care, or the type of service provided by the hospital.

The care type selected must reflect the primary clinical purpose or treatment goal of the care provided. Only one care type can be assigned at a time. Where there is more than one focus of care, the care type that best describes the primary clinical purpose or treatment goal should be assigned.

Details of the national care type definitions are outlined below. The National Minimum Dataset definitions can be found at the [metadata online registry (METeOR)](https://meteor.aihw.gov.au) <https://meteor.aihw.gov.au>.

Care type code references within this document related to the Care Type data element specification in the VAED manual, available at the [Health data standards and systems webpage](https://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems) <https://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems>.

Acute

Acute care is care in which the primary clinical purpose or treatment goal is to:

* manage labour (obstetric)
* cure illness or provide definitive treatment of injury
* perform surgery
* relieve symptoms of illness or injury (excluding palliative care)
* reduce severity of an illness or injury
* protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal function
* perform diagnostic or therapeutic procedures.

Acute care excludes care which meets the definition of mental health care.

Rehabilitation

Rehabilitation care is care in which the primary clinical purpose or treatment goal is improvement in the functioning of a patient with impairment, activity limitation or participation restriction due to a health condition. The patient will be capable of actively participating in rehabilitation.

Rehabilitation care is always:

* managed by a clinician with special expertise in rehabilitation
* evidenced by an individualised multidisciplinary management plan that is documented in the patient’s medical record, including negotiated goals within specified timeframes and documented assessment of functional ability.

Geriatric Evaluation and Management (GEM)

GEM is care in which the primary clinical purpose or treatment goal is improving the functioning of a patient with multidimensional needs associated with medical conditions related to ageing such as falls, incontinence, reduced mobility, delirium and depression. The patient may have complex psychosocial problems and is usually (but not always) an older patient.

GEM is always:

* managed by a clinician with special expertise in GEM
* evidenced by an individualised multidisciplinary management plan that is documented in the patient’s medical record, which includes negotiated goals within indicative timeframes and documented assessment of functional ability.

Palliative Care

Palliative care is care that improves the quality of life for patients and their families facing the problems associated with life-threatening or life-limiting illness through the prevention and relief of suffering by means of early identification, assessment and treatment of pain and other problems/symptoms – physical, psychosocial and spiritual (World Health Organization).

Palliative care:

* is always managed or informed by a clinician with specialist qualifications in palliative care
* is always evidenced by an individualised multidisciplinary assessment and management plan that is documented in the patient’s medical record; it covers the physical, psychological, emotional, social and spiritual needs of the patient and their negotiated goals
* offers a support system to help patients live as actively as possible until death
* is applicable early in the course of a patient’s illness, in conjunction with other therapies that are intended to prolong life such as chemotherapy or radiation therapy
* should be responsive to the needs, preferences and values of the person, their family and carers.

The *National Palliative Care Standards* (5th edition) 2018 defines the patient, their carer and family as the one unit of care. The needs of carers and families should be addressed in each palliative care patient’s management plan. The plan must outline the negotiated goals of care evidenced by a collaborative approach with the patient and/or their family or carer.

When planning for discharge, health services have a responsibility to provide aids and equipment for up to 30 days at no cost to the patient (excluding a refundable deposit if applicable). This includes domiciliary oxygen and continence aids required by patients for recuperation and safe and effective discharge to prevent unnecessary continued hospitalisation or readmission. Health services may charge the patient fees for these aids and equipment after the expiry of the 30-day post-discharge period. Alternatively, patients may choose to make their own arrangements.

For more information about fees and charges for providing aids, equipment and domiciliary oxygen, refer to the [*Patient fees and charges for public health services*](https://www.health.vic.gov.au/hospitals-and-health-services/patient-fees-and-charges-for-public-health-services) <https://www.health.vic.gov.au/hospitals-and-health-services/patient-fees-and-charges-for-public-health-services>.

Maintenance Care

Maintenance care is care in which the primary clinical purpose or treatment goal is supporting a patient with impairment, activity limitation or participation restriction due to a health condition. Following assessment or treatment, the patient does not require further complex assessment or stabilisation.

It is not intended that maintenance care substitutes for other forms of non-acute care and should emphasise a restorative approach to care after treatment.

#### Care Type Assignment and Changes

The care type is assigned by the clinician responsible for managing the care based on clinical judgements as to the primary clinical purpose of the care provided and, for subacute care types, the specialised expertise of the clinician who will be responsible for managing the care.

The clinician determining the appropriate care type to be assigned must ensure that clear documentation of the care type is recorded in the patient’s medical record. This clinician must also ensure that the staff member responsible for updating the patient administration system is informed of the care type decision.

A care type change occurs when there is a change in the primary clinical purpose or treatment goal of the care provided to the patient. When the intensity of treatment or resource utilisation changes but the primary clinical purpose or treatment goal does not change, a care type change is not warranted.

A change in care type is assigned by the clinician who is taking over responsibility for managing the patient’s care at the time of transfer, with clear evidence of this acceptance of the referral. Responsibility for the decision to change care type ultimately rests with the senior medical officer but may be delegated to other senior members of the clinical team. It is essential that any change in care type is supported by documentation reflecting the change in purpose and goal of care. Care type changes must be reported in accordance with the VAED business rules.

For subacute activity to be recognised, there must be evidence of the care type change (including the date of handover, if applicable) and the multidisciplinary management plan clearly documented in the patient’s medical record within seven days of admission. The plan should outline the negotiated goals of care evidenced by a collaborative approach with the patient and/or their family. At the time of a subacute care type assignment, a multidisciplinary management plan may not be in place, but the intention to prepare one should be known by the clinician assigning the care type.

The care type should not be retrospectively changed unless it is:

* to correct a data recording error
* clearly documented in the patient’s medical record and approved by the hospital’s director of clinical services or delegated officer.

## Acute Admitted Services

Acute admitted care is care provided to patients who have undergone a formal admission process, where the clinical intent or treatment goal is the provision of acute care (see section 1.8.2 ‘Activity Reporting’).

### Eligibility

Eligible facilities in scope for activity-based funding in the acute admitted care stream are all current health services that report to the VAED, except those health services listed at Appendix A of the IHACPA’s National Efficient Cost determination. Refer to the  [*National Efficient Cost Determination*](https://www.ihacpa.gov.au/health-care/pricing/national-efficient-cost-determination) < https://www.ihacpa.gov.au/health-care/pricing/national-efficient-cost-determination>.

All episodes in VAED with the care type ‘4 – Other care (Acute), including qualified newborns’ are NWAU fundable, except for:

* private hospital separations
* incomplete or uncoded episodes, or episodes that group to error DRGs 960Z Ungroupable 961Z Unacceptable Principal Diagnosis and 963Z Neonatal Diagnosis Not Consistent W Age/Weight
* episodes with an account class on separation of Newborn – Unqualified, not birth episode (NT), Victorian WorkCover Authority (WC), Ineligible non-Australian residents – not exempted from fees (XX), Armed Services (AS), Common Law Recoveries (CL), Other compensable (OO) and Seamen (SS)
* episodes where the contract role is B (service provider hospital)
* episodes from hospitals not eligible for NWAU funding
* lithotripsy episodes unless the episode is reported by St Vincent's Health, Grampian’s Health, Bendigo Health, Barwon Health, Goulburn Valley Health, The Royal Children's Hospital, Mildura Base Hospital, Western Health or Mercy Health (Werribee campus only), where a lithotripsy episode is defined as:
  + not grouped to the following adjacent DRG version 10 codes: L02, L03, L04, L05, L06, L07, L08, L09, L10, 801, and
  + the principal diagnosis code is in the following list: N130, N131, N132, N133, N134, N200, N201, N202, N209, N210, N211, N218, N219, N23, and
  + the ESWL procedure code 3654600 is in the procedure array
* episodes that have been coded as follows – this activity has been funded through specified grants:
  + include an electroconvulsive therapy code (14224-00 – 14224-06)
  + care type 4 (Acute)
  + separated from The Royal Melbourne Hospital (campus code 1334)
  + funding arrangement 2 (Hub and Spoke)
  + contract/spoke identifier in (0010, 0011 and 0012).

The majority of patients in hospital will be allocated an NWAU price weight. However, NWAU cannot be calculated for incomplete or uncoded episodes.

### Business Rules

Eligible admitted episodes must satisfy the criteria for admission, as specified in the [*VAED: Criteria for reporting*](https://www.health.vic.gov.au/data-reporting/victorian-admitted-episodes-dataset) <https://www.health.vic.gov.au/data-reporting/victorian-admitted-episodes-dataset>.

Patient classification

Australian refined diagnosis-related groups (AR-DRGs) are a method of classifying treated patients with similar clinical conditions and similar levels of resource use. In particular, the objectives of the AR-DRG classification are:

* each AR-DRG is clinically meaningful – the diagnostic clusters must be accepted by clinicians and must be similar for episodes within the AR-DRG
* each AR-DRG is resource homogeneous – the type of resources used, and their amount, should be similar for episodes within the AR-DRG
* within each AR-DRG, the specific diagnostic episodes should ‘map’ to that DRG alone and not to multiple possible AR-DRGs.

The AR-DRG classification incorporatesthe *International statistical classification of diseases and related health problems*, 10th revision, Australian Modification (ICD-10-AM), Australian Classification of Health Interventions (ACHI), Australian Coding Standards (ACS) collectively known as ICD-10-AM/ACHI/ACS.

The AR-DRG classification is continuously updated nationally, with AR-DRG Version 10.0 (AR-DRG10.0) being the latest available version. Victoria will use AR-DRG10.0 for funding purposes in 2022–23.

### NWAU Price Weights

National price weights are calculated through a staged process, involving firstly the calculation of cost-model parameters and then cost weight values, by dividing the cost-model parameters by a reference cost. The cost weight values, simply expressed, are the ratio of the average cost of all episodes in an AR-DRG to the average cost of all episodes across all DRGs. National price weights are derived once out-of-scope costs and activity are excluded, a reference (or average) cost is calculated, and model indexation rate is derived using the time series national hospital cost data collection.

Price weights for admitted acute patients using AR-DRG10.0 can be expressed as national weighted activity unit 2022–23 (NWAU(22)) and are set out in Appendix H of the [*National Efficient Price Determination 2022–23*](https://www.ihacpa.gov.au/resources/national-efficient-price-determination-2022-23). < https://www.ihacpa.gov.au/resources/national-efficient-price-determination-2022-23>.

Additional detail describing the transformation of cost parameters to price weights can be found in the [*National pricing model technical specifications 2022–23*](https://www.ihacpa.gov.au/resources/national-pricing-model-technical-specifications-2022-23) <https://www.ihacpa.gov.au/resources/national-pricing-model-technical-specifications-2022-23>.

### Pricing

The Victorian Efficient Price (VEP) differs from the National Efficient Price. The VEP funds NWAU growth and considers other forms of funding. It is not the same as the national cost per NWAU.

The VEP can be found on Table 1.9 ‘Victorian Efficient Price’ in section 1.21 ‘Price Tables'.

The growth funding for demand above existing activity levels can be calculated by multiplying NWAU by the VEP for the relevant price group.

### Transport Supplement to Health Services

Ensuring patients have access to the right service can result in some patients being transported to another health service for their care. Decisions to transport patients are based on clinical factors, and it is important that funding approaches support the appropriate decisions being made.

In 2022–23, the eligible threshold for health services that had transport costs (as a proportion of total funding) will be 1.45%.

Health services are also encouraged to consider strategies that will assist in reducing inappropriate costs associated with patient transport.

### Interpreter Supplement to Health Services

Departmental policy requires health services to provide professional interpreting and translating services for people who speak limited or no English when making significant health decisions.

The department will continue to provide a funding supplement for those services with significantly higher than average costs for the provision of interpreter services in 2022–23.

In 2022–23, health services with reported interpreter costs that exceed 0.2% of their total funding will receive additional funding from the department (excluding Dental Health Services Victoria). Health services deemed to be eligible will receive funding equal to 75% of the reported costs above the 0.2% of total funding threshold.

### Hospital in the Home

Admitted care provided to patients at home is seen as equivalent to in-hospital care. Patients treated through Hospital in the Home (HITH) are funded through NWAU. HITH patients are identified through changes in accommodation type.

HITH patients must fulfil the criteria for admission as per the [*VAED: Criteria for reporting*](https://www.health.vic.gov.au/data-reporting/victorian-admitted-episodes-dataset)  <https://www.health.vic.gov.au/data-reporting/victorian-admitted-episodes-dataset>. HITH activity is reported to the VAED. Client consent to HITH treatment must be obtained, and documentation must be in the health record to support the HITH episode being a direct substitution for in-hospital NWAU-funded acute care.

HITH separations and bed days are included in the program report for integrated service monitoring (PRISM) reports sent to chief executive officers to enable benchmarking against other health services, particularly in relation to the percentage of multiday separations managed by HITH. Health services are encouraged to investigate opportunities to use HITH as a substitute for in-hospital acute admitted care.

## Subacute Admitted Services

Subacute admitted care is care provided to patients who have undergone a formal admission process, where the clinical intent or treatment goal is the provision of subacute care (see section 1.8.2 ‘Activity Reporting’).

### Eligibility

Eligible facilities in scope for activity-based funding in the subacute admitted care stream are all public health services that report to the VAED – subject to the subacute capability framework referenced in section 1.10.2 ‘Business Rules’.

Funding for subacute admitted services is based on episodes for eligible care types. The following national care types are in scope:

* rehabilitation
* geriatric evaluation and management (GEM)
* palliative care
* maintenance care.

The majority of admitted episodes within these care types will be allocated an NWAU price weight. However, NWAU cannot be calculated for incomplete or uncoded episodes.

The following episodes are not eligible for subacute NWAU funding:

* private hospital separations
* incomplete or uncoded episodes
* episodes with an account class on separation of W (Victorian WorkCover Authority), T (Transport Accident Commission), X (Ineligible non-Australian residents – not exempted from fees), A (Armed Services), C (Common Law Recoveries), O (Other compensable) or S (Seamen)
* episodes where the contract role is B (service provider hospital).

The department does not reimburse hospitals for public nursing home type episodes. Health services are expected to manage nursing home type patients using other funded activity streams such as the Transition Care Program. Current arrangements for the Department of Veterans’ Affairs, compensable and private patients remain in place regarding the nursing home type process and funding.

### Business Rules

All metropolitan, regional and subregional health services are delineated to provide rehabilitation and GEM services through the *Subacute capability framework*. Local health services delineated as level 2 will provide and report maintenance care.

Read the [*Subacute capability framework*](https://www.health.vic.gov.au/patient-care/subacute-planning-framework) <https://www.health.vic.gov.au/patient-care/subacute-planning-framework>. Targets for these health services can be found in section 2.2.4, Table 2.14 ‘Admitted subacute and non-acute targets (2022–23)’.

Home-based care

Admitted GEM and rehabilitation care can be delivered in the patient’s home as well as in hospital. Providing care in the patient’s home can improve independence and reduce adverse events associated with hospital stays for some people. Health services retain accountability for the care of the patient.

Admitted GEM and rehabilitation provided in a person’s home must meet the same national METeOR definitions and required data elements as for admitted subacute GEM and rehabilitation hospital-based activity. GEM and rehabilitation in the home undertaken as admitted activity is reported as care type 9 and care type 6 respectively with an accommodation type code of 4 (in the home). Admitted GEM activity provided in any other offsite setting is to be reported as accommodation type R (off site).

Home-based GEM-and rehabilitation type services can also be delivered through the Health Independence Program (HIP) non-admitted platform, with activity reported in the VINAH minimum dataset. See section 1.12.5.1 ‘Health Independence Program’ for applicable funding for these services.

Health services should review the most appropriate platform to deliver GEM and rehabilitation services based on patient cohort needs and the local hospital and community resources available.

Admitted palliative care services can also be delivered in the patient’s home. Where this occurs, health services must ensure that all obligations, standards and requirements for admitted palliative contained in the annual *Policy Guide* are met. Admitted palliative care activity provided in the home is reported as care type 8 with an accommodation code of 4 (in the home).

Admitted GEM, rehabilitation or palliative care activity funded through NWAU and provided in a setting outside the hospital will be counted towards a health service’s admitted subacute target.

Patient classification

The Australian National Subacute and Non-Acute Patient (AN-SNAP) classification system version 4 is used to classify subacute admitted care. Each AN-SNAP class is allocated a price weight to help determine the level of funding.

The funding policy for admitted subacute is based on:

* AN-SNAP V4.0 classification
* L1.5H1.5 methodology
* episode-based funding approach for geriatric evaluation and management, rehabilitation, and maintenance care
* phase of care funding approach for palliative care.

Details regarding the IHACPA’s admitted subacute funding approach can be found in the [National Efficient Price Determination](https://www.ihacpa.gov.au/pricing/national-efficient-price-determination) at < https://www.ihacpa.gov.au/pricing/national-efficient-price-determination> and [National Pricing Model Technical Specifications](https://www.ihacpa.gov.au/pricing/national-pricing-model-technical-specifications) <https://www.ihacpa.gov.au/pricing/national-pricing-model-technical-specifications>.

At the national level, where data required to assign an AN‑SNAP classification is not available, the episode is transferred to the admitted acute care model and priced according to their AR-DRG classification. This will not occur in Victoria in 2022–23, which means that all data items necessary to group an episode to an AN-SNAP class must be reported to the VAED. This includes correct reporting of impairment codes, FIM, and RUG-ADL scores. Any admitted subacute episode without the data items required to group to an AN-SNAP class will not generate NWAU within Victoria.

The Psychogeriatric Care Type and Psychogeriatric AN-SNAP classes will not be used in Victoria in 2022-23.

### NWAU Price Weights

Price weights for admitted subacute patients (AN-SNAP V4.0) expressed as national weighted activity unit 2022-23 (NWAU(22)) are set out in the [National Efficient Price Determination 2022–23](https://www.ihacpa.gov.au/resources/national-efficient-price-determination-2022-23) webpage <https://www.ihacpa.gov.au/resources/national-efficient-price-determination-2022-23>.

### Pricing

The Victorian Efficient Price (VEP) differs from the National Efficient Price. The VEP funds NWAU growth and considers other forms of funding. It is not the same as the national cost per NWAU.

The VEP can be found on Table 1.9 Victorian Efficient Price in section 1.21 ‘Price Tables'.

The growth funding for demand above existing activity levels can be calculated by multiplying NWAU by the VEP for the relevant price group.

## Emergency Care Services

Emergency department care is provided to patients registered for care in an emergency department in selected public hospitals. Emergency departments are medical treatment facilities that specialise in acute care of patients who present without prior appointment, either by their own means or by ambulance.

Local services and the majority of small rural health services/multipurpose services operate urgent care centres (UCCs), which provide first-line emergency and urgent care in small rural communities.[[2]](#footnote-3) At a minimum, UCCs have the capacity to perform emergency resuscitation and stabilisation for adults and children, and to prepare and manage patients for transfer to a higher level of care as clinically appropriate. Depending on the model, patients treated by on-call general practitioners may be billed by the general practitioner.

Emergency departments and UCCs at local health services that provide emergency services are in scope for activity-based funding.

### Eligibility

Eligible facilities in scope for activity-based funding in the emergency care stream are all public health services that report activity data to the VEMD or report aggregate level data through the UCC form of the Agency Information Management System (AIMS).

Generally, public and private patients are in scope for activity-based funding and compensable patients are out of scope.

### Business Rules

The unit of count for activity-based funding in emergency care is a presentation. It includes stays for patients who are treated and go home, and patients who are subsequently admitted to hospital or transferred to another facility for further care.

Patient classification

Emergency department presentations will be classified according to the Australian Emergency Care Classification (AECC V1.0) system, which provides a summary of the complexity and type of patients treated within an emergency department.

UCC patient presentations are classified using the urgency disposition group (UDG) classification system.

### NWAU Price Weights

Price weights for emergency patients (AECC V1.0 or UDG V1.3) expressed as national weighted activity unit 2022–23 (NWAU(22)) are set out in the [National Efficient Price Determination 2022–23](https://www.ihacpa.gov.au/resources/national-efficient-price-determination-2022-23) webpage <https://www.ihacpa.gov.au/resources/national-efficient-price-determination-2022-23>.

### Pricing

The Victorian Efficient Price (VEP) differs from the National Efficient Price. The VEP funds NWAU growth and considers other forms of funding. It is not the same as the national cost per NWAU.

The VEP can be found in Table 1.9 in section 1.21 ‘Price Tables'.

The growth funding for demand above existing activity levels can be calculated by multiplying NWAU by the VEP for the relevant price group.

## Non-Admitted Activity-Based Funded Services

Non-admitted acute and subacute hospital services are delivered to public patients in a range of settings. This activity is currently reported nationally on a patient-level basis through the VINAH minimum dataset. There is a national requirement for non-admitted in-scope activity and cost data to be reported at a patient level from 1 July 2021. This is to support the funding of public hospital services, functions, and activities by the Commonwealth under the Addendum to the National Health Reform Agreement 2020–2025.

Under the Addendum, the Commonwealth and the states are jointly responsible for funding public hospital services, using activity-based funding where appropriate and block funding in other cases.

Health services having difficulty reporting to the VINAH minimum dataset can request to temporarily report to the Non-Admitted Data Collection (NADC) which was introduced in 2020–21. For further information on reporting to the NADC, email the [HDSS Helpdesk](mailto:hdss.helpdesk@health.vic.gov.au) <hdss.helpdesk@health.vic.gov.au>.

### Eligibility

Eligible facilities in scope for activity-based funding in the non-admitted stream are all public health services that report patient-level activity data to the VINAH minimum dataset or NADC or report aggregate level data through the AIMS S10, S11, S11A and S12 form of the Agency Information Management System (AIMS).

Generally, public patients are in scope for activity-based funding and private and compensable patients are out of scope.

### Business Rules

The unit of count adopted for all non-admitted services is ‘service event’ as defined by the ‘[Non-admitted patient NBEDS 2022–23](file:///C:/Users/vidfr3p/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/IJH3F8HT/Non-admitted%20patient%20NBEDS%202022–23)’ <https://meteor.aihw.gov.au/content/742186>.

The ‘Non-admitted patient NBEDS 2022–23’ defines a non-admitted patient service event as an interaction between one or more healthcare providers with one non-admitted patient. This event must contain therapeutic or clinical content and result in a dated entry in the patient’s medical record.

The counting rules specified in the ‘Non-admitted patient NBEDS’ are used to report activity nationally and to calculate NWAU. Read more about the non-admitted patient service event counting rules and examples of how these apply in the ‘[Tier 2 Non-Admitted Services 2021–22](https://www.ihacpa.gov.au/resources/tier-2-non-admitted-services-2021-22)’ <https://www.ihacpa.gov.au/resources/tier-2-non-admitted-services-2021-22>.

Service Event Derivation Rules

The VINAH minimum dataset collects information about services provided to non-admitted patients at the lowest level, which is a contact. For activity-based funding, multiple contacts for one patient delivered on the same day may be bundled into one service event. For further information on service event derivation rules, refer to the [VINAH 17 manual](https://www.health.vic.gov.au/publications/vinah-manual-version-17-2022-23) <https://www.health.vic.gov.au/publications/vinah-manual-version-17-2022-23>, section 2, ‘Concepts and derived terms’.

Patient Classification

Victoria is required to classify non-admitted activity using the Tier 2 Non-Admitted Services Classification (Tier 2). Tier 2 is a broad clinic-based classification system that supports activity-based funding of non-admitted services in the Australian public hospital system.

Tier 2 groups a hospital’s non-admitted services into classes to reflect generally the nature of the service provided and the type of clinician providing the service. The structure of the classification is first differentiated by the nature of the non-admitted service provided. The major categories are:

* procedures
* medical consultation services
* diagnostic services
* allied health and/or clinical nurse specialist intervention services.

Classification rules exist to guide the decision making regarding which Tier 2 class a clinic should be classified to. The IHACPA has developed two reference documents to assist with consistently allocating non-admitted services to a Tier 2 class:

* Tier 2 Non-Admitted Services Compendium
* Tier 2 Non-Admitted Services National Index.

Read more about the [Tier 2 classification](https://www.ihacpa.gov.au/health-care/classifications/non-admitted-care/tier-2) <https://www.ihacpa.gov.au/health-care/classifications/non-admitted-care/tier-2 >.

Patient Costing

From July 2021, the department will use the National Efficient Price Determination price weights for Tier 2 clinics published by the Independent Health Pricing Authority. These price weights are based on national cost data which includes patient-level cost data reported to the Victorian Cost Data Collection. As the cost data is used to determine the funding, all health services are expected to report patient-level cost data to the Victorian Cost Data Collection.

Cost data should consider all services and consumables used in the treatment of the patient. Such as consumables, diagnostic imaging and pathology, pharmacy, equipment, maintenance, overheads, equipment, tests, drugs and consultations with all healthcare providers involved.

### NWAU Price Weights

Price weights for non-admitted patients (Tier 2 7.0) expressed as national weighted activity unit 2022–23 (NWAU (22)) are set out in the [National Efficient Price Determination 2022–23 webpage](https://www.ihacpa.gov.au/resources/national-efficient-price-determination-2022-23) <https://www.ihacpa.gov.au/resources/national-efficient-price-determination-2022-23>.

Adjustments

The following adjustments to price weights, expressed as national weighted activity units, apply to non-admitted patient service events as stated in the National Efficient Price Determination 2022–23:

* patient treatment remoteness area adjustment
* Indigenous adjustment
* paediatric adjustment where an activity-based funding activity is in respect of a person who is:
  + aged up to and including 17 years
  + is treated by a specialist children’s hospital as defined by the National Efficient Price Determination (Monash Medical Centre – Clayton Campus and The Royal Children’s Hospital only)
* Multidisciplinary clinic adjustment NWAU Base funding

Most non-admitted patient service events reported to the AIMS S10, S11, S11Aand S12 data collections or the VINAH minimum dataset will be allocated a price weight based on the National Efficient Price. However, a price weight will not be allocated for Tier 2 clinics that are funded by another Victorian funding model.

### Pricing

The Victorian Efficient Price (VEP) differs from the National Efficient Price. The VEP used to fund NWAU growth and considers other forms of funding. It is not the same as the national cost per NWAU.

The Victorian Efficient Price can be found on Table 1.9 ‘Victorian Efficient Price’ in section 1.21 ‘Price Tables'.

The growth funding for demand above existing activity levels can be calculated by multiplying NWAU by the VEP for the relevant price group.

### Acute NHRA-Funded Specialist Clinics Services

Public specialist activity is funded under the National Health Reform Agreement (NHRA). Health services may operate parallel public NHRA-funded clinics and public MBS-billed clinics. Public MBS-billed clinics are not funded under the NHRA and therefore do not attract NWAU.

Acute NHRA-funded specialist clinics between July 2017 and June 2020, were shadowed by the department using the WASE activity-based funding model which adopted elements of the national funding model. Further work on this model ceased with funding reverting to being block funded from July 2020 while work on transitioning to NWAU was undertaken.

All public hospitals classified as an activity-based funded health service or small rural health service under the NHRA should register non-admitted clinics with the department. Clinics are registered in the Non-Admitted Clinic Management System (NACMS). This can be done via the [HealthCollect portal](https://www.healthcollect.vic.gov.au)[[3]](#footnote-4) <https://www.healthcollect.vic.gov.au>.

Acute NHRA-funded specialist clinic funding will be converted to an NWAU target for 2022–23. Growth funding and associated targets will be set based on a peer group structure and the Victorian Efficient Price.

#### Health Independence Program

Health Independence Program (HIP) funding has historically been provided to services as a block (specified) grant. HIP is unique to Victoria and was created as an umbrella funding system for around 13 non-admitted programs. These programs pre-dated the Tier 2 classification used now for non-admitted services. At the time each was funded based on a ‘contact’ with a separate price being paid for each program. The definition of a contact is slightly different to the non-admitted service event definition though there is generally a 1:1 relationship for around 80% of contacts. Each contact is reported separately for both individual and group services.

The HIP delivers hospital services to public patients in a range of settings. This activity is currently reported nationally on a patient-level basis through the VINAH minimum dataset by both hospitals and community service organisations. There is a national requirement for non-admitted activity and cost data to be reported at a patient level from 1 July 2021. This is to support the funding of public hospital services, functions, and activities by the Commonwealth under the Addendum to the National Health Reform Agreement 2020–2025.

Growth funding and associated targets will be set based on a peer group structure and the Victorian Efficient Price.

### Home Enteral Nutrition

For 2022–23, this non-admitted program will continue to be paid as a specified grant with attached NWAU targets. NWAU targets have been updated based on the latest 12 months of activity.

All non-admitted patient sessions performed in a single month will be bundled and counted as one non-admitted service event. A recall/throughput adjustment will be applied at the full rate at the end of 2022–23 for health services whose activity is below or over target.

Read more about [home-delivered enteral nutrition funding arrangements](https://www.health.vic.gov.au/publications/hen-and-tpn-home-delivered-funding-arrangements-for-victorian-public-health-services) <https://www.health.vic.gov.au/publications/hen-and-tpn-home-delivered-funding-arrangements-for-victorian-public-health-services>.

### Total Parenteral Nutrition

For 2022–23, this non-admitted program will continue to be paid as a specified grant with attached NWAU targets. NWAU targets have been updated based on the latest 12 months of activity.

All non-admitted patient sessions performed in a single month will be bundled and counted as one non-admitted service event. A recall/throughput adjustment will be applied at the full rate at the end of 2022–23 for health services whose activity is below or over target.

Read more about [home-delivered total parenteral nutrition funding arrangements](https://www.health.vic.gov.au/publications/hen-and-tpn-home-delivered-funding-arrangements-for-victorian-public-health-services) <https://www.health.vic.gov.au/publications/hen-and-tpn-home-delivered-funding-arrangements-for-victorian-public-health-services>

### Home-Based Renal Dialysis Services

For 2022–23, both home peritoneal dialysis and home haemodialysis will continue to be paid as a specified grant with attached NWAU targets.

NWAU targets have been updated based on the latest 12 months of activity. A recall/throughput adjustment will be applied at the full rate at the end of 2022–23 for health services whose activity is below or over target.

Home dialysis funding includes payments to be administered by the hub services.

Home-based dialysis will continue to be funded to actual activity.

In 2022–23, reporting of home renal dialysis services will be required through VINAH.

### Genomics

#### Genetic Clinical Activity

For 2022–23, genetic clinical activity will continue to be paid as a specified grant with attached NWAU targets.

Maintaining genetic clinical activity separately as a specified grant allows further work to be undertaken over the next 12 months to improve the reporting of this activity and deciding on appropriate throughput/recall strategies in the future. This facilitates a phase of monitoring before reviewing this approach at a later stage.

For 2022–23, a recall target for genetic clinical activity will be established on health services’ historical reported NWAU and a throughput target will be established by dividing historical funding by the Victorian Efficient Price.

#### Victorian Cancer Cytogenetics Service

For 2022–23, the Victorian Cancer Cytogenetics Service will continue to be paid as a block grant.

The Victorian Cancer Cytogenetics Service (operating under the auspice of St Vincent’s Hospital) is a pathology service that provides a comprehensive cancer cytogenomic statewide laboratory diagnostic service for all adult Victorians with blood cancers. It undertakes cancer cytogenetic (that is, cell, chromosome and gene) analysis through conventional cytogenetic (that is, microscopic) and molecular (for example, fluorescent in situ hybridisation and microarray analysis) testing.

## Non-Admitted Block-Funded Services

### Acute MBS-Billed Public Specialist Clinics Services

A block specified grant to support the delivery of this activity will be paid in 2022–23. Funding has been calculated according to health services’ historical funding and 2018–19 reported NWAU for public and MBS-billed activity, given the impact of COVID-19 on reported activity. This grant will be adjusted at the end of 2022–23 to account for any increase in the proportion of public to MBS-billed activity.

Acute MBS-billed public specialist clinics are run by practitioners exercising rights of private practice. These services can only be provided if the same service is provided on a public basis. The aim of this policy is to prevent professional services from being claimed under Medicare that are already obtaining public funding.

Health services must consider whether it is beneficial to offer private health services to eligible patients. Income generated solely from MBS benefits may not cover all costs. With regard to other private patient funding arrangements, public hospitals will need to determine if services provided to MBS-billable patients are viable.

When establishing a new specialist clinic to treat private patients or reviewing an existing one, health services must consider the likely benefits and costs of this service delivery and funding arrangement. Health services must ensure that services required to meet demand are available, and the cost of operating these clinics is revenue neutral.

The [*MBS billing policy framework: Victorian public hospitals*](https://www.health.vic.gov.au/funding-performance-accountability/mbs-billing-policy-framework-victorian-public-hospitals) <https://www.health.vic.gov.au/funding-performance-accountability/mbs-billing-policy-framework-victorian-public-hospitals> policy document states the mandatory requirements that apply to Victorian public hospitals billing under the MBS on behalf of health practitioners exercising a right of private practice and provides Victorian public hospitals with clarity on the department’s expectations when billing under the MBS.

#### Business Rules

Public MBS-billed clinics are required to be registered in NACMS. Activity must be reported to the department as appropriate through VINAH, AIMS and NADC. Consequently, this activity is required to be classified using the Tier 2 Non-Admitted Services Classification (Tier2). See section 1.12.2 for further information on the Tier 2 Classification.

The unit of count adopted for these non-admitted services is ‘service event’.  See section 1.12.2 for further information on service events. These service events do not attract NWAU.

Hospitals are required to review their registered clinics regularly and ensure the MBS remuneration model has been correctly identified for each registered clinic treating private non-admitted patients. This can be done via the [HealthCollect portal](https://www.healthcollect.vic.gov.au)[[4]](#footnote-5) <https://www.healthcollect.vic.gov.au>.

It is expected that health services maintain and report patient-level costing data for Acute MBS-Billed Specialist Clinics to the Victorian Cost Data Collection.

### Complex Care (FCP) (previously the Family Choice Program)

Funding for the Complex Care (FCP) will continue to be paid in 2022–23 as two separate block grants to The Royal Children’s Hospital as non-admitted services.

The Family Choice Program is now integrated with The Royal Children’s Hospital Complex Care program. This program has developed a model of care to support chronic and complex medical paediatric care.

The aim of the Complex Care (FCP) is to assist families of children with complex, chronic medical care needs to be cared for at home with their family. The Complex Care (FCP) is a statewide program that promotes health independence through individualised patient care plans, goal setting, supporting growth of patient and family self-management skills and capacity. There are three tiers of support with varying intensity that are responsive and flexible to patient and family needs available under the program.

#### Business Rules

Activity delivered through the complex care hub related to the Complex Care (FCP) should be classified using the Tier 2 Non-Admitted Services Classification (Tier2). See section 1.12.2 for further information on the Tier 2 Classification.

The unit of count adopted for these non-admitted services is ‘service event’. See section 1.12.2 for further information on service events. The Complex Care (FCP) is required to report non-admitted services as service events through the relevant AIMS form and report contacts through the VINAH minimum dataset. These service events do not attract NWAU. Eligibility for NWAU funding will be reviewed over the next 12 months.

It is expected that The Royal Children’s Hospital maintain and report Complex Care (FCP) patient-level costing data to the Victorian Cost Data Collection.

### Community Palliative Care

Designated community palliative care services are integral to achieving the goals of *Victoria’s end-of-life and palliative care framework* (July 2016). Designated community palliative care services must provide care in line with the department’s Conditions of Funding for palliative care published on the [Palliative care webpage](https://www.health.vic.gov.au/patient-care/conditions-of-funding-for-palliative-care) <https://www.health.vic.gov.au/patient-care/conditions-of-funding-for-palliative-care>.

A designated community palliative care service is assigned to each Victorian local government area. Each service has a prescribed catchment area. Designated services are required to provide a service to clients in residential aged care facilities and disability group homes as these facilities are the client’s home.

All community palliative care services have access to flexible funds to care for clients at home. These funds are incorporated in each service’s non-admitted (community) palliative care funding allocation.

The VINAH minimum dataset is the data collection on which reporting will be based.

#### Business Rules

Activity delivered through the Community Palliative Care program should be classified using the Tier 2 Non-Admitted Services Classification (Tier2). See section 1.12.2 for further information on the Tier 2 Classification.

In 2022–23 the department will move to a new episode target for designated community palliative care services to help us understand access to care across the system. This replaces the historical contact targets. Services will continue to report contacts as they are the counting unit for Tier-2 non-admitted activity.

Designated community palliative care services are required to report patient-level cost data to the Victorian Cost Data Collection from 1 July 2021. The department will engage with non-government providers and community health services in 2022–23 to work towards this requirement throughout the financial year.

### Palliative Care Consultancy Services

Palliative care consultancy services are funded in 12 metropolitan health services and in the five rural regions.

Consultancy services work across all healthcare settings. They provide specialist advice and support to clinical services within hospitals and in the community, including to community palliative care services, residential facilities and general practitioners. They address complex issues that would otherwise require admission to hospital or the transfer of care under the palliative care team from other specialities. They provide education and training about palliative care to other clinicians and provide palliative care input for cancer streams and at chronic disease management meetings.

Palliative care consultancy services are required to report contacts in the Palliative Care Consultancy Program form in AIMS and report patient-level contacts through the VINAH minimum dataset.

#### Hospital-Based Palliative Care Consultancy

Funding for hospital-based palliative care consultancy is part of the price paid for acute admitted activity (NWAU). Eleven metropolitan health services receive an additional specified grant to support their palliative care consultancy teams to respond to immediate service demand and to support an outreach model. The outreach model is aimed at expediting early discharge and supporting clients in the short term with some acute supports until such time as the designated community provider can take over the ongoing community care component. The grant is not intended to duplicate existing non-admitted palliative care within the service’s catchment.

Funding is allocated as a block grant and will be revised prior to 1 July 2023.

#### Regional Palliative Care Consultancy

Regional consultancies provide regular primary and secondary consultation to generalist health (including general practitioners, acute and subacute services) and community services (including aged care and disability services) on a regionwide basis. All generalist health and community services are expected to be able to care for people who are at the end of life, and the consultancy teams provide the specialist expertise and skill to support these services to provide good end-of-life care.

Funding for regional palliative care consultancy teams is provided as a block grant in 2022–23. In the majority or regions, this funding includes aged and disability link nurses. This funding is recurrent. Recall does not apply to regional palliative care consultancy services in 2022–23.

#### Statewide Palliative Care Consultancy

Funding for statewide palliative care consultancy teams is provided as a block grant in 2022–23. Statewide consultancy services include the Victorian Paediatric Palliative Care Program, Very Special Kids, Motor Neurone Disease Association (Vic.) and the Australian Centre for Grief and Bereavement. This funding is recurrent.

Funding allocations for palliative care statewide consultancy services are included in the organisation’s acute and subacute allocation. Recall does not apply to statewide palliative care consultancy services in 2022–23.

#### Business Rules

It is expected that health services maintain and report patient-level activity for hospital-based palliative care consultancy and statewide services. The mode of activity reporting will vary in 2022–23, subject to the service’s utilisation of the VINAH minimum dataset or the NADC.

As from 1 July 2022, hospital and regional palliative care consultancy services will be required to report patient-level activity to the VINAH minimum dataset. The department will engage with services in 2022–23 to work towards this requirement throughout the financial year

It is expected that health services maintain and include hospital-based palliative care consultancy as part of their reporting of patient-level costing data for to the Victorian Cost Data Collection.

### Day Hospice

Acute health services funded to provide day hospice receive a non-admitted funding allocation for this activity. It is expected that health services maintain and report patient-level activity for day hospice services via the VINAH minimum dataset. Recall does not apply to day hospice services in 2022–23.

### Victorian Artificial Limb Program

Funding for the Victorian Artificial Limb Program will continue to be provided as a block grant to health services as a non-admitted subacute service. Victorian Artificial Limb Program services are required to report service events as a non-admitted subacute service through the AIMS S11 form. The S11 collects activity at an aggregate level. Patient-level reporting using the VINAH minimum dataset was mandatory from 1 July 2022.

Services expected to provide artificial limbs under the Victorian Artificial Limb Program in 2022–23 are: The Royal Children’s Hospital, Peninsula Health, Melbourne Health, Alfred Health, Barwon Health, Grampian’s Health, Austin Health, St Vincent’s Health, Latrobe Regional Hospital, Bendigo Health and South West Healthcare.

People accessing the Victorian Artificial Limb Program service and equipment may be eligible for the National Disability Insurance Scheme (NDIS). Health services are expected to identify NDIS participants, or those eligible to become participants, accessing their Victorian Artificial Limb Program services and ensure NDIS-eligible activity and equipment is billed to the NDIS.

#### Business Rules

Activity delivered through the Victorian Artificial Limb Program should be classified using the Tier 2 Non-Admitted Services Classification (Tier2). See section 1.12.2 for further information on the Tier 2 Classification.

The unit of count adopted for these non-admitted services is ‘service event’. Refer to section 1.12.2 for further information on service events. The Victorian Artificial Limb Program is required to report non-admitted services as service events through the relevant AIMS form and report contacts through the VINAH minimum dataset. These service events do not attract NWAU for the purposes of setting targets.

It is expected that health services maintain and report Victorian Artificial Limb Program patient-level costing data to the Victorian Cost Data Collection.

### Victorian Respiratory Support Service

Funding for the Victorian Respiratory Support Service will continue to be provided as a block grant to Austin Health as a non-admitted subacute service.

#### Business Rules

Activity delivered through the Victorian Respiratory Support Service should be classified using the Tier 2 Non-Admitted Services Classification (Tier2). See section 1.12.2 for further information on the Tier 2 Classification.

The unit of count adopted for these non-admitted services is ‘service event’. See section 1.12.2 for further information on service events. The Victorian Respiratory Support Service is required to report non-admitted services as service events through the relevant AIMS form and report contacts through the VINAH minimum dataset. These service events do not attract NWAU.

It is expected that health services maintain and report Victorian Respiratory Support Service patient-level costing data to the Victorian Cost Data Collection.

## Acute Specialist Services

### Hepatitis C

The Integrated Hepatitis C Service (IHCS) is a key driver for initiating hepatitis C treatment in Victoria.

The IHCS operating at health services have been funded recurrently through the specialist clinics funding model since 2016–17. Two community health centres currently receiving IHCS funding will continue to be funded under the Hepatitis C Service (Non-Hospital) Grant.

IHCS activity is reported in the Victorian Integrated Non-Admitted Health (VINAH) minimum dataset. In the future community health centres with IHCS, activity will report through the Service Agreement Management System (SAMS) to the Community Health Minimum Dataset. In the interim data may be reported via the Non-Admitted Data Collection (NADC).

### Renal Services

#### Facility Dialysis

The funding model for routine haemodialysis in designated public health services providing same-day haemodialysis is through the admitted NWAU payment paid to all dialysis providers, and a non-admitted activity component.

Currently all health services providing satellite dialysis are required to pay their hubs a set rate for each L61Z dialysis separation based on expected activity levels. In 2022–23, the payment rates have been set at:

* $114 to cover haemodialysis equipment and consumables (including equipment maintenance and servicing and real water testing)
* $80 to cover specialist services (including review and 24-hour on-call service including emergency, specialist renal coordination and services).

Renal activity and NWAU are incorporated within the total agency public and private NWAU activity targets. As such, they are subject to the standard health service recall policy.

The NWAU recall policy does not apply to small rural health services, which continue to be funded to actual renal activity in 2022–23. Their health service targets have been adjusted based on the average actual activity over the past three years. Recall adjustments for small rural health services will be made at the end of the financial year.

### Radiotherapy

Public radiotherapy services are provided at 12 hospitals in Victoria across metropolitan and regional campuses.

#### Non-Admitted Radiotherapy funding Model

Radiotherapy is predominantly provided on an outpatient basis and funded under a specific complexity-based funding model. Under this model, the various components of a course of radiotherapy are weighted and aggregated for each course of care. Remaining activity is admitted and may be eligible for NWAU.

The health services that are funded under the non-admitted radiotherapy funding model are Alfred Health, Austin Health, Barwon Health and the Peter MacCallum Cancer Centre. These four ‘hub’ services also receive funding for the spoke services they operate across metropolitan Melbourne and regional Victoria. The remaining two public services are contracted services operated on behalf of the government by private providers.

Refer to the website to find [radiotherapy locations](https://www.health.vic.gov.au/health-strategies/radiotherapy-service-locations) <https://www.health.vic.gov.au/health-strategies/radiotherapy-service-locations>.

In 2022–23 funding for non-admitted radiotherapy services will continue to comprise:

* a variable payment per weighted activity unit (WAU) to set targets for public, the Department of Veterans’ Affairs and private patient categories (costs for associated services are included in this payment and must be provided to all patients as required)
* a Department of Veterans’ Affairs premium (where applicable) above the variable payment
* a variable payment per WAU plus a fixed payment where it is a statewide radiotherapy service involving a specialist radiotherapy machine delivering the radiation therapy (Gamma Knife and MR-Linac).

The WAU price can be found in section 1.21 ‘Price Tables’.

Current year WAU targets and health service information are available on the [Radiotherapy webpage](https://www.health.vic.gov.au/health-strategies/radiotherapy-services) <https://www.health.vic.gov.au/health-strategies/radiotherapy-services>.

In addition to the state contribution for radiotherapy, health services will retain all third-party revenue. Changes to third-party revenue will be considered annually in determining WAU pricing.

The Victorian Radiotherapy Minimum Dataset is the key source of radiotherapy data for funding and service planning. Consultations, treatment and simulation are collected via the Agency Information Management System (AIMS) S10 in 2022–23 and at patient level via the VINAH minimum dataset or the NADC. In addition, it is expected that health services maintain and report radiotherapy patient-level costing data via the Victorian Cost Data Collection.

#### Contracted Services

The department funds contract arrangements with private sector radiotherapy operators to provide public radiotherapy services at South West Healthcare Warrnambool and at Albury Wodonga Health.

Under these arrangements, all patients are treated with no out-of-pocket costs. The private operators actively participate in public multidisciplinary cancer meetings and providing specialist outreach services across their regions.

The department also funds a contract arrangement between a private sector radiotherapy operator in Shepparton and Goulburn Valley Health. Under this arrangement, appropriate public patients at Goulburn Valley Health can receive radiotherapy with no out-of-pocket costs. In 2022–23, a similar arrangement will commence in Mildura so that appropriate public patients at Mildura Base Public Hospital can receive radiotherapy locally from a private sector radiotherapy operator with no out-of-pocket expenses.

#### Shared Care

The department provides funding to eligible metropolitan public health services that have entered into shared care contracts with local private radiotherapy operators. Under these arrangements, disadvantaged cancer patients with eligible concession cards can receive care as public patients and can access radiotherapy from a local private operator when this is closer than a public provider. Shared care is coordinated by the public hospital as part of the patient's cancer care at no cost to them. Health services that currently receive funding for radiotherapy shared care are: Northern Health (Northern Hospital), Peninsula Health (Frankston Hospital), Monash Health (Casey Hospital) and Western Health (Footscray Hospital).

Targets for shared care (the number of patients for whom funding is provided) are set with health services prior to each financial year.

#### Quality

##### Statewide Knowledge Based Planning Project

The department has funded and coordinates the Statewide Knowledge Based Planning Project. The project enables all participating public radiotherapy providers to share tumour-stream specific treatment planning models to optimise and benchmark radiotherapy treatment plans for their cancer patients more effectively and efficiently. This leads to more consistent treatment plans and potentially fewer side effects for patients from their course of radiotherapy.

The project will continue to develop models across new tumour streams in 2022–23.

##### Assessment Against the National Radiation Oncology Practice Standards

Victorian public radiotherapy providers assess their services against the Radiation Oncology Practice Standards using the relevant self-audit tool. The tool is used as part of their internal quality management protocols. The results of these assessments are integrated into the annual performance discussions with the department.

##### Radiotherapy Providers forums

The department convenes a public radiotherapy providers forum annually to discuss system improvement and coordination, performance, outcomes, and service planning with the sector. A focus in 2022–23 will be on statewide services, referral pathways and variations in practice and radiotherapy utilisation.

## Capital Funding Programs

The department administers several capital grant programs to assist health services with the costs of hospital infrastructure. The Infrastructure Renewal Contribution Grant, Regional Health Infrastructure Fund, Metropolitan Health Infrastructure Fund, Mental Health and Alcohol and Other Drugs, Medical Equipment Replacement Program and Engineering Infrastructure Replacement Program support health services to manage risk and maintain patient safety, occupational health and safety, and service availability and continuity by enhancing the asset base and maintaining and replacing assets in a planned way.

The department has adopted a coordinated approach to allocating and managing funds from these separate sources. Where projects are unable to be completed and acquitted within a two-year period, allocations may be recalled and reappropriated to other priority projects.

The VHBA [‘Grant programs’ webpage](https://www.vhba.vic.gov.au/resources/grant-programs) <https://www.vhba.vic.gov.au/resources/grant-programs> provides more information about the programs.

### Medical Equipment and Engineering Infrastructure Replacement Funding

In 2022–23, $35 million will be provided for the Medical Equipment Replacement Program and $20 million for the Engineering Infrastructure Replacement Program. $17.5 million from the High Value Statewide Replacement Fund – Medical Equipment and $10.0 million from the High Value Statewide Replacement Funding – Engineering Replacement will be distributed to metropolitan and regional hospitals based on activity as a specific-purpose capital grant. The balance of funding from each program will be centrally managed and allocated through a submission-based process by the Victorian Health Building Authority for highest priority at-risk, high-value replacements.

#### Specific-Purpose Capital Grants

Replacement priorities for medical equipment and engineering infrastructure specific-purpose capital grants are to be determined by health services in accordance with highest critical risk assessment of in-scope assets. Grant expenditure will be acquitted in accordance with the requirements for capital appropriations and reported through the Agency Information Management System – 7B reporting.

Non-acquittal of funding may result in financial penalties or impact eligibility for other capital funding programs.

#### High Value Statewide Replacement Funds

The High Value Statewide Replacement Funds for medical equipment and engineering infrastructure are centrally managed. The funds replace critical high-value in-scope assets that carry a high risk to the statewide provision of acute services in public hospitals. The assessments, prioritisation and allocations consider a whole-of-system perspective and proposals are prioritised to highest critical risk scores against set criteria.

Health service investments should align with health service asset management plans, must maximise value-for-money procurement and be consistent with government policies, practices, and asset management frameworks.

## Prior-Year Adjustment: Activity-Based Funding Reconciliation

The department allocates funding according to expected deliverables. In general, funded organisations are cash-flowed during the financial year according to their funding allocations. Where required, adjustments to this funding for over- and under-activity are made in the following financial year according to the policies set out in this section.

### Victorian Funding Recall Policy

Funding recall will be triggered when activity is below target levels. Recall rates are set out in Table 1.5.

Recalling funds depends on accurate and timely data submission. Funded organisations should ensure they adhere to the data requirements as specified in these guidelines. Significant under- or over-activity should be discussed with the department prior to year-end.

In 2022–23, based on the rates detailed in Table 1.5. the marginal NWAU policy aims to maintain minimal levels of funding for under-activity in recognition of fixed costs and variable demand but incentivise efficient service delivery above target where it is cost-effective for health services to do so and up to a capped amount.

Department of Veterans’ Affairs and Traffic Accident Commission activity will continue to be funded to actual activity that is approved by the Department of Veterans’ Affairs and the Transport Accident Commission respectively. Health services are expected to update the VAED for any rejected or denied episodes of care prior to reconciliation. Any denied or rejected records that are not amended will not be paid as either public or Department of Veterans’ Affairs when the 2022–23 prior-year adjustment is calculated.

In 2022-23, National Bowel Cancer Screening Program NWAU will be recalled based on rates detailed in Table 1.5 ‘Victorian funding recall rates 2022–23‘. and continue to be funded to actual activity.

Home renal will continue to be funded to actual activity during the year.

Recall rates are based on a proportion of the price, rather than a specified dollar value. This enables rates to be applied consistently across services and reflects price adjustments.

Small rural health services are exempt from the recall policy for acute, subacute, and primary health. Recall applies to DVA, TAC, Renal, Home and Community Care Program for Younger People, Aged Care Assessment Services, and Residential Aged Care Services in the same way as other services.

For subacute activity, the following services are included:

* rehabilitation (including spinal rehabilitation and paediatric rehabilitation)
* geriatric evaluation and management
* admitted palliative care
* maintenance care.

Public and private activity is included for these care types. The subacute wrap encourages flexibility for health services to meet client needs.

Recall will also apply to the Transition Care Program. Transition Care Program recall will be calculated separately and will not be included in the subacute wrap. Funding recall applies for the State component of the Transition Care Program, with recall for the Transition Care Program is calculated on the bed-based and home-based rates.

A recall policy also applies to programs funded under the Ageing, Aged and Home Care Services output. This includes Home and Community Care Program for Younger People, and Aged Care and Assessment Services as outlined in Table 1.5 ‘Victorian funding recall rates 2022–23’.Funded organisations should note that significant under-performance in any activity should be discussed with the department in a timely manner.

Nationally Funded Centres activity will continue to be funded to actual activity. The NWAU associated with the Nationally Funded Centres, including procedures undertaken up to three months post discharge, will not be recognised as public-private NWAU for the purposes of calculated funding recall for acute admitted services.

An overview of the calculation process for recall can be found at Addendum 1.1: ‘Calculating funding recall’.

1. Victorian funding recall rates 2022–23

| Service | Funding recall policy |
| --- | --- |
| Acute admitted services  Subacute admitted services (wrap includes GEM, rehabilitation, and palliative care)  Non-admitted services (includes HIP and Specialist Clinics)  Emergency non-admitted | * 0–3% below target: 50% of the VEP weighted relevant rate or wrap value * > 3% below target: 100% of the VEP |
| Nationally Funded Centres (NFC) | Full recall of under-activity at the NFC determined cost per procedure |
| National Bowel Cancer Screening Program (NWAU) | Full recall of under-activity |
| Department of Veterans’ Affairs   * Acute admitted services * Subacute admitted services (wrap includes GEM, rehabilitation, and palliative care) * Non-admitted (acute) services | Full recall of under-activity |
| Transport Accident Commission and WorkSafe   * Acute admitted services | Full recall of under-activity |
| Small rural health services | Recall applies to renal, HACC-PYP, ACAS, DVA, TAC and residential aged care services  No recall applies for public and private acute, subacute, and primary health. Recall still applies for DVA and TAC related activity |
| Acquired brain injury unit | Full recall of under-activity at the full rate |
| Mental health admitted services | The department may recall funds associated with funded beds, which remain unopened or have been temporarily closed.  Recall will depend on statewide priorities and the need for funding redistribution to achieve these priorities as defined by the department. |
| Mental health non-admitted services | * 0–3% below target: recall at 50% of the relevant price * > 3% below target: recall at 100% of the relevant price |
| Transition Care Program (bed-based and home-based wrapped) | * 0–5% below target: no recall * > 5% below target: the department may recall apply recall. The amount subject to recall is that beyond the five% under-performance. |
| Dialysis services | Admitted dialysis activity is incorporated within the total health service acute admitted activity. Payment from the dialysis provider to the specialist service (hub) should be adjusted to actual by the end of the year before the recall is applied.  Home dialysis activity (determined on a monthly basis) under target will be subject to full recall. |
| Non-admitted radiotherapy | Funding will be recalled at the full rate for performance below target. |
| Integrated Cancer Services | The department may recall unexpended Integrated Cancer Services funds. Recall will depend on statewide cancer reform priorities and the need for funding redistribution to achieve these priorities as defined by the department. |
| Primary health funding approach | * 0–5% below target: no recall * > 5% below target: the department may recall at the full rate. The amount subject to recall is that beyond the five% under-performance   Read more about the primary health funding approach recall policy at [Primary Health Programs – Recall Policy and Guidelines](https://www.health.vic.gov.au/publications/primary-health-programs-recall-policy-and-guidelines) <https://www.health.vic.gov.au/publications/primary-health-programs-recall-policy-and-guidelines>. |
| BreastScreen Victoria services | * 0–3% below target: no recall. * > 3–5% below target: recall at 50% of relevant rate * > 5% below target: recall at full rate   Recall policy is subject to the terms and conditions of BreastScreen Victoria’s Funding and Service Agreement with the department. |
| Aged Care Assessment Service (ACAS) | While the department recognises that ACAS may find it difficult to meet the exact annual targets for the number of assessments, in the case of sustained under-performance compared with annual targets of more than 5% for two years or longer, a funding reduction may be applied that corresponds to the level of under-performance. |
| Home and Community Care Program for Younger People (HACC-PYP) | Recurrent HACC-PYP funds may be recalled from service providers, including small rural services that achieve less than 95% of funded targets or fail to achieve agreed deliverables for block-funded activities in a timely way. Funding can be recalled as a one-off prior-year adjustment or an ongoing recurrent reduction in targets and funding. |
| Diabetes prevention | Program funding recalled per participant target not met |
| Residential aged care | Recurrent funds may be recalled from service providers, including small rural residential aged care services where they reduce the number of operational places. As funding is calculated on the basis of operational places any reduction will result in a corresponding adjustment to funding. |
| Total parenteral nutrition (TPN) | Total parenteral nutrition activity (determined on a monthly basis) under target will be subject to full recall |
| Home enteral nutrition (HEN) | Recall may apply for health services where reported HEN service events are below the target. Funding may be recalled based on the service events below target |

#### Exceptional Events

There may be circumstances (including industrial action and natural disasters) beyond the reasonable control of health service management that prevent targeted throughput being met. At its discretion, and on a case-by-case basis, the department will consider submissions to adjust funding to health services, irrespective of throughput, for as long as such events continue.

Health services are expected to actively mitigate their financial exposure and throughput decline during and following such events.

The department will take into consideration the net change to health service finances and resources caused by exceptional events. However, health services will not receive additional funding for catch-up throughput, nor will health services receive funding for additional throughput in service areas not directly affected by these events. The department assesses the net impact of such events by assessing the data it collects on health service performance and other indicators.

### Funding for Throughput Above Target

Funding for health service throughput above target will be based on a proportion of the funding rate (see Table 1.6 ‘Funding for throughput above target 2022–23’).

The Department of Veterans’ Affairs and the TAC will continue to be funded to actual activity and will therefore attract additional funding for throughout above target.

National Bowel Cancer Screening Program NWAU will be funded to actual activity and will therefore attract additional funding for throughout above target.

For subacute admitted services, when determining how to apply funding for throughput, the department will consider throughput across the following subacute inpatient funding streams within a health service:

* rehabilitation (including spinal and paediatric rehabilitation)
* geriatric evaluation and management
* palliative care
* maintenance care.

Significant under- or over-activity in any stream should be discussed with the department. Transition Care Program, nursing home type activity and non-admitted services are not included in the subacute wrap.

There is no funding for any over-activity for non-acute care (Home and Community Care Program for Younger People, Transition Care Program, or nursing home activity).

1. Funding for throughput above target 2022–23

| Service | Funding recall policy |
| --- | --- |
| Acute admitted services  Subacute admitted services (wrap includes GEM, rehabilitation, and palliative care)  Non-admitted services (includes HIP and Specialist Clinics)  Emergency non-admitted Elective surgery base activity | Fifty% of the Victorian Efficient Price (VEP).  Any activity above four% will not attract additional funds. |
| Nationally Funded Centres (NFC) | Funding will be reconciled to actual activity. |
| Transport Accident Commission  WorkSafe | Funding will be reconciled to actual activity for:   * acute admitted services * subacute admitted services (wrap includes GEM, rehabilitation, and palliative care) |
| Department of Veterans’ Affairs | Funding will be reconciled to actual activity for:   * acute admitted services * subacute admitted services (wrap includes GEM, rehabilitation, and palliative care) * non-admitted (acute) services |
| National Bowel Cancer Screen Program NWAU | Funding will be reconciled to actual activity. |
| Dialysis services | Admitted dialysis activity is incorporated within the total health service acute admitted activity. Payment from the dialysis provider to specialist service (hub) should be adjusted to actual by the end of the year.  Home dialysis activity (determined on a monthly basis) over target will be paid to actual activity. |
| Total parenteral nutrition (TPN) | Total parenteral nutrition over target will be paid to actual activity. |
| Home enteral nutrition (HEN) | Home enteral nutrition over target will be paid to actual activity. |

### Recall with Respect to Public and Private Activity Mix Changes

The recall and throughput adjustment will no longer explicitly account for changed levels of private patient activity relative to public activity. There is no differentiation for public and private activity in the NWAU activity target, therefore a price based funding adjustment cannot apply.

If the public to private ratio of activity changes over the course of the year, the resultant impact is to the NWAU per separation yield. A change in yield will impact the speed at which a health services achieves thresholds associated with the throughput or recall policies.

### Reconciliation of National Health Reform Commonwealth Contributions

The National Health Reform Agreement requires a six-month and annual reconciliation of Commonwealth contributions to activity-based funding. Monthly activity-based funding payments are based on estimated activity (that is, LHN activity targets) with the reconciliation process determining funding adjustments to align to actual activity delivered by each local hospital network.

The Administrator of the National Health Funding Pool calculates reconciliation adjustments and advises the Commonwealth Treasurer who makes a final determination of Commonwealth national health reform funding entitlements. Adjustment of Commonwealth national health reform funding is spread equally across payments for a subsequent quarter.

### Hospital Activity, NWAU and Subacute NWAU Reports

The hospital activity report and the acute and subacute NWAU reports are provided to nominated public health services contacts by the department shortly after the VAED consolidation on the 10th day of each month. The reports contain a financial year-to-date summary by month of admitted patient separations, patient days, acute NWAU and subacute NWAU.

Further information, including the report specifications, are available on the [Victorian Admitted Episodes Dataset webpage](https://www.health.vic.gov.au/data-reporting/victorian-admitted-episodes-dataset) <https://www.health.vic.gov.au/data-reporting/victorian-admitted-episodes-dataset>.

## Elective Surgery Bi-Annual[[5]](#footnote-6) Recall Policy for 2022–23

Recall policy applied for additional elective surgery (ES) activity funded through the Surgery Recovery and Reform Strategy in 2022–23, will be distinct from the recall policy applied against the SOP Part C NWAU targets. This distinction is necessary to ensure accountability against government specific investment to deliver additional elective surgery over baseline elective surgery.

#### Eligibility

Health services in receipt of additional elective surgery funding though the Surgery Recovery and Reform Strategy will:

* have received base and additional planned surgery targets separately identified in their SOPs as NWAU and PS separations; and
* note that the additional activity targets may include an agreed number of procedures for public surgery completed in partnership with private providers.

#### Structure

Health services will be allocated a ‘growth ES NWAU target’ (reflective of the additional activity allocated). If the service does not meet the expected half-year base admissions, any under or over activity against growth is recallable at six months. Base elective surgery NWAU activity will not be recalled at six months and will be recalled as part of the end of year recall policy.

As part of the end-of-year recall policy:

* the department will recall base planned elective surgery NWAU not delivered in line with annual recall policy as outlined at 1.16; and
* additional planned elective surgery activity, that is not delivered will be recallable at the rates outlined in Table 1.7.

Note for both biannual and annual recall, additional elective surgery targets will not be considered to have been achieved unless base target has been delivered.

Where health services are likely to exceed or fall below their additional activity targets, they are encouraged to manage the additional activity at a health service partnership level in conjunction with the department.

#### End-of-year adjustments

The first application of this recall policy will be considered from December 2022. Year-end adjustment will be netted off against other recall / throughput amounts and form part of the overall prior year adjustment (PYA) process.

Table 1.7 Elective Surgery recall policy 2022–23

| **Service** | **Recall policy** | |
| --- | --- | --- |
| Elective Surgery Activity – Additional (Mid-Year) | * Activity below target: recalled at 100% of the Victorian Efficient Price (VEP). |
| Elective Surgery Activity – Additional (End-Year) | * 0–3% below target: 50% of the VEP. * > 3% below target: 100% of the VEP. |
| Elective Surgery Activity – Base | * To be managed as outlined in section 1.16 Prior-Year Adjustment: Activity-Based Funding |

#### Throughput

Funding for elective surgery throughput will be consistent with standard policy. Health services should engage with the department if they are likely to exceed their overall target rather than rely on throughput policy.

#### Conditions

A condition of acceptance of funding to deliver additional elective surgery is that health services immediately identify operational risks with the department that arise during the year known to impact ability to deliver proposed targets. Adjustment to the target and funding may be more frequent on this basis. Health services will also be required to provide monthly activity targets to support regular monitoring and review.

## Funding for Interstate and International Patients

### Compensable Patients

#### Department of Veterans’ Affairs

In March 2017, the Secretary to the Department of Veterans’ Affairs, delegates from the Military Rehabilitation and Compensation Commission and Repatriation Commission, and the Victorian Minister for Health, signed the Hospital Services Arrangement between the Commonwealth of Australia, the Repatriation Commission and the Military Rehabilitation and compensation Commission, and the State of Victoria. The arrangement implemented a uniform national purchasing arrangement for public hospital services provided to eligible veterans.

The arrangement has seen the Department of Veterans’ Affairs pay Victoria according to the Independent Health Pricing Authority’s funding models, with modifications to reflect the contribution that the Department of Veterans’ Affairs makes separately to medical practitioners. As a result of those new funding arrangements, the Department of Veterans’ Affairs now pays the department based on the National Efficient Price on an NWAU basis.

Funding for admitted acute and subacute services will continue to be paid to actuals, while the funding for emergency departments, acute non-admitted services and the Health Independence Program will continue to be provided on a block basis, with the available revenue from Department of Veterans’ Affairs allocated based on a health service’s share of the total weighted activity.

##### Department of Veterans’ Affairs Patients

The Department of Veterans’ Affairs Hospital Services Arrangements is an intergovernmental agreement between Victoria and the Commonwealth. The current agreement is in effect from 1 July 2019 to 30 June 2023 and sets out arrangements for provision of hospital services to eligible patients who elect to be treated under their Department of Veterans’ Affairs entitlements.

##### Eligibility

Eligible veterans and war widows or widowers have access to a wide range of benefits and services through the Department of Veterans’ Affairs including hospital; medical and allied health services; respite and convalescent care; rehabilitation aids and appliances; and assistance with transport and accommodation.

Organisations must ensure that patients formally elect to be treated as a veteran at each admission and that they collect and provide to the department the eligible veteran’s name, their Department of Veterans’ Affairs unique identifier, their date of birth and their sex. Final payment will only be authorised after the veteran’s eligibility has been confirmed by the Department of Veterans’ Affairs.

Eligible veterans will not be covered under the Department of Veterans’ Affairs arrangement if they:

* do not elect to be treated as a Department of Veterans’ Affairs’ patient
* elect to be treated as a public patient
* are eligible under another category of compensable patient, such as a Traffic Accident Commission or Victorian WorkCover Authority
* elect to be treated as a private patient.

Health services will need to retrospectively reclassify patients as public patients in the event that the Department of Veterans’ Affairs eligibility criteria are not met and resubmit the rejected records to the department. The department will not accept any risk for assumed revenue lost because Department of Veterans’ Affairs eligibility requirements have not been met.

Experience has shown that those health services that actively develop service quality and marketing plans and employ veteran or patient liaison officers are more likely to retain Department of Veterans’ Affairs patients.

##### Admission Requirements

Within two days of admission to hospital, health services should complete a Department of Veterans’ Affairs Hospital Admission Voucher (or form that captures equivalent information) for each admitted eligible veteran. Health services should ensure that the admission of eligible veterans is in accordance with Victoria’s admission policy and other relevant policies and procedures.

Eligible veterans will continue to be provided public health services on a private patient basis, which entitles them to a minimum of:

* choice of doctor (subject to the doctor having rights of private practice)
* shared accommodation
* if medically necessary, private accommodation
* private accommodation, if available, where the patient or their private health insurer agrees to pay the difference between the shared and private accommodation.

Eligible veterans are eligible to access convalescent care or respite care in public health services following an acute or subacute stay without the need for financial authorisation from Department of Veterans’ Affairs.

##### Pharmaceuticals

Health services should ensure medication reviews (including self-management) are completed before discharge by the clinical pharmacist or doctor for patients:

* who require administration of four or more different medications or more than 12 doses of medication daily
* where a change in medication has occurred during the admission
* where anticoagulant therapy has commenced during the admission.

Medication reviews are to be documented on an appropriate approved form, be available to the patient and care providers on discharge and involve education as a component.

The Veteran Affairs Pharmaceutical Advisory Centre can be contacted on 1800 552 580.

##### Long Stay

If the hospitalisation of an eligible veteran is likely to exceed a continuous period of 35 days in any care type other than nursing home type and palliative care, the Department of Veterans’ Affairs requires that health services ensure the veteran’s status is reviewed and that either:

* a certificate similar to that previously required under s. 3B of the *Health Insurance Act 1973* is completed by a medical practitioner and held on the patients file for audit purposes
* reclassifies the patient as either maintenance or, in the case of small rural health services, the eligible veteran is reclassified to a nursing home type patient and the changed status and payment adjusted accordingly. Where the patient is reclassified, the hospitals should use their best endeavours to ensure the patient is assessed and a discharge plan is developed.

Under current arrangements, the Acute Care Certificate or equivalent is no longer required to be sent to the Department of Veterans’ Affairs.

##### Nursing Home Type Patients

If eligible veterans are assessed as needing nursing home type or respite care and are at a multipurpose service (facilities that receive Commonwealth funding to operate residential care beds), then the health service must attempt to reclassify the patient from a hospital patient to a residential aged care recipient. If there are no residential aged care beds available, the patient should be reclassified as a nursing home type patient and Department of Veterans’ Affairs charged at the nursing home type patient rate. Department of Veterans’ Affairs will not pay for residential aged care under the arrangement.

Health services should collect any co-payment for nursing home type patient from the patient with the exception of Victoria Cross or prisoners of war recipients. For this group, health services should make a claim directly based on prior approval to the Department of Veterans’ Affairs for reimbursement using MBS item number NH05.

##### Discharge Planning

Health services will use their best endeavours to demonstrate effective discharge planning for Department of Veterans’ Affairs patients including the regular contribution of a multidisciplinary team, supporting documentation, discharge follow-up and communication with care providers and family and carers (with permission from the patient).

Written documentation in the form of a discharge plan should be provided to the patient or carer on the day of discharge. Use electronic discharge summaries if they are available. The Department of Veterans’ Affairs may request to see documentation of hospital discharge policies and procedures, as well as copies of the patient and hospital discharge plans. If the patient is enrolled in a Coordinated Veterans’ Care program, then the local medical officer or nurse coordinator must also receive a copy of the patient discharge plan (and be involved as appropriate).

Health services should coordinate for a health professional to assess eligible veterans before discharge for community nursing, personal care, aids and appliances, home modifications or convalescent care. Any aids, equipment or modifications will be arranged through Department of Veterans’ Affairs services in a timely manner and be available to the patient prior to discharge. Public hospitals must provide a summary of discharge to the original referring doctor and local medical officer at, or within, 48 hours of discharge.

Referrals for community nursing services for Department of Veterans’ Affairs patients may be made to a Victorian or Commonwealth Government-funded program or to a Department of Veterans’ Affairs contracted provider.

To arrange home and personal care services for eligible veterans, health services must contact the National Veterans’ Home Care assessment agency (1300 550 450). Discharge aids and equipment for veteran patients must be provided to facilitate safe discharge for a period of 30 days after discharge. For further information, visit the [Aids, appliances and home modifications webpage](https://www.dva.gov.au/health-and-wellbeing/home-and-care/rehabilitation-appliances-program-rap) <https://www.dva.gov.au/health-and-wellbeing/home-and-care/rehabilitation-appliances-program-rap> or call 1300 550 457 (metro) or 1800 550 457 (rural).

##### Funding Arrangements

The Department of Veterans’ Affairs Hospital Services Arrangements will be based on the national funding model developed by the IHACPA, with modifications to reflect the contribution that the Department of Veterans’ Affairs provides to medical practitioners.

Victoria will fund eligible veterans in alignment with revised Commonwealth revenue in 2022–23. Funding for admitted acute and subacute services will continue to be paid to actual throughput based on the Victorian NWAU and subacute NWAU funding models. Funding for emergency departments (non-admitted presentations), acute non-admitted and HIP will be paid as a block grant and based on the health service’s activity share of total weighted activity.

Funding arrangements for Department of Veterans’ Affairs patients are detailed in Table 1.8. Throughput-based services will continue to attract a premium from the department for eligible veterans in recognition of the cost of treating these patients. Payment will be made on a reconcilable basis.

Payment for interfacility transport (excluding Secondary Aeromedical retrieval) is included in the payment arrangements for services.

1. Funding arrangements for Department of Veterans’ Affairs patients

| Service | Funding arrangements |
| --- | --- |
| Admitted patient services | Funding for the following services is based on throughput:   * acute: health services receive the Department of Veterans’ Affairs NWAU throughput payments from the department * subacute: categories for funding are palliative care, rehabilitation, GEM and maintenance care, and mirror funding and reporting arrangements for public patients * maintenance * admitted dialysis * admitted mental health services.   Hospitals should bill the Department of Veterans’ Affairs separately for medical and diagnostic costs for admitted patients. |
| Emergency department attendances | Emergency department services will receive a block grant that is based on the health service’s proportionate share of the total non-admitted emergency weighted activity. There will be no separate billing of medical and diagnostic costs. Veteran patients who are subsequently admitted will be funded under the NWAU model. |
| Acute non-admitted | Acute non-admitted services will receive a block grant that is based on the health service’s proportionate share of the total acute non-admitted weighted activity. Veteran patients may access all services, and funding and reporting arrangements mirror those for public patients. Where eligible veterans have been privately referred as a Privately Referred Non-Inpatient (PRNI) to a named specialist and consents to be treated as a private outpatient, the Department of Veterans’ Affairs will pay separately for specialist consultations and procedures, and associated pathology and radiology services. |
| Subacute non-admitted | Subacute non-admitted services will receive a block grant that is based on the health service’s proportionate share of the total subacute non-admitted weighted activity. Veteran patients may access all services, and funding and reporting arrangements mirror those for public patients. Where eligible veterans have been privately referred as a PRNI to a named specialist and consents to be treated as a private outpatient, the Department of Veterans’ Affairs will pay separately for specialist consultations and procedures, and associated pathology and radiology services. |
| Non-admitted radiotherapy | Weighted activity units are funded on a throughput basis. Where eligible veterans have been privately referred as a PRNI to a named specialist and consents to be treated as a private outpatient, the Department of Veterans’ Affairs will pay separately for specialist consultations and procedures, and associated pathology and radiology services. |
| Specialist mental health acute care | Funding for mental health services to eligible Veterans are funded within the total funding provided to services. Veteran patients may access all services, and funding and reporting arrangements mirror those for public patients. |
| Non-specialist mental health acute care | Funding for mental health services to eligible Veterans are funded within the total funding provided to services. Veteran patients may access all services, and funding and reporting arrangements mirror those for public patients. |
| Transition Care Program | The Transition Care Program is available to all members of the Australian community, including veterans. However, the Department of Veterans’ Affairs will only fund the patient contribution for veterans who are former prisoners of war. Further details are available on the [Department of Veterans’ Affairs website](http://www.dva.gov.au) <https://www.dva.gov.au>. |
| Community Health Program | Community health services should bill the Department of Veterans’ Affairs directly for allied health and nursing services provided under the Community Health Program. |

##### Payments

If a claim is not accepted by the Department of Veterans’ Affairs either:

* health services must transmit additional or corrected information to allow the claim to be accepted
* claims should be retrospectively reclassified to reflect the patient’s changed care type or preferences.

Health services are required to make changes before consolidating the VAED, otherwise funding will not be paid at either the Department of Veterans’ Affairs or public rate.

The Department of Veterans’ Affairs agreement prohibits organisations from raising any charges directly on an eligible veteran, except where provided for under Commonwealth legislation. This prohibition does not, however, prevent organisations from charging a cost for providing personal services such as television access or telephone services at the facility.

The Department of Veterans’ Affairs agreement recognises that treatment for Department of Veterans’ Affairs patients may occasionally be subcontracted to a private hospital or facility. Where that private hospital or facility is contracted to the Department of Veterans’ Affairs, and claims for the service, the Department of Veterans’ Affairs will pay the facility directly through their payment arrangements with Medicare Australia. Under these circumstances, the public hospital cannot also claim payment separately for the treatment provided.

Subcontracting for Transition Care is exempt from this requirement, as public hospitals do not directly bill the Department of Veteran’s Affairs for this service (see Table 1.8).

#### Transport Accident Commission patients

##### Eligibility

Patients are required to complete and sign a TAC claim form before the TAC will accept responsibility for payment. Health services should make themselves aware of the form’s specific requirements. If health services’ data does not exactly match the details a patient has entered on a claim form, there will be significant delays in payment from the TAC while the errors are addressed by health services, the TAC, and the department.

##### Funding Arrangements

View TAC rates at the [Transport Accident Commission patients webpage](https://www.health.vic.gov.au/patient-fees-charges/transport-accident-commission-patients) <https://www.health.vic.gov.au/patient-fees-charges/transport-accident-commission-patients>.

##### Payments

The department will continue to provide health services payments based on NWAU throughput.

Funding for TAC patients is provided to the department by the TAC. This is cash-flowed to health services throughout the year and adjusted to actual at year end based on data reconciled with the TAC. Separate uncapped TAC NWAU targets are incorporated into health service budgets for 2022-23, based on the latest available 12-month throughput reported.

The department will only pay a rate applicable for all accepted TAC patients matched with TAC records including numbers in excess of the target. If health services do not achieve the TAC target, any funding that has been cash-flowed will be recalled at the full TAC rate. It is imperative that health services ensure their own records are complete, comprehensive, and timely.

For the department to receive payment from the TAC, the TAC must accept the claim and issue a claim number. The patient information reported by health services to the department must match those held by the TAC for each admitted patient separation.

Health services should ensure their TAC records are updated, with TAC remittance advice fed back by the department. This will ensure updated records are accepted by the TAC and that delays in reconciling activity and payment for records are minimised.

The department will cash-flow TAC funding to accepted TAC cases. If a TAC claim is later rejected, the department will automatically fund the claim using public NWAU in the prior-year adjustment process unless the health service has exceeded its NWAU target.

To minimise errors and delays, health services are required to ensure that the information is entered accurately and to proactively identify and resolve errors before sending the data to the TAC or to the department. Errors that are not accurately corrected by health services, such as an incorrect date of birth, continually cycle through both the department and the TAC databases and remain unmatched and consequently unfunded. This requires additional review, reconciliation and problem solving by the health services, the department, and the TAC.

If a claim is not accepted by the TAC, either:

* health services must transmit additional or corrected information to allow the claim to be accepted
* claims should be retrospectively reclassified to reflect the patient’s changed care type or preferences.

The department will not make changes for denied or rejected claims after consolidation through the prior-year’s adjustment. Health services are required to make changes before consolidation, otherwise funding will not be paid at either the TAC or public rate.

##### Additional Information

More detailed information on the TAC’s policy, services and funding is available at [TAC – For providers](https://www.tac.vic.gov.au/providers) <https://www.tac.vic.gov.au/providers>.

Agreed amendments to the current services and prices will be documented on the department’s fees and charges website.

#### Victorian WorkCover Authority Patients

Victorian WorkCover Authority patients treated in Victorian health services are directly funded by Victorian WorkCover Authority insurers. This process will continue in 2022–23 at the rates agreed between the authority and the department on behalf of health services.

Patients treated in an emergency department only will continue to be directly billed to the Victorian WorkCover Authority at a flat rate per attendance. This rate will apply to all emergency department attendances (in lieu of the previously charged facility fee). Health services should also bill the Victorian WorkCover Authority directly for medical and diagnostic costs.

Read more about the current services and prices at the [Worksafe patients webpage](https://www.health.vic.gov.au/patient-fees-charges/worksafe-patients) <https://www.health.vic.gov.au/patient-fees-charges/worksafe-patients>.

#### Prisoners

Prisoners receiving admitted, emergency department and specialist clinic services in Victorian public hospitals are treated and funded as public patients. The following arrangements apply:

* acute admitted activity is funded at the public NWAU price
* admitted subacute services are funded at the public subacute NWAU price
* emergency department services are funded through the NWAU price
* specialist clinic services are funded through the Acute Specialist Clinics Grant
* health services should not bill the Department of Justice and Regulation via primary care providers for these services provided to prisoners.

Health services should ensure they:

* report all prisoners to the VAED with the account class ‘JP – Prisoner’ or ‘JN – Prisoner Non-Acute’ as relevant and a Medicare Suffix of P-N
* record the ‘type of usual accommodation’ data element in the VEMD as ‘prison/remand centre/youth training centre’ and a Medicare Suffix of P-N
* report all prisoners to the VINAH minimum dataset with the contact account class ‘JP – Prisoner’ and Contact Client Medicare Suffix of P-N.

Health services are not permitted to raise additional fees or charges for pharmaceuticals or other items described in section 1.20.3 ‘Health Service Fees and Charges’.

#### Direct Billing Compensable Patients

For compensable patients who are directly billed, the following arrangements are in place:

* armed services – paid by the Department of Defence and billed through BUPA – paid by private health insurers that cover care for international seafarers
* common law recoveries – paid by a third party where health costs are provided for under a common law damages claim
* other compensables – paid by a third party where health costs are provided for under a public liability claim.

For these patients, health services should directly bill the relevant organisation responsible for payment. Billing rates are as determined by health services and should be set to provide for full cost recovery. Recommended fees are outlined in the policies on the [Patient fees and charges for public health services](https://www.health.vic.gov.au/hospitals-and-health-services/patient-fees-and-charges-for-public-health-services) website <https://www.health.vic.gov.au/hospitals-and-health-services/patient-fees-and-charges-for-public-health-services>.

## Improving Health Outcomes for Aboriginal and Torres Strait Islander Patients

All health services receive the Aboriginal loading of 4% using NWAU. In addition to this, health services with larger Aboriginal populations across their catchment receive an [Aboriginal cultural safety fixed grant](https://www.health.vic.gov.au/publications/aboriginal-cultural-safety-fixed-grant-guidelines-cultural-safety-planning-and) <https://www.health.vic.gov.au/publications/aboriginal-cultural-safety-fixed-grant-guidelines-cultural-safety-planning-and>. This Aboriginal cultural safety funding is targeted to build health services’ responses to cultural safety and improve health outcomes for Aboriginal people attending Victorian public hospitals.

All health services, regardless of funding arrangements, are required to deliver culturally safe services as articulated in the Statement of Priorities. This requires health services to build relationships with Aboriginal stakeholders to create the conditions for Aboriginal self-determination. Health services in receipt of the Aboriginal cultural safety fixed grant are required to provide cultural safety plans and progress reports annually to the department. The plans and progress reports outline cultural safety activity, outcomes, and acquittal of the cultural safety funding.

The funding will drive cultural safety across the whole health service organisation as well as support the Improving Care for Aboriginal Patients (ICAP) program and the Koori Mental Health Liaison Officer programs.

There is new funding from 2022–23 for phased recruitment of dedicated Koori Mental Health Liaison Officers in Infant, Child and Youth Area Mental and Health Services that will assist in supporting Aboriginal children, young people and families with access to culturally safe services.

The employment of Aboriginal health staff is an important enabler of cultural safety. Aboriginal health staff includes those in both leadership and client facing roles across the organisation. Health services are required to identify opportunities to employ Aboriginal health staff to meet patient and community demand including for out of hours presentations.

The role of Aboriginal staff is crucial to enhancing the cultural safety of Aboriginal patients and their families; however, every area across the health service has responsibilities to providing culturally safe services.

### Aboriginal Cultural Safety Planning and Reporting Requirements

Hospitals in receipt of the Aboriginal cultural safety fixed grant are required to submit an annual cultural safety plan and progress report to the department.

Compliance with the planning and reporting requirements is an obligation of the funding and the [Aboriginal Cultural Safety Fixed Grant Guidelines](https://www.health.vic.gov.au/publications/aboriginal-cultural-safety-fixed-grant-guidelines-cultural-safety-planning-and) <https://www.health.vic.gov.au/publications/aboriginal-cultural-safety-fixed-grant-guidelines-cultural-safety-planning-and> articulate the requirements and provide guidance for appropriate expenditure of funds towards improving Aboriginal cultural safety.

Refer to section 15.4 of the *Policy Guide* for additional reporting requirements in relation to cultural safety action areas.

### Indicators and Monitoring

Aboriginal cultural safety proxy indicators for the acute setting include 'Discharge against medical advice[[6]](#footnote-7)' (DAMA) for inpatients and 'Did not wait' (DNW) for emergency department presentations.

Since 2019–20, DAMA and DNW have been shadow measures in the *Program report for integrated service monitoring* (PRISM). In 2022–23, these measures will shift from shadow measures into the *Performance Monitoring Framework 2022–23* with established targets. Additional measures for Aboriginal health workforce and outpatient data will be established in 2022–23.

Aboriginal cultural safety data will inform quarter 1 and 3 performance meetings between the department and health services.

## Payments and Cash Flow

### Interim Payments for Long-Stay, High-Cost Patients

The department will consider interim payments (both cash flow and recorded NWAU revenue) for long-stay patients who have accumulated significant amounts of NWAU, and who remain admitted at 30 June 2022.

Health services may apply to the department for special consideration for individual admitted patient episodes. Applications for special consideration must indicate the number of NWAU. For NWAU-funded episodes, the interim diagnostic-related group (DRG) must also be indicated. For Subacute NWAU-funded episodes, the AN-SNAP V4.0 must also be indicated. Under no circumstances should agreement to fund an interim payment result in a statistical separation.

If the department agrees to provide an interim payment, the health service will be asked to designate the episode as a contracted patient using a specific contract/spoke identification code. When the patient is finally separated, the payment will be adjusted accordingly. For example, the interim amount will be deducted from the final payment. The final DRG may differ from the interim DRG, due to the addition of further complications, comorbidities and procedures, in which case the payments will be adjusted to reflect actual activity.

Interim payments for long-stay, high-cost patients will be considered on a case-by-case basis. While interim payments are not governed by strict length of stay (LOS) or NWAU criteria, a patient might be recognised as a long-stay, high-cost patient if the patient is:

* still admitted at 30 June 2022, and their LOS already exceeds a year
* still admitted at 30 June 2022, their LOS already exceeds six months and the patient might reasonably be expected to still be in the hospital at 31 December 2021
* still admitted at 30 June 2022, their LOS already exceeds six months and the patient is receiving significant mechanical ventilation.

### Use of Contracts

On occasion, where a health service has reduced capacity (for example, due to workforce shortages or capital works) it may contract with another service to undertake activity for a time-limited period. Contract arrangements of this type must be approved in advance by the health service Performance Lead/Regional Manager.

Applications can be received by [emailing the HDSS helpdesk](mailto:hdss.helpdesk@health.vic.gov.au) <hdss.helpdesk@health.vic.gov.au>.

Approval will only be granted where the health service can demonstrate that the capacity reduction is temporary and that the contract is an appropriate use of allocated NWAU, taking into account local demand for services. Technical information for recording and reporting contract NWAU is available in the VAED manual.

### Health Service Fees and Charges

Any fees and charges raised by health services must be in accordance with the department’s manual, Fees and charges for acute health services in Victoria: a handbook for public hospitals.

The fees are available in the department’s [Fees manual](https://www.health.vic.gov.au/hospitals-and-health-services/patient-fees-and-charges-for-public-health-services) <https://www.health.vic.gov.au/hospitals-and-health-services/patient-fees-and-charges-for-public-health-services>.

Health services are permitted to raise fees for the following non-admitted patient services:

* dental services
* spectacles and hearing aids
* surgical supplies
* prostheses, however, the following categories of prostheses must be provided free of charge:
  + artificial limbs
  + prostheses that are surgically implanted, either permanently or temporarily, or are directly related to a clinically necessary surgical procedure
* external breast prostheses funded by the National External Breast Prostheses Reimbursement Program
* pharmaceuticals at a level consistent with the PBS statutory co-payments
* aids, appliances, and home modifications and
* other services, as agreed between the Commonwealth and Victoria.

This is set out in the business rules schedule of the National Health Reform Agreement.

### Private Patient Accommodation Charges

Section 72.1(2) of the Private Health Insurance Act 2007 states that an insurance policy covering hospital treatment must provide at least the ‘minimum benefit’ for that treatment. The Commonwealth Minister for Health stipulates the minimum benefits payable by private health insurers for shared ward accommodation in public hospitals through the private health insurance (benefit requirements) rules. The Commonwealth does not set a minimum benefit for single room accommodation.

Health services are able to make their own determination on accommodation fees to be charged to private patients who receive treatment at their campuses. In coming to this decision, health services should consider:

* the benefit that private health insurance funds will assign to the public hospital in their health insurance products
* any co-payment a patient may be willing to pay as a private patient
* the amount of any co-payment or excess the hospital can viably forego.

To assist health services with this decision, the department provides a guide to average costs and nominal cost recovery rates for private patient accommodation in the department’s [Fees manual](https://www.health.vic.gov.au/patient-fees-charges/private-patients) <https://www.health.vic.gov.au/patient-fees-charges/private-patients>.

At a minimum, these rates would be reasonable to apply to private patient charges.

Health services should note the Private health insurance (health insurance business) rules 2007 Part 3 s. 8(b), which state that treatment provided to a person at an emergency department is excluded treatment for the purposes of private health insurance. Health services should ensure that private health funds are not billed for accommodation or services provided to admitted private patients at an emergency department.

### Redirection of Funds

If the total revenue for a funded program exceeds the expenses incurred in delivering the full quantity of services specified in the SOP or service agreement, the surplus may be used by the funded organisation for any purpose connected with its agreed function. This clause does not apply if there is a contrary arrangement regarding unexpended funding provided for a specially identified purpose.

### Doctors in Training Secondment Arrangements

Many training programs for junior doctors involve a rotation to a site other than their parent hospital. The parent hospital is responsible for managing and paying the annual leave of doctors in training while on rotation, and where annual (or other) leave is planned within the rotation period, both hospitals should approve this leave. Only the parent hospital is to pay out annual leave, as this is included in the overheads paid to the parent hospital (refer to Hospital Circular[[7]](#footnote-8)6/2013 or a successor circular where relevant).

The parent hospital will make every endeavour to organise suitable relief when a doctor in training takes other leave (either planned or unexpected) for a period longer than one week. The parent hospital should also make every endeavour to ensure the relieving doctor has commensurate experience and skills to ensure the expected level of service in the external hospital can continue to be provided.

## Price Tables

### NWAU 2022–23

1. NWAU Victorian Efficient Price for growth 2022–23

| Payment | Metropolitan ($) | Regional ($) | Subregional ($) |
| --- | --- | --- | --- |
| Victorian Efficient Price NWAU | 4,500 | 4,541 | 4,827 |

1. NWAU Compensable Price Rates 2022–23

| Payment | All health services ($) |
| --- | --- |
| Department of Veterans’ Affairs: Acute and Subacute NWAU | 5,797 |
| Transport Accident Commission Admitted NWAU | 5,320 |
| WorkSafe NWAU | 5,000 |

1. Transitional Care Program 2022–23

| Payment | All health services ($) |
| --- | --- |
| TCP bed places[[8]](#footnote-9) (per diem rate) | 165.63 |
| TCP home places (per diem rate) | 60.74 |

1. Non-admitted radiotherapy 2022–23

| Payment | All health services ($) |
| --- | --- |
| WAU | 252.88 |
| Department of Veterans’ Affairs WAU | 312.50 |
| Shared care | 1,799 |

1. Nationally Funded Centres Program 2022–23

| Payment | Hosting health service ($) |
| --- | --- |
| Islet cell transplantation | 212,979 |
| Paediatric heart transplantation – no ventricular assist device | 437,829 |
| Paediatric heart transplantation – with ventricular assist device | 1,015,013 |
| Paediatric liver transplantation | 357,548 |
| Paediatric lung/heart-lung transplantation | 312,175 |
| Pancreas transplantation | 196,551 |

### Mental Health Services

1. Mental health – funded units applicable to clinical bed-based services 2022–23 – admitted care

| Service element | Funded unit | All health services ($) |
| --- | --- | --- |
| Acute care – child/adolescent, adult, aged[[1]](https://auc-word-edit.officeapps.live.com/we/wordeditorframe.aspx?ui=en%2DUS&rs=en%2DAU&wopisrc=https%3A%2F%2Fdhhsvicgovau.sharepoint.com%2Fsites%2FHealthServicePerformanceStrategy%2F_vti_bin%2Fwopi.ashx%2Ffiles%2Fe877230e5d794d8083ee307129a7626e&wdlor=c3D1DD05C-EFB6-44F1-ACE7-A370BBAB93F9&wdenableroaming=1&mscc=1&hid=262C696B-262C-4109-BEA4-45B6C35E8384&wdorigin=Outlook-Body&wdhostclicktime=1629964250913&jsapi=1&jsapiver=v1&newsession=1&corrid=2977343c-59c1-87fd-cd0b-20593153e5b4&usid=2977343c-59c1-87fd-cd0b-20593153e5b4&sftc=1&mtf=1&sfp=1&instantedit=1&wopicomplete=1&wdredirectionreason=Unified_SingleFlush&preseededsessionkey=caca07a6-5bdd-d7fe-4873-9e9d50fd848d&preseededwacsessionid=2977343c-59c1-87fd-cd0b-20593153e5b4&rct=Medium&ctp=LeastProtected#_ftn1) | Available bed day | 883.06 |
| Acute care specialist5 | Available bed day | 883.06 |
| Extended care – adult | Available bed day | 611.75 |
| Transition support unit | Available bed day | 611.75 |

[[1]](https://auc-word-edit.officeapps.live.com/we/wordeditorframe.aspx?ui=en%2DUS&rs=en%2DAU&wopisrc=https%3A%2F%2Fdhhsvicgovau.sharepoint.com%2Fsites%2FHealthServicePerformanceStrategy%2F_vti_bin%2Fwopi.ashx%2Ffiles%2Fe877230e5d794d8083ee307129a7626e&wdlor=c3D1DD05C-EFB6-44F1-ACE7-A370BBAB93F9&wdenableroaming=1&mscc=1&hid=262C696B-262C-4109-BEA4-45B6C35E8384&wdorigin=Outlook-Body&wdhostclicktime=1629964250913&jsapi=1&jsapiver=v1&newsession=1&corrid=2977343c-59c1-87fd-cd0b-20593153e5b4&usid=2977343c-59c1-87fd-cd0b-20593153e5b4&sftc=1&mtf=1&sfp=1&instantedit=1&wopicomplete=1&wdredirectionreason=Unified_SingleFlush&preseededsessionkey=caca07a6-5bdd-d7fe-4873-9e9d50fd848d&preseededwacsessionid=2977343c-59c1-87fd-cd0b-20593153e5b4&rct=Medium&ctp=LeastProtected#_ftnref1) Supplement grant provided to support the acute care unit price.

1. Mental health – funded units applicable to clinical bed-based services 2022–23 – non-admitted care

|  |  |  |
| --- | --- | --- |
| Service element | Funded unit | All health services ($) |
| Community care unit | Available bed day | 421.80 |
| Adult PARC | Available bed day | 555.48 |
| Youth PARC | Available bed day | 662.63 |
| Aged persons nursing home supplement | Available bed day | 108.21 |
| Aged persons hostel supplement | Available bed day | 96.08 |

1. Mental health – funded units applicable to clinical bed-based services 2022-23 – clinical community care

| Service element | Funded unit | All health services ($) |
| --- | --- | --- |

|  |  |  |
| --- | --- | --- |
| Ambulatory | Community service hour | 430.65 |

1. Mental health community support services unit prices 2022-23 – community support services

| Service element | Funded unit | All health services ($) |
| --- | --- | --- |

|  |  |  |
| --- | --- | --- |
| Individualised client support packages | Client support unit | 111.06 |
| Youth residential rehabilitation – 24-hour | Bed day | 267.14 |
| Youth residential rehabilitation – non-24-hour | Bed day | 229.36 |
| Continuity of support | Client support unit | 111.06 |

1. Mental health community support services unit prices 2022-23 – mutual support and self-help services

| Service element | Funded unit | All health services ($) |
| --- | --- | --- |
| Stand-alone (high availability) | Weighted block grant | 281,469 |
| Stand-alone (high availability) | Weighted block grant | Variable |
| Individual support referral and advocacy | Contact hour | 48.71 |
| MSSH group support | Contact hour (group) | 128.89 |
| Group education and training | Contact hour (group) | 439.23 |
| Volunteer coordination | Hour | 56.45 |

1. Mental health community support services unit prices 2022–23 – planned respite

| Service element | Funded unit | All health services ($) |
| --- | --- | --- |
| In home | Client contact hour | 44.01 |
| Community | Client contact hour | 44.01 |
| Residential | Client contact hour | 44.01 |

1. Mental health community support services unit prices 2022-23 – supported accommodation

| Service element | Funded unit | All health services ($) |
| --- | --- | --- |
| 24-hour on-site small facilities (0–11 beds) | Available bed day | 184.42 |
| 24-hour on-site small facilities (> 11 beds) | Available bed day | 64.55 |

1. Drug services – unit prices 2022-23

| Service element | Funded unit | Metro unit price ($) | Rural unit price ($) |
| --- | --- | --- | --- |
| 1. Drug treatment services – intake | 1. Drug treatment activity unit | 1. 904.73 |  |
| Drug treatment services – assessment | 1. Drug treatment activity unit | 1. 904.73 |  |
| Drug treatment services – care and recovery coordination | 1. Drug treatment activity unit | 1. 904.73 |  |
| 1. Drug treatment services – counselling | 1. Drug treatment activity unit | 1. 904.73 |  |
| 1. Drug treatment services – non-residential withdrawal | 1. Drug treatment activity unit | 904.73 |  |
| 1. Drug treatment services – therapeutic day rehabilitation | 1. Drug treatment activity unit | 1. 904.73 |  |
| 1. Adult residential drug withdrawal | 1. Drug treatment activity unit | 1. 904.73 |  |
| 1. Adult residential rehabilitation | 1. Drug treatment activity unit | 1. 904.73 |  |
| 1. Youth residential drug withdrawal | 1. Drug treatment activity unit | 1. 904.73 |  |
| 1. Youth residential rehabilitation | 1. Drug treatment activity unit | 1. 904.73 |  |
| 1. Aboriginal residential rehabilitation | 1. Drug treatment activity unit | 1. 904.73 |  |
| 1. Youth alcohol and drug supported accommodation | 1. Episodes of care | 1. 6,955 | 1. 9,272 |
| 1. Aboriginal alcohol and drug worker | 1. Episodes of care | 1. 2,341 |  |
| 1. Youth outreach | 1. Episodes of care | 1. 2,071 |  |
| 1. Specialist pharmacotherapy program | 1. Episodes of care | 1. 3,790 |  |
| 1. Mobile overdose response | 1. Episodes of care | 1. 8,172 |  |
| 1. Rural withdrawal | 1. Episodes of care | 1. 2,098 |  |
| 1. Women’s alcohol and drug supported accommodation | 1. Episodes of care | 1. 6,955 |  |
| 1. ACCO services – community model 1 | 1. Episodes of care | 1. 852.78 |  |
| 1. ACCO services – community models 2 and 3 | 1. Episodes of care | 1. 2,634 |  |
| 1. ACCO services – community alcohol and drug worker | 1. Episodes of care | 1. 2,341 |  |

### Ageing, Aged and Home Care

1. Ageing, aged and home care 2022-23[[9]](#footnote-10)

Program area: Residential aged care[[10]](#footnote-11) – public sector residential aged care supplements

| Service | Funded unit | Estimated unit price ($) | |
| --- | --- | --- | --- |
| Rural Small High Care Supplement  1–10 places | Bed day | 11.38 | |
| Rural Small High Care Supplement  11–20 places | Bed day | 8.53 |
| Rural Small High Care Supplement  21–30 places | Bed day | 7.12 |
| Low Care Supplement[[11]](#footnote-12) | Bed day | 6.52 |
| High Care Supplement | Bed day | 70.40 |
| Public Sector Residential Aged Care Supplement | Bed day | 13.98 |
| Complex Care Supplement | Bed day | 42.71 |

Program area: HACC-PYP primary health, community care and support

| Service | Funded unit | Estimated unit price ($) |
| --- | --- | --- |
| HACC-PYP Access and Support | Hour | 74.65 |
| HACC-PYP Assessment | Hour | 101.60 |
| HACC-PYP Counselling | Hour | 110.85 |
| HACC-PYP Delivered Meals | Meal | 3.68 |
| HACC-PYP Dietetics | Hour | 110.85 |
| HACC-PYP Community Care | Hour | 51.21 |
| HACC-PYP Nursing | Hour | 101.60 |
| HACC-PYP Occupational Therapy | Hour | 110.85 |
| HACC-PYP Physiotherapy | Hour | 110.85 |
| HACC-PYP Planned Activity Group | Per person | 17.61 |
| HACC-PYP Podiatry | Hour | 110.85 |
| HACC-PYP Property Maintenance | Hour | 53.10 |
| HACC-PYP Speech Therapy | Hour | 110.85 |
| HACC-PYP Volunteer Coordination | Hour | 43.30 |

Program area: HACC-PYP– ACCO services

| Service | Funded unit | Estimated unit price ($) |
| --- | --- | --- |
| HACC-PYP Access and Support | Hour | $77.54 |
| HACC-PYP Occupational Therapy | Hour | $115.17 |
| HACC-PYP Podiatry | Hour | $115.17 |
| HACC-PYP Dietetics | Hour | $115.17 |
| HACC-PYP Speech Therapy | Hour | $115.17 |
| HACC-PYP Physiotherapy | Hour | $115.17 |
| HACC-PYP Counselling | Hour | $115.17 |
| HACC-PYP Assessment | Hour | 105.56 |
| HACC-PYP Delivered Meals | Meal | $3.82 |
| HACC-PYP Community Care | Hour | $53.19 |
| HACC-PYP Nursing | Hour | 105.56 |
| HACC-PYP Planned Activity Group | Person-hour | 17.82 |
| HACC-PYP Property Maintenance | Hour | $55.15 |
| HACC-PYP Volunteer Coordination | Hour | 44.97 |

### Small Rural Health Services – Ageing, Aged and Home Care

1. Small rural health services – ageing, aged and home care 2022–23

Program area: Small rural health services – HACC-PYP Health Care and Support

| Service | Funded unit | Estimated unit price ($) |
| --- | --- | --- |
| HACC-PYP Access and Support | Hour | 74.65 |
| HACC-PYP Occupational Therapy | Hour | 110.85 |
| HACC-PYP Podiatry | Hour | 110.85 |
| HACC-PYP Dietetics | Hour | 110.85 |
| HACC-PYP Speech Therapy | Hour | 110.85 |
| HACC-PYP Physiotherapy | Hour | 110.85 |
| HACC-PYP Assessment | Hour | 101.60 |
| HACC-PYP Counselling | Hour | 110.85 |
| HACC-PYP Delivered Meals | Meal | 3.68 |
| HACC-PYP Community Care | Hour | 51.21 |
| HACC-PYP Nursing | Hour | 101.60 |
| HACC-PYP Planned Activity Group | Per Person | 17.61 |
| HACC-PYP Property Maintenance | Hour | 53.10 |
| HACC-PYP Volunteer Coordination | Hour | 43.30 |

Program area: Small rural health services – Primary Health

| Service | Funded unit | Estimated unit price ($) |
| --- | --- | --- |
| 1. Counselling/Casework | 1. Hour | 1. 116.37 |
| Allied Health | 1. Hour | 1. 116.37 |
| Nursing | 1. Hour | 1. 101.85 |

Program area: Residential aged care[[12]](#footnote-13) – public sector residential aged care supplements

| 1. Service | 1. Funded unit | 1. Estimated unit price ($) |
| --- | --- | --- |
| 1. Rural Small High Care Supplement 2. 1–10 places | 1. Bed day | 1. 11.38 |
| 1. Rural Small High Care Supplement 2. 11–20 places | 1. Bed day | 1. 8.53 |
| 1. Rural Small High Care Supplement 2. 21–30 places | 1. Bed day | 1. 7.12 |
| 1. Low Care Supplement[[13]](#footnote-14) | 1. Bed day | 1. 6.52 |
| 1. High Care Supplement | 1. Bed day | 1. 70.40 |
| 1. Public Sector Residential Aged Care Supplement | 1. Bed day | 1. 13.98 |
| 1. Complex Care Supplement | 1. Bed day |  |

### Primary, Community and Dental Health Output Group

1. Primary community health care output 2022–23

| Service | Service subsection | Funded unit | Estimated unit price ($) |
| --- | --- | --- | --- |
| 1. Family and Reproductive Rights Education Program | 1. Direct care | 1. Hours | 1. 116.37 |
| 1. Innovative Health Services for Homeless Youth | 1. Counselling/casework | 1. Hours | 1. 116.37 |
| 1. Innovative Health Services for Homeless Youth | 1. Nursing | 1. Hours | 1. 101.85 |
| 1. Family planning | 1. Counselling/casework | 1. Hours | 1. 116.37 |
| 1. Family planning | 1. Nursing | 1. Hours | 1. 101.85 |
| 1. Aboriginal services and support | 1. Case coordination | 1. Hours | 1. 116.37 |
| 1. Integrated chronic disease management | 1. Allied health | 1. Hours | 1. 116.37 |
| 1. Integrated chronic disease management | 1. Nursing | 1. Hours | 1. 101.85 |
| 1. Refugee and asylum seeker health | 1. Allied health | 1. Hours | 1. 116.37 |
| 1. Refugee and asylum seeker health | 1. Nursing | 1. Hours | 1. 101.85 |
| 1. Healthy Mothers, Healthy Babies | 1. Allied health | 1. Hours | 1. 116.37 |
| 1. Healthy Mothers, Healthy Babies | 1. Nursing | 1. Hours | 1. 101.85 |
| 1. Community health | 1. Allied health | 1. Hours | 1. 116.37 |
| 1. Community health | 1. Nursing | 1. Hours | 1. 101.85 |
| 1. ACCO services | 1. Counselling/casework | 1. Hours | 1. 120.31 |
| 1. MDC community health nurses | 1. Nursing | 1. Hours | 1. 101.85 |
| 1. Community Asthma Program | 1. Allied health | 1. Hours | 1. 116.37 |

### Training and Development

1. Training and development funding rates in 2022–23

| Stream | Program | Rate per EFT ($) |
| --- | --- | --- |
| 1. Professional-entry student placements | 1. Medical, nursing, allied health, (including allied health assistance and health information management) | 1. Not calculated based on an EFT rate |
| 1. Transition to practice | 1. Allied health graduate – metro | 1. 9,979 |
| 1. Transition to practice | 1. Allied health graduate – rural | 1. 11,734 |
| 1. Transition to practice | 1. Pharmacy interns | 1. 33,389 |
| 1. Transition to practice | 1. Medical graduate year 1 (PGY1) | 1. 39,842 |
| 1. Transition to practice | 1. Medical graduate year 2 (PGY2) | 1. 43,581 |
| 1. Transition to practice | 1. Nursing and midwifery | 1. 19,858 |
| 1. Postgraduate – medical specialist training | 1. Victorian Medical Specialist Training Program | 1. 74,882 |
| 1. Postgraduate – medical specialist training | 1. Victorian Paediatric Training Program | 1. 101,624 |
| 1. Postgraduate – medical specialist training | 1. Basic physician training consortia | 1. Not calculated based on an EFT rate |
| 1. Postgraduate – nursing and midwifery | 1. Nursing and midwifery postgraduates | 1. 19,858 |

## Price Groups for NWAU Purposes

1. Price groups for NWAU purposes

| Health service | Peer group |
| --- | --- |
| Alfred Health | Metropolitan |
| Austin Health | Metropolitan |
| Calvary Health Care Bethlehem Ltd | Metropolitan |
| Eastern Health | Metropolitan |
| Melbourne Health | Metropolitan |
| Mercy Public Hospital Inc. | Metropolitan |
| Monash Health | Metropolitan |
| Northern Health | Metropolitan |
| Peninsula Health | Metropolitan |
| Peter MacCallum Cancer Institute | Metropolitan |
| Royal Children's Hospital (Melbourne) | Metropolitan |
| Royal Victorian Eye and Ear Hospital | Metropolitan |
| Royal Women's Hospital (Melbourne) | Metropolitan |
| St Vincent's Hospital (Melbourne) Limited | Metropolitan |
| Western Health | Metropolitan |
| Albury Wodonga Health | Regional |
| Barwon Health | Regional |
| Bendigo Health Care Group | Regional |
| Goulburn Valley Health | Regional |
| Grampians Health | Regional |
| Latrobe Regional Hospital | Regional |
| Bairnsdale Regional Health Service | Subregional and local |
| Bass Coast Health | Subregional and local |
| Benalla Health | Subregional and local |
| Castlemaine Health | Subregional and local |
| Central Gippsland Health Service | Subregional and local |
| Colac Area Health | Subregional and local |
| East Grampians Health Service | Subregional and local |
| Echuca Regional Health | Subregional and local |
| Gippsland Southern Health Service | Subregional and local |
| Kyabram and District Health Service | Subregional and local |
| Maryborough District Health Service | Subregional and local |
| Mildura Base Hospital | Subregional and local |
| Northeast Health Wangaratta | Subregional and local |
| Portland District Health | Subregional and local |
| South West Healthcare | Subregional and local |
| Swan Hill District Health | Subregional and local |
| West Gippsland Healthcare Group | Subregional and local |
| Western District Health Service | Subregional and local |

## Output and Activity Tables

A range of inpatient, residential and community-based clinical services are provided to people with a mental illness and their families so that those who experience mental health problems can access timely, high-quality care and support to recover and live successfully in the community (see Table 1.27 Mental health – outputs and activities: clinical care 2022-23).

1. Mental health – outputs and activities: clinical care 2022-23

| Activity no. | Activity name | Activity description |
| --- | --- | --- |
| 15005 | Crisis Assessment and Treatment | A 24-hour, seven-day-a-week mobile crisis service that provides effective assessment and treatment throughout the community to individuals in crisis due to a mental illness. This includes assessing the most effective and least restrictive client service options and screening inpatient bed admissions. |
| 15006 | Community Care Units | Community care units are purpose-built units of up to 20 beds located in community settings with 24-hour staffing. They are designed for adults who require longer term support, on-site clinical services, and individualised rehabilitation. |
| 15007 | Adult Continuing Care | A range of community-based services that provide assessment, treatment and additional continuing care and case management for adults with a mental illness. |
| 15008 | Adult Integrated Community Service | An integrated range of services that meet the client’s treatment needs, ensuring efficient and effective community-based mental health services are provided. |
| 15012 | Acute Care – Adult | Acute inpatient units provide for the short-term assessment, treatment and management of mentally ill adults aged 15–65 years. The focus is on intervention designed to reduce symptoms and promote recovery from mental illness. |
| 15014 | Secure Extended Care – Adult | Long-term inpatient treatment and support for adults aged 15–65 years who have unremitting and severe symptoms, together with an associated significant disturbance in behaviour that inhibits the person’s capacity to live in the community. |
| 15019 | Aged Persons Mental Health Community Teams | Mobile services that provide assessment, treatment, rehabilitation, and case management for people with a mental illness primarily over 65 years of age. |
| 15022 | Acute Care – Aged | Inpatient units providing short-term assessment and treatment for older people aged 65 or older with acute symptoms of mental illness who cannot safely be cared for in the community. |
| 15026 | Child and Adolescent Assessment Treatment | A range of services including crisis assessment, case management, individual or group therapy, family therapy, parent support and medication-based treatments for children and adolescents experiencing significant psychological distress or mental illness. Services support a timely response to referrals, including crises, delivered on an outreach basis, where appropriate. |
| 15028 | Intensive Youth Support | Mobile intensive mental health case management and support to adolescents who display substantial and prolonged psychological disturbance and have complex needs that may include challenging, at-risk, and suicidal behaviours, and who have been difficult to engage using less-intensive treatment approaches. |
| 15030 | Acute Care – Specialist Statewide | A range of specialist clinical inpatient mental health assessment, treatment or consultancy services that support specific and general target groups on a statewide, inter-regional or specific catchment area basis. The focus of these inpatient services is on clinical service provision to people with a mental illness. |
| 15031 | Acute Care – Child and Adolescent | Inpatient units provide short-term psychiatric assessment and treatment for children and adolescents with severe psychological disturbance who cannot be effectively assessed or treated in a less-restrictive community-based setting. |
| 15032 | Forensic Community Service | Provides community-based assessment and multidisciplinary treatment services to high-risk clients referred from a range of criminal justice agencies, mental health services and private practitioners. Also provides secondary consultations and specialist training to area mental health services. |
| 15041 | Acute Care – Forensic | Inpatient services for the assessment, diagnosis and treatment of the crisis and acute phases of mentally disturbed offenders referred by the courts, prison system, police, and general mental health services. |
| 15049 | Aged Persons Mental Health Nursing Home Supplement | Community residential services for aged clients who cannot be managed in the general residential system due to their level of persistent cognitive, emotional, or behavioural disturbances. Services include: long-term accommodation; ongoing assessment, treatment, and care of residents; rehabilitation; and respite care. |
| 15054 | Training – Statewide | All activities associated with training and staff development. |
| 15057 | Prevention and Recovery Care | Prevention and recovery care subacute clinical bed-based treatment services option for people with a significant mental health problem requiring pre-crisis or post-acute treatment and support. Prevention and recovery care assists in averting acute inpatient admission and facilitates earlier discharge from inpatient units. It is not a substitute for inpatient admission. |
| 15060 | Homeless Outreach Psychiatric Services | Outreach services that provide assessment, treatment, rehabilitation, and case management for homeless people with a mental illness. Also includes secondary consultation and support to the homelessness service sector. |
| 15070 | Academic Positions – Health Services | All activities associated with specified academic positions attached to tertiary institutions, regardless of the location of the position. |
| 15071 | Training – Graduate Year Training | Funding provided to health services to support nurses and allied health staff participating in specialist mental health graduate-year programs for training, supervision, backfill and subsidy to enable reduced clinical loads during orientation phase. |
| 15200 | Community Specialist Statewide Services | A range of specialist clinical community mental health assessment, treatment or consultancy services that support specific and general target groups on a statewide, inter-regional or specific catchment area basis. The focus of these community services is on a clinical service provision to people with a mental illness. |
| 15203 | Statewide Support – Clinical Services | A range of services including resourcing to the clinical mental health service system on a statewide, inter-regional or specific-purpose basis. |
| 15250 | Aged Persons Mental Health Hostel Supplement | Hostel-based community residential services for aged clients who cannot be managed in the general residential system due to their level of persistent cognitive, emotional, or behavioural disturbances. Services include long-term accommodation, ongoing assessment, treatment and care of residents, low-level nursing home or hostel care, rehabilitation, and respite care. |
| 15251 | Consultation and Liaison | Consultation liaison psychiatry is the diagnosis, treatment, and prevention of psychiatric morbidity among physically ill patients who are patients of an acute general hospital. This activity includes providing psychiatric assessment, consultation, liaison and education services to non-psychiatric health professionals and their patients. |
| 15262 | Prevention and Promotion | The development and delivery of mental health promotion and the prevention of mental health problems and disorders. |
| 15264 | Consumer Participation | Participation of consumers, which may include employing consumer consultants to provide input into service planning, development, and evaluation, establish consumer networks and become involved in consumer participation plans for area mental health services. |
| 15265 | Ethnic Consultants | Strategies that increase the accessibility of mental health services for people from culturally diverse backgrounds. This includes developing and implementing strategic plans for providing culturally sensitive services and for establishing and maintaining partnerships with ethnic community groups and bilingual health workers. |
| 15267 | Research and Evaluation | All activities associated with academic appointments, research, and evaluation. |
| 15272 | Quality Incentive Strategy | Financial incentives for service quality in adult, aged persons and child and adolescent mental health services. The QIS includes measures of consumer and carer satisfaction, service responsiveness and timeliness of data reporting. |
| 15300 | Conduct Disorder Program | Services that provide prevention programs for children and young people at risk and clinical services for those with established conduct disorder. |
| 15320 | Early Psychosis Program | Specialist treatment and improved continuity of care services for young people with an emerging disorder, particularly coexisting substance abuse problems. |
| 15321 | Koori Liaison Officers | All activities associated with the mental health Koori liaison positions. |
| 15351 | Community Specialist Statewide Services – Eating Disorders | A range of specialist clinical community mental health assessment, treatment or consultancy services that support eating disorder groups on a statewide, inter-regional or specific catchment area basis. The focus of these community services is on a clinical service provision to people with a mental illness. |
| 15352 | Aged Persons Intensive Community Treatment | Short-term assessment and treatment for people over 65 years of age with acute symptoms of a mental illness, delivered in community settings. |
| 15353 | Acute Care – Mother Baby (now known as Parent and Infant services) | A range of specialist clinical inpatient mental health assessment, treatment or consultancy services that support mother and baby groups on a statewide, inter-regional or specific catchment area basis. The focus of these inpatient services is on clinical service provision to people with a mental illness. |
| 15354 | Acute Care – Eating Disorders | A range of specialist clinical inpatient mental health assessment, treatment or consultancy services that support eating disorder groups on a statewide, inter-regional or specific catchment area basis. The focus of these inpatient services is on clinical service provision to people with a mental illness. |
| 15355 | Emergency Department Crisis Assessment | Extended-hours coverage in emergency departments for mobile crisis services that provide effective assessment and treatment throughout the community to people in crisis due to a mental illness. |
| 15357 | Community Specialist Statewide Services – Non-Government | A range of specialist clinical community mental health assessment, treatment or consultancy services delivered by non-government organisations that support groups on a statewide, inter-regional or specific catchment area basis. The focus of these community services is clinical service provision to people with a mental illness. |
| 15359 | System Capacity Development – Non-Government | Block grants provided for a specified purpose or as a contribution towards a program that assists with developing system capacity. They exclude funding for clinical positions. |
| 15361 | Academic Positions – Other | All activities associated with specified academic positions attached to tertiary institutions, regardless of the location of the position. |
| 15362 | Workforce Support | Specialist clinical inpatient mental health assessment, short-term admission and treatment services that support neuropsychiatric disorders on a statewide, inter-regional or specific catchment area basis. |
| 15366 | Suicide Prevention | Programs that aim to reduce suicide among adults (26 +) and young people (0-25). Programs that provide preventive support, activities, and early intervention services to adults and young people their family and friends and the broader community. Includes the Hospital Outreach Post-suicidal Engagement (HOPE) program. |
| 15060 | Mental Health and AOD Hubs | People presenting at emergency departments with acute mental health and alcohol and other drug (AOD) issues can be fast-tracked to specialist, dedicated care, providing them with the right support sooner and easing pressure on emergency departments. |
| 38001 | Family Violence Reform  (Not Mental Health output) | Specialist family violence program to drive family violence service development, capacity building and sector collaboration. The program increases the capacity of mental health services and AOD agencies to recognise and respond appropriately to family violence at both the agency and individual practitioner levels. |
| 15026 | Child Clinical Specialist | 1. Improve the leadership and responsiveness in engaging, assessing, and treating children (aged 0–12 years) with behaviour disorders linked to mental illness, such as conduct disorder and precursors, depression and anxiety, and their families/caregivers. |
| 15057 | PARC Supplement | Improves the capacity of prevention and recovery care (PARC) units to accept patients being discharged from acute inpatient units by providing extra clinical input. |
| 15054 | Aboriginal Mental Health Traineeship Program | All activities associated with supporting full-time employment to 10 Aboriginal mental health traineeship positions who will undergo supervised workplace training and clinical placements over three years while concurrently completing the three-year full-time Bachelor of Health Science (Mental Health) degree at Charles Sturt University. |
| 15300 | Personality Disorder Specialist Program | Assessment, treatment, and support for people with severe personality disorders who are at high risk of suicide, high-lethality self-harm or violent or aggressive behaviours. |
| 15365 | Perinatal Emotional Health Program | 1. Improve early detection of antenatal and postnatal depression and provide better support and treatment for expectant and new mothers experiencing depression. |
| 15371 | 1. Forensic Mental Health in Community Health | 1. Delivery of community-based mental health services and supports to forensic clients with a moderate mental health condition referred by Corrections Victoria. |

Table 1.28 shows outputs and activities for mental health community support services. MHCSS are a range of rehabilitation and support services provided to youth and adults with a psychiatric disability, and their families and carers, so that those experiencing mental health problems can access timely, high-quality care and support to recover and reintegrate into the community.

1. Mental health community support services – outputs and activities 2022–23

| Activity no. | Activity name | Activity description |
| --- | --- | --- |
| 15067 | Planned Respite – In Home | In-home planned respite services assist in sustaining existing relationships between people with a mental illness and their carers by providing short-term respite at home. |
| 15068 | Planned Respite – Community | Community planned respite services assist in sustaining existing relationships between people with a mental illness and their carers by providing short-term respite in the community. |
| 15069 | Planned Respite – Residential | Residential planned respite services assist in sustaining existing relationships between people with a mental illness and their carers by providing short-term respite in a residential situation. |
| 15074 | Training – MHCSS | This includes all MHCSS activities associated with training and staff development of funded agency staff. It also includes training for participants of funded agencies and their carers. It does not include training provided as part of a mutual support and self-help (MSSH) service or as part of a community development function of any MHCSS-funded agency. |
| 15075 | MHCSS Carer Support | This includes those services and programs that have as their primary client the carer of a person with a mental illness, and that do not fit into the components of ‘planned respite’ or MSSH. |
| 15076 | MHCSS Centrally Funded Support | Funding provided by central office for MHCSS services on a specific-purpose grant. |
| 15091 | MSSH Statewide Specialist Availability Grant | Availability grants are only provided to statewide specialist MSSH organisations. This is a block grant that encompasses two of the five core MSSH activities: individual support, referral, and advocacy; and information development and dissemination. |
| 15092 | MSSH Individual Support Referral and Advocacy | Direct contacts between the service provider and the client for information and advice, including referral and one-on-one support. Clients include those with a mental illness, their carers or friends and family members and health professionals. |
| 15093 | MSSH Information Development and Dissemination | Costs associated with developing primary reference material. This does not include disseminating existing materials developed by other organisations to clients in the course of normal business. It can include website development costs, writing and so on. |
| 15094 | MSSH Groups Support | Facilitated support groups conducted for clients with a mental illness, their carers or friends or family members. |
| 15095 | MSSH Groups Education and Training | This refers to groups conducted to provide training or information and education for members of the public or health professionals. |
| 15096 | MSSH Volunteer Coordination | Volunteer coordination refers to those activities associated with recruitment, training and education, support, and management of volunteers. |
| 15097 | Supported Accommodation – 24-Hour Support Model | Staff provide on-site support 24 hours a day, seven days a week. This type of model is generally delivered in a larger facility. Under this model residents normally have their own bedroom but may share bathroom facilities and communal areas such as a lounge and kitchen. |
| 15098 | Supported Accommodation – Non-24-Hour Support | Support is provided either in a cluster environment on the same site or in units and houses located within close geographic proximity. Support is provided during standard work-hours (9.00 am to 5.00 pm Monday to Friday) and after hours and weekend support or on-call. Note: this activity is progressively transitioning to the National Disability Insurance Scheme. |
| 15099 | ACCO Services – Mental Health | Funding for those mental health services provided by Aboriginal community-controlled organisations. |
| 15266 | Statewide Support – MHCSS | The statewide funding stream supports the activities of peak organisations that provide advocacy and sector leadership and specialist organisations that provide a range of targeted mental health advocacy and social inclusion services. |
| 15501 | Community Intake Assessment Function | Determines and prioritises client eligibility for MHCSS. Note: this activity will be affected by the transition of MHCSS services to the National Disability Insurance Scheme. |
| 15503 | Youth Residential Rehabilitation – 24 Hour | Youth residential rehabilitation provides transitional accommodation with rehabilitation support. Support is provided at the facility 24 hours a day, seven days a week. |
| 15504 | Youth Residential Rehabilitation – Non-24-Hour | Youth residential rehabilitation provides transitional accommodation with rehabilitation support. Support is provided at the facility on a non-24-hour basis. |
| 15507 | Continuity of Support | Continuity of support arrangements for current clients of MHCSS that are transitioning to the National Disability Insurance Scheme (NDIS) who are not eligible to become a NDIS participant because they do not meet the age and residency access requirements outlined in the *National Disability Insurance Act 2013*. |

Table 1.29 shows outputs and activities for drug prevention and control. These encourage all Victorians to minimise the harmful effects of illicit and licit drugs, including alcohol, by providing a comprehensive range of strategies that focus on enhanced community and professional education, targeted prevention and early intervention, and the use of effective regulation.

1. Drug services – outputs and activities: drug prevention and control 2022–23

| Activity no. | Activity name | Activity description |
| --- | --- | --- |
| 34001 | Family Counselling | A variety of supports for family members of people who use AOD, including information, advice, referral, brief interventions and single-session therapies, counselling, peer support and education programs. It aims to deliver additional capacity for family support in each catchment area that is responsive to local need and complements existing family support services so service providers, referrers and affected community members know what is available and how to access it. |
| 34003 | Poisons Information | Provides information and advice to the public on drugs and poisons, especially following exposure. |
| 34004 | Client Information and Support | Provides information, training, support, advice, and referrals to equip people to manage and respond to harmful drug use. |
| 34006 | Targeted Interventions | Provides programs and services that prevent or reduce harms associated with alcohol and other drug use. |
| 34020 | Community Education | Provides different groups in the community with information about the impacts of substance use and, in the case of parents, resources to inform their children about substance use issues. |
| 34021 | Local Initiatives | Delivers programs, services, and projects to support local stakeholders, business, residents, and communities to reduce harms related to alcohol and other drug use or dependence. |
| 34070 | Needle and Syringe Program | Makes available sterile injecting equipment for injection drug users, promote safe disposal, promote safer injecting practices, and provide information, education, and referral. |

Table 1.30 shows outputs and activities for drug treatment and rehabilitation. Drug services assist the community and individuals to control and reduce the harmful effects of illicit and licit drugs, including alcohol, by providing community-based services, non-residential and residential treatment services, education and training, and support services.

1. Drug services – outputs and activities: drug treatment and rehabilitation 2022-23

| Activity no. | Activity name | Activity description |
| --- | --- | --- |
| 34022 | Capacity Building | To improve the ability of organisations to identify and respond to AOD support needs of specific cohorts of clients and their families. |
| 34024 | Education and Training | 1. To provide information, training, consultancy, curriculum, and training needs analysis for workers, including peer workers, in dealing with clients with alcohol and drug problems, and education to alcohol and drug treatment clients. |
| 34025 | Research, Service Development, Evaluation | 1. To develop and enhance high-quality public health research into AOD issues, including targeted and general population surveys, risk and protective factors and effects of AOD use and evaluation of services. 2. This activity supports the delivery of a range of initiatives to equip the specialist AOD sector to prevent the harmful uptake of AOD use, intervene earlier, deliver effective treatments and other holistic health interventions, and better understand the impact of AOD use across the community.   This enables the application of research findings, which inform policy, planning and practice. |
| 34040 | Education (FOCiS) | To provide a drug education program for people requiring it as a condition of their sentence for possessing a small amount of illicit drugs. The aim is to increase the likelihood of the individual maintaining behaviour that reduces drug-related harm. |
| 34041 | Youth Day Program | To support young people who are currently involved in treatment with youth AOD treatment services and to complement these services to provide a pathway for the client following treatment. |
| 34042 | Community Offenders Advice and Treatment | To provide post-sentence assessments and treatment plans for offenders who have received a community-based disposition from the courts.  To provide pre-sentence assessments (in exceptional circumstances) as ordered by the court and treatment plans for offenders whose offending is related to drug use.  To provide pre-release assessment and treatment plans on release for prisoners on parole with an AOD treatment condition and offenders who have received a custody and community treatment order.  To purchase appropriate treatment from AOD agencies for offenders who have received a community-based disposition with an AOD treatment condition. |
| 34044 | Ante and Post Natal Support | To provide inpatient, outpatient, distance case management and secondary consultation activities to minimise the harms of AOD use to mothers and their children. |
| 34046 | Youth Alcohol and Drug Supported Accommodation | To provide short-term accommodation support to those who require assistance in controlling their AOD use. |
| 34047 | Specialist Pharmacotherapy Program | To provide specialist assessment, treatment and stabilisation for people receiving methadone who have complex medical, psychiatric, or psychosocial problems and to provide training and consultancy services for relevant health practitioners. |
| 34048 | Outdoor Therapy | To coordinate case-managed, therapeutic wilderness adventures for young people aged 12–21 years who have AOD issues and to facilitate wilderness adventure skills in the AOD sector. |
| 34049 | Koori Community Alcohol and Drug Worker | Aboriginal AOD diversion workers operate in mainstream AOD services located near Koori courts. Their role is to provide a link between the Koori court, the Aboriginal community and the AOD treatment service system, and to provide a service tailored to the needs of offenders appearing before the Koori court. |
| 34050 | Adult Residential Drug Withdrawal | To provide support clients to safely withdraw from AOD dependence in a supervised residential or hospital facility. |
| 34053 | Adult Residential Rehabilitation | To deliver a mix of evidence-based treatment interventions in a structured and therapeutic residential environment for people to address issues related to their AOD use and prepare for reintegration into community living. |
| 34054 | Peer Support | Peer support facilitates workers with lived experience of AOD use to provide information and support to other people with AOD use to improve their health, wellbeing, and safety, and facilitate access to treatment and support services. |
| 34056 | Youth Residential Drug Withdrawal | To provide a short-term drug withdrawal, time out and intensive support residential service for young people aged 12–21 years in a physically and emotionally safe, drug-free environment within a multidisciplinary, psychosocial health framework. |
| 34057 | Pharmacotherapy Regional Outreach | To support and enhance the role of trained general practitioners and dispensers of drug substitute pharmacotherapies in encouraging, recruiting, and retaining opiate-dependent people in drug substitution programs. |
| 34061 | Mobile Drug Safety | To provide education on drug safety to drug users and refer users for treatment and rehabilitation. |
| 34062 | Mobile Overdose Response | To provide counselling, information and support to non-fatal overdose clients and facilitate access to treatment and support services. |
| 34064 | Youth Home-based Withdrawal | To provide a safe and effective drug withdrawal in a home-based setting with medical, pharmacotherapy and supportive care. |
| 34071 | Youth Outreach | To support generalist agencies that work with young people, through information, education, and training by providing youth-specific services. Includes mobile treatment and support service that provides assessment, support, and ongoing case coordination to young people with AOD issues on their own or in a neutral environment. . |
| 34074 | Counselling Consultancy and Continuing Care | AOD youth consultants provide secondary consultation, support and advice to child protection clients and staff in out-of-home care residential facilities, adolescent community placement and secure welfare services. |
| 34076 | Statewide Support – Drug Treatment and Rehabilitation | A range of services, including resourcing to the drug treatment and rehabilitation service system on a statewide, interregional or specific-purpose basis. |
| 34078 | ACCO Services – Drug Services | Aboriginal AOD workers provide Aboriginal people and families with a range of prevention, early intervention and group support services including counselling, brief intervention, and referral to appropriate AOD services (e.g. withdrawal and rehabilitation treatment, care coordination and ongoing support). |
| 34079 | Koori Youth A and D Healing Service | To provide Aboriginal youth with a supportive environment to address their AOD issues through active participation in therapeutic and structured programs designed to assist them to develop living skills, and to strengthen their cultural identity and spiritual wellbeing. |
| 34080 | Youth Residential Rehabilitation | To provide residential rehabilitation programs to young people who have undergone an AOD withdrawal or treatment program and have not been successful in reducing or overcoming their AOD issues and are not suited to attend an outpatient program. |
| 34081 | Workforce Education and Training | To provide workforce development education, information, training, and consultancy for workers dealing with clients with AOD problems, and to provide education to AOD treatment clients. |
| 34084 | Therapeutic Counselling | To deliver therapeutic interventions that assist young people and their parents/carer(s)/family to address difficulties associated with AOD use among young people. This supports young people to make positive choices about their AOD use and encourages stronger family relationships, promoting family function. |
| 34200 | Forensic Education and Training (Cannabis) | To provide education to clients issued with a cannabis caution, agency training, curriculum development and training needs analysis for workers. |
| 34202 | COATS Post Sentence | To provide AOD treatment to offenders sentenced to a community-based disposition with an attached AOD order. |
| 34208 | Forensic Consultancy and Continuing Care | To provide specific service system responses and initiatives to enhance the AOD sector’s ability to provide enhanced responses to those presenting with highly complex needs including those referred Victoria’s Fixated Threat Assessment Centre. |
| 34210 | Youth Justice | To deliver AOD programs to youth justice clients. |
| 34211 | Diversion Programs | To divert clients away from the justice system by providing AOD therapeutic treatment for those who were referred by other services who wish to address their AOD-related offending behaviour, or to meet a condition of a diversion plan. |
| 34212 | COATS Post Sentence | Community Offenders Advice and Treatment Service brokerage funds to purchase AOD therapeutic treatment for post-sentence/post-prison clients. |
| 34213 | Justice Programs | To deliver criminogenic AOD programs to clients attending treatment via the justice system. Programs currently funded under this activity include targeted criminogenic interventions delivered in group settings. |
| 34214 | Severe Substance Dependence Treatment Withdrawal Services | Specified services provided under the *Severe Substance Dependence Treatment Act 2010* including coordination of client care, individual care planning and ensuring clients are linked into services in their local area that provide appropriate care and support. |
| 34300 | Care and Recovery Coordination | Facilitates seamless and integrated treatment pathways for complex clients and their families and improves access to other services and support systems in the community through a range of mechanisms including peer support options. |
| 34301 | Counselling | Counselling includes providing face-to-face, online or telephone treatment and support for individuals and families, including group counselling and day programs. Duration can range from a single session to extended periods of engagement. |
| 34303 | Non-Residential Withdrawal | Non-residential withdrawal services support people to safely achieve neuroadaptation reversal in conjunction with a medical practitioner. Includes clinical withdrawal assessment, withdrawal treatment and referral and information provision via home-based, outpatient, outreach, or hospital-supported modalities. |
| 34304 | Area-Based Planning | Area-based planning assists AOD treatment providers operating in a given Department of Health area to develop an evidence-based area plan which identifies essential service gaps and pressures and strategies to improve responsiveness to client and community need and population diversity, including disadvantaged population groups. Each plan provides the basis for improved cross-sector service coordination and by doing this achieves a more planned, joined-up approach to the needs of clients. |
| 34305 | Therapeutic Day Rehabilitation | Non-residential rehabilitation programs for people recovering from AOD substance misuse. These programs are intensive, structured interventions to address the psychosocial causes for drug dependence through evidence-based treatment, with the aim of sustainable recovery. The program typically includes a mix of motivational enhancement, cognitive behavioural therapies and individual and group counselling, self-help and peer support, and supported reintegration into the community and the re-engagement with recreation and activities. |
| 34306 | Intake | The intake function delivers standardised good-practice triage to identify a person’s need for, and prioritise their referral to, specialist AOD treatment and other services. This activity includes brief interventions and bridging support, where appropriate, up until the point of a client’s assessment. |
| 34307 | Assessment | The assessment function delivers standardised, good-practice comprehensive assessment and treatment planning to identify and prioritise a person’s treatment and referral needs. This activity includes brief interventions and bridging support, where appropriate. |
| 34308 | Medically Supervised Injecting Room | To provide a safer setting for people to inject drugs, consistent with the objects outlined in Part IIA of the Drugs, Poisons and Controlled Substances Act 1981 (the Act). |

1. Small rural health services – outputs and activities 2022–23

Output name: Acute health

| Activity no. | Activity name | Activity description |
| --- | --- | --- |
| 35024 | Small rural – flexible health service delivery | A range of health services provided to small rural communities. |
| 35025 | Small rural – TAC – acute health | Transport Accident Commission-funded inpatient services. |
| 35026 | Small rural – DVA – acute health | Department of Veterans’ Affairs-funded inpatient services. |
| 35028 | Small rural – acute health service system development and resourcing | Provides funds for workforce, community, service development and IT projects that support SRHSs. |
| 35051 | Acute health – bush nursing hospitals | Provides funds to bush nursing hospitals to support a variety of purposes including inpatient services, 24-hour emergency stabilisation services, agency support and stabilisation grants. |
| 35052 | Small rural – specified services | Provides funding for services and projects as specified in applicable grant descriptions and conditions of funding. Includes specific-purpose activities of both a one-off and recurrent nature. |
| 35023 | Acute health – bush nursing centres | Provides funds to bush nursing centres to support clinical care, practical assistance, support, referral, and advocacy with the goal of improving quality of life, social function, and health. |

Output name: Aged care

| Activity no. | Activity name | Activity description |
| --- | --- | --- |
| 35010 | Small rural – aged support services | A range of health promotion and community service activities that support older Victorians and their carers in small rural communities such as seniors health promotion, aged carer support and respite, dementia services and aged care community grants. |
| 35052 | Small Rural Services Home and Community Care Program for Younger People (HACC-PYP) | A range of services to support younger people who have difficulty with the activities of daily living and their carers to remain at home and participate in the community. |
| 35011 | Small rural – residential aged care | Care and support for people in small rural communities who are approved for care and accommodation in residential aged care facilities. This includes the State contribution towards matching the reduction in the recurrent funding paid by the Commonwealth to public sector residential aged care providers for the adjusted subsidy reduction for pre-1997 places. |
| 35042 | Small rural – drugs services | Delivery of a range of health and aged care services as per an agreed service profile and business rules. |
| 35048 | Small rural – primary health flexible services | Suitably qualified people assessing and providing direct care to individuals for therapeutic intervention, clinical care, practical assistance, support, referral, and advocacy with the goal of improving quality of life, social function, and health.  Promoting health, independence, and wellbeing to prevent illness, injury and disease through screening, risk assessment, immunisation, social marketing of health information, community action for social and environmental change, organisational development, workforce development and resources. |

1. Aged and home care – outputs and activities 2022-23

Output name: Commonwealth Aged Care Assessment – Aged Care Assessment Service

| Activity no. | Activity name | Activity description |
| --- | --- | --- |
| 13005 | Aged Care Assessment Services Assessment | Assess care needs of frail older people and determine eligibility for services under the *Aged Care Act 1997.* |

Output name: Residential aged care

| Activity no. | Activity name | Activity description |
| --- | --- | --- |
| 13031 | Public sector residential aged care supplement | Funds designated places for:   * adjusted subsidy reduction supplement – this is the State contribution towards equalising the recurrent funding paid by the Commonwealth as adjusted subsidy reduction places to public sector residential aged care operators * The adjusted subsidy reduction is likely to be removed by the Commonwealth part-way through 2022-23 as their new funding model is introduced. When the adjusted subsidy reduction is removed, the department will review the allocation of funding and may change the allocations. * contribution to public sector wage adjustments. |
| 13059 | Residential aged care complex supplement | Funds designated places to support services targeting people with particular complex conditions to provide a higher level of specialised care management. |
| 13107 | Rural small high care supplement | Funds designated small-sized high-care public sector residential aged care services (up to 30 places) that are located in rural Victoria. There are three levels of supplement paid for services of various sizes:   * services with one to 10 high-care places * services with 11–20 high-care places * services with 21–30 high-care places. |
| 13211 | Aged annual provisions – minor works | This activity provides minor capital funds for funded organisations and includes vehicles, minor building modifications, repairs and furniture and equipment expenses. |
| 13301 | Aged quality improvement | To support safety through a range of activities including performance monitoring, workforce development, infection management, infrastructure development and social inclusion. |

Output name: HACC-PYP Primary Health, Community Care and Support

| Activity no. | Activity name | Activity description |
| --- | --- | --- |
| 13015 | HACC-PYP Linkages | Individualised packages of care incorporating assessment, case management and funds to purchase services to support HACC-PYP clients. |
| 13023 | HACC-PYP Service Development Grant | One-off projects (up to six months’ duration) to improve quality, effectiveness, and efficiency of HACC-PYP services and service system. |
| 13024 | HACC-PYP Assessment | This activity is described in the *Framework for assessment* *in the HACC program*. Living-at-home assessments for HACC-PYP clients include home-based holistic assessment of need, service-specific assessments, and warm transfer to more relevant programs. |
| 13026 | HACC-PYP Community Care | Personal and in-home supports to people birth to 65 years of age who have difficulty with the activities of daily living |
| 13038 | HACC-PYP Service System Resourcing | Resources to assist the sector to better meet the needs of younger people in the HACC-PYP target group and assist clients to gain better access to services. This also includes the SACS Award. |
| 13043 | HACC-PYP Flexible Service Response | Funding to support innovative and/or developmental approaches to HACC-PYP and/or service delivery that cannot be funded under the unit pricing structure. |
| 13056 | HACC-PYP Planned Activity Group (PAG) | Planned program of group activity to maintain a younger person’s capacity to perform the activities of daily living and social skills. PAG can be offered in a centre or in the community |
| 13063 | HACC-PYP Volunteer Coordination | Funding to coordinators to recruit, train and supervise volunteers and manage the volunteer services to HACC-PYP clients. |
| 13096 | HACC-PYP Allied Health | Allied health services, including clinical assessment, treatment, therapy, or professional advice to HACC-PYP clients, that may be provided in the home or at a centre. |
| 13097 | HACC-PYP Delivered Meals | Subsidy for meals delivered to people in the HACC-PYP target group at home and or in a local venue. |
| 13099 | HACC-PYP Property Maintenance | Assistance with home maintenance or modification, including maintenance and repair of the client’s home, garden, or yard to keep it in a safe and habitable condition, and home modification or minor renovations to the client’s home to help them cope with a disabling condition. |
| 13130 | HACC-PYP Volunteer Coordination – Other | Block funding to offset costs of volunteer programs including volunteer reimbursements, police checks and some program costs. |
| 13217 | HACC-PYP Minor Capital | Minor capital funds to HACC-PYP funded organisations to maintain, refurbish or upgrade infrastructure to support HACC-PYP services. |
| 13223 | HACC-PYP Nursing | Professional nursing care including direct clinical care, clinical assessment to HACC-PYP clients. |
| 13227 | ACCO Services – HACC-PYP | Funding for HACC-PYP services provided by Aboriginal community-controlled organisations. |
| 13229 | HACC-PYP Access and Support | One-on-one support for eligible people aged birth to 65 years who experience barriers in accessing a wide range of services. |

Output name: Aged Care Assessment Service

| Activity no. | Activity name | Activity description |
| --- | --- | --- |
| 13109 | Aged Care Assessment Services Evaluation | Audit data integrity and conformance with My Aged Care systems and processes. |

Output name: Commonwealth Aged Care Assessment – Regional Assessment Service

| Activity no. | Activity name | Activity description |
| --- | --- | --- |
| 13230 | Regional Assessment Service | Assess care needs of frail older people and determine eligibility for the Commonwealth Home Support Programme. |

Output name: Aged support services

| Activity no. | Activity name | Activity description |
| --- | --- | --- |
| 13019 | Personal Alert Victoria | Daily monitoring and emergency response service for frail older people and people with a disability who have high ongoing health and support needs and mostly live alone. |
| 13053 | Victorian Eyecare Service | Provides subsidised eyecare and visual aids to people experiencing disadvantage via metropolitan, outreach and rural services. |
| 13155 | Dementia Services | Funding to Dementia Australia (Victoria) for support, counselling, education and training, dementia awareness week activities and dementia services delivered through two metro and various regional hubs. |
| 13082 | Low-cost Accommodation Support | Outreach programs for older and vulnerable Victorians with unmet complex needs who are homeless or living in insecure or low-cost accommodation. Programs link clients to relevant health, community care and welfare services to improve their health, social connectedness and stabilise their tenancies. |

1. Public health – outputs and activities 2022-23

Output name: Health advancement

| Activity no. | Activity name | Activity description |
| --- | --- | --- |
| 16035 | Communication, information, and advice | To communicate information, via one or more media, to members of the public or other specific external people and groups. |
| 16308 | Injury prevention | To undertake the design, management and evaluation of projects aimed at fostering best practice in injury prevention program planning and delivery. |
| 16348 | Children’s obesity | To implement initiatives to increase healthy eating and physical activity among children. |
| 16349 | Obesity – community projects | To implement obesity prevention place-based initiatives in a community and develop activities to increase healthy eating and physical activity. |
| 16449 | Smoking information – advice and interventions | To provide smoking cessation advice/support and to educate the community and stakeholders about tobacco and smoking-related legislative requirements and to enforce the Tobacco Act 1987. |
| 16450 | Diabetes prevention | To undertake primary and secondary prevention initiatives aimed at reducing the number of people in the Victorian community developing type 2 diabetes and cardiovascular disease. |
| 16454 | Health promotion initiatives | To develop and support programs that prevent illness and promote wellbeing through using a mix of health promotion interventions and capacity-building strategies delivering place-based approaches in Victorian communities. |
| 16460 | Targeted recruitment for screening programs | To undertake a range of activities aimed at improving participation of under-screened and never-screened people in screening programs. |
| 16461 | ACCO services – public health | Funding for those public health services provided by Aboriginal community-controlled organisations. |
| 16462 | Prevention system initiatives | To undertake initiatives aimed at improving prevention system and population health outcomes aligning with local planning mechanism. |
| 16508 | BBV and STI – health promotion | To provide for the delivery of BBV/STI health promotion/prevention services to the community or targeted population groups. |
| 16509 | BBV and STI – community-based care and support | To provide the delivery of community-based care and support to clients, carers, and significant others. |
| 16513 | Screening and preventive messages | To undertake a range of activities within the community aimed at enabling people to make positive decisions about their health and wellbeing. |
| 16514 | Screening service development | To undertake specific activities to improve service delivery, capacity, and program effectiveness. |
| 16515 | Education and training in screening programs | To undertake a range of education and training activities with program stakeholders to support and enhance the delivery of organised screening programs. |
| 16519 | Screening tests and assessments | To provide screening tests and assessments to the target population of an organised screening program. |

Output name: Health protection

| Activity no. | Activity name | Activity description |
| --- | --- | --- |
| 16037 | Immunisation education | To provide educational and promotional resources and programs for immunisation providers as well as parents, adolescents, and older people. |
| 16038 | Tuberculosis screening – management | To provide services and activities related to tuberculosis management. |
| 16042 | Infectious disease investigation and response | To investigate sporadic cases or outbreaks of infectious disease and the institution of suitable control measures. |
| 16047 | Food system quality improvement | To oversee the State Safe Food System through intersectoral linkages with an aim of continuous improvement in system operation through consultation and cooperation. |
| 16049 | Cemetery sector governance | To undertake a range of projects relating to the governance of the cemetery sector. |
| 16084 | Immunisation services | To provide subsidy payments to local governments for childhood immunisation (under six years old) plus associated activities. |
| 16102 | Infectious disease surveillance | To collect, collate and report on data relating to notifiable infectious diseases, as required by legislation. |
| 16103 | Food safety surveillance | To provide microbiological testing and analysis of food samples and surfaces in food premises. |
| 16119 | School and adult immunisation services | To provide subsidy payments to local governments for immunisation service delivery in secondary schools and for adults. |
| 16132 | Food safety research | To provide research into food risks. |
| 16163 | Food safety education | To provide education to local government, public and food businesses on food safety. |
| 16206 | Laboratory testing | To provide a range of laboratory tests for infectious diseases (including arbovirus where applicable), including reference functions, advice on microbiological issues and undertaking education and training in relation to laboratory services. |
| 16360 | Infectious disease education and advice | To provide education and awareness programs in the investigation and control of infectious diseases. |
| 16373 | BBV and STI – clinical services | To provide diagnoses and the clinical management of clients in relation to blood-borne viruses (BBVs), sexually transmissible infections (STIs) and sexual health. |
| 16377 | BBV and STI – surveillance | To collect, collate and report on data relating to notifiable BBVs/STIs. |
| 16381 | Risk management and emergency response | To investigate, evaluate and respond to environmental health risks, emergencies, or incidents, and to perform activities that help us to better respond to emergencies. |
| 16505 | BBV and STI – training and development | To provide education and training to the BBV/STI sector, including volunteers and organisation staff, and coordination of information updates. |
| 16506 | BBV and STI – research | To support commission or undertake research projects related to BBV/STIs in Victoria. |
| 16507 | BBV and STI – laboratory services | To provide laboratory-testing services related to BBV/STIs in Victoria. |
| 16517 | Cancer and screening registers | To maintain a register (as prescribed by legislation where applicable) to record data about cancers and screening results for Victorians. |

Output name: Public health development

| Activity no. | Activity name | Activity description |
| --- | --- | --- |
| 16069 | Public and professional education and support | To undertake planning, development and project management of information provision, social marketing and community and professional education activities addressing priority risk and protective factors. |
| 16203 | Regulation of ART and associated legislation – this is the responsibility of Regulation, Risk, Integrity & Legal Division | To provide funding and support of legislation for assisted reproductive technology (ART). |
| 16107 | Public Health Research Capacity Building | To develop an evidence base that will assist Victorian medical practitioners to safely prescribe cannabidiol, a medicinal cannabis product, to children with severe intractable epilepsy. |

Output name: Primary and dental health

| Activity no. | Activity name | Activity description |
| --- | --- | --- |
| 28043 | Workforce development | Provision of professional, management and organisational development activities for agency staff, managers, and board members |
| 28050 | Women’s health – Health promotion (Prevention & Population Health contributes) | To apply system change by influencing, advising, and working with other health services and local organisations as they seek to respond effectively to the health needs of women. Direct work includes engagement by the service itself, or in partnership or collaboration with others, with women and communities. |
| 28063 | Family planning – Education & training | To improve women’s health for all Victorian women, especially disadvantaged groups. |
| 28064 | Family Planning – Clinical services & training | To improve women’s health for all Victorian women, especially disadvantaged groups. |
| 28068 | Family planning | To assist Victorians to make individual choices on sexual and reproductive health matters |
| 28085 | Community health – Health promotion | Health Promotion funding is provided to agencies across Victoria (primarily community health services) to develop and implement prevention and health promotion initiatives. Initiatives should have a focus on primary prevention (aimed at preventing problems from occurring in the first place), and be developed and delivered at a scale that can impact on the health and wellbeing at a population level. |

1. Calculating funding recall
   1. Calculating NWAU Funding Recall

Funding adjustments are calculated as follows.

**Step 1: Calculate the full-year total NWAU activity.**

**Step 2: Calculate full-year NWAU activity targets.**

**Step 3: Calculate the total performance percentage.**

* Express the actual value as a percentage of the revised target value. This will show the extent to which the health service has performed above or below target.

**Step 4: Calculate the throughput adjustment.**

To calculate the dollar amount of the throughput recall/payment adjustment:

* Multiply the performance percentage falling within the recall/payment threshold (in section 1.16.1 ‘Victorian Funding Recall Policy’) by the target value (calculated in step 2).
* Multiply by this by the Victorian Efficient Price (VEP).
* Multiply that amount by the recall/payment percentage (that is, 50%)
  1. Calculating Transport Accident Commission/ Department of Veterans’ Affairs NWAU Funding Recall

Funding adjustments are calculated as follows.

**Step 1: Calculate the over or under-activity.**

Calculate the over or under-activityby subtracting the total full-year target from total full-year activity.

A negative variance indicates that actual activity is less than the funded target (under-performance), and a positive variance indicated activity is greater than funded performance (over-activity).

**Step 2: Calculate the amount of funding to be recalled or paid.**

Calculate the amount of funding to be recalled (health service liability to department) or paid (department liability to health service) by multiplying the variance calculated in step 1 by the Transport Accident Commission/DVA NWAU unit rate.

* 1. Calculating National Bowel Cancer Screening Program Colonoscopy NWAU recall

Funding adjustments are calculated as follows.

**Step 1: Calculate the over or under-activity.**

Calculate the over or under-activityby subtracting the total full-year target from total full-year activity.

A negative variance indicates that actual activity is less than the funded target (under-performance), and a positive variance indicated activity is greater than funded performance (over-activity).

**Step 2: Calculate the amount of funding to be recalled or paid.**

Calculate the amount of funding to be recalled (health service liability to department) or paid (department liability to health service) by multiplying the variance calculated in step 1 by the NWAU VEP unit rate.

* 1. Calculating Home Dialysis Funding Recall

Funding adjustments are calculated as follows.

**Step 1: Calculate the average activity.**

Calculate the average activity for the financial year by summing results for each month of the year together and dividing by 12 (12 months).

**Step 2: Calculate the over or under-activity.**

Calculate the over or under-activityby subtracting the health service target from the average activity (calculated in step 1).

A negative variance indicates that the average activity is less than the funded target (under-performance), and a positive variance indicates that activity is greater than the funded performance (over-activity).

**Step 3: Calculate the amount of funding to be recalled or paid.**

Calculate the amount of funding to be recalled (health service liability to the department) or paid (department liability to the health service) by multiplying the variance calculated in step 2 by the unit rate.

* 1. Calculating Total Parental Nutrition Recall

Funding adjustments are calculated as follows.

**Step 1: Calculate the average activity.**

Calculate the average activity for the financial year by summing results for each month of the year together and dividing by 12 (12 months).

**Step 2: Calculate the over or under-activity.**

Calculate the over or under-activityby subtracting the health service target from the average activity (calculated in step 1).

A negative variance indicates that the average activity is less than the funded target (under-performance), and a positive variance indicates that activity is greater than the funded performance (over-activity).

**Step 3: Calculate the amount of funding to be recalled or paid.**

Calculate the amount of funding to be recalled (health service liability to the department) or paid (department liability to the health service) by multiplying the variance calculated in step 2 by the NWAU unit rate.

* 1. Calculating Home Enteral Nutrition Recall

Funding adjustments are calculated as follows.

**Step 1: Calculate the average activity.**

Calculate the total activity for the financial year by summing results for each month of the year together and dividing by 12 (12 months).

**Step 2: Calculate the over or under-activity.**

Calculate the over or under-activityby subtracting the health service target from the average activity (calculated in step 1).

A negative variance indicates that the average activity is less than the funded target (under-performance), and a positive variance indicates that activity is greater than the funded performance (over-activity).

**Step 3: Calculate the amount of funding to be recalled or paid.**

Calculate the amount of funding to be recalled (health service liability to the department) or paid (department liability to the health service) by multiplying the variance calculated in step 2 by the unit rate.

# Funding and Activity Levels

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## Budget Tables

### Health Service Modelled Budgets 2021–22 and 2022–23

Notes:

1. Please see Table 2.3 for details on funding flowing through the National Health Funding Pool.
2. Please see Table 2.4 for details on mental health expenditure.
3. Subtotals and totals may not add up due to rounding.
4. Figures adjusted to remove one-off funding impacts in 2021–22 and 2022–23.
5. When published, Statement of Priorities Part C supersede these tables.

Table 2.1: Expenditure budgets 2021–22 and 2022–23

Metropolitan and Regional

| **Health Service** | **2021–2021** | | | | | | | **2022–2023** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Acute Health Services**  **$'000s** | **Ageing, aged and home care**  **$'000s** | **Drugs Services**  **$'000s** | **Mental Health**  **$'000s** | **Primary and Dental Health**  **$'000s** | **Public Health**  **$'000s** | **Total**  **$'000s** | **Acute Health Services**  **$'000s** | **Ageing, aged and home care**  **$'000s** | **Drugs Services**  **$'000s** | **Mental Health**  **$'000s** | **Primary and Dental Health**  **$'000s** | **Public Health**  **$'000s** | **Total**  **$'000s** |
| Albury Wodonga Health | 248,235 | 836 | 793 | 50,484 | 4,442 | 0 | 304,790 | 262,703 | 855 | 813 | 52,439 | 4,544 | 0 | **321,354** |
| Alfred Health | 937,971 | 3,110 | 672 | 98,616 | 2,165 | 9,974 | 1,052,508 | 1,038,299 | 3,177 | 689 | 112,378 | 2,215 | 9,431 | **1,166,188** |
| Austin Health | 784,353 | 1,190 | 2,629 | 92,965 | 0 | 113 | 881,250 | 888,031 | 1,151 | 2,376 | 98,790 | 0 | 116 | **990,464** |
| Barwon Health | 604,147 | 12,842 | 3,113 | 75,697 | 5,458 | 113 | 701,371 | 646,102 | 12,978 | 2,988 | 89,314 | 5,365 | 116 | **756,863** |
| Bendigo Health | 313,214 | 11,531 | 2,270 | 77,270 | 1,388 | 0 | 405,674 | 339,440 | 11,629 | 2,327 | 81,277 | 1,219 | 0 | **435,892** |
| Calvary Health Care Bethlehem Limited | 22,977 | 0 | 0 | 0 | 0 | 0 | 22,977 | 24,048 | 0 | 0 | 0 | 0 | 0 | **24,048** |
| Eastern Health | 839,286 | 8,487 | 18,064 | 174,807 | 4,218 | 0 | 1,044,862 | 904,936 | 8,301 | 15,968 | 179,628 | 4,312 | 0 | **1,113,144** |
| Goulburn Valley Health | 241,540 | 3,737 | 2,916 | 39,645 | 1,751 | 0 | 289,588 | 274,614 | 3,736 | 2,990 | 40,474 | 1,919 | 0 | **323,732** |
| Grampians Health | 411,957 | 36,620 | 302 | 61,443 | 3,979 | 0 | 514,301 | 434,754 | 34,886 | 310 | 62,297 | 3,946 | 0 | **536,194** |
| Latrobe Regional Hospital | 203,644 | 0 | 152 | 66,714 | 1,585 | 0 | 272,096 | 208,890 | 0 | 156 | 68,721 | 1,502 | 0 | **279,269** |
| Melbourne Health | 782,044 | 6,974 | 152 | 327,869 | 0 | 16,365 | 1,133,404 | 857,242 | 6,385 | 156 | 349,175 | 0 | 16,686 | **1,229,643** |
| Mercy Hospitals Victoria Limited | 372,735 | 0 | 152 | 80,777 | 3,718 | 0 | 457,383 | 393,054 | 0 | 156 | 84,254 | 3,610 | 0 | **481,074** |
| Monash Health | 1,596,790 | 10,054 | 4,909 | 253,677 | 14,168 | 800 | 1,880,397 | 1,746,805 | 9,946 | 4,901 | 261,690 | 14,215 | 240 | **2,037,797** |
| Northern Health | 608,668 | 4,397 | 151 | 204 | 0 | 0 | 613,420 | 664,531 | 4,336 | 155 | 7,596 | 0 | 0 | **676,619** |
| Peninsula Health | 535,064 | 6,224 | 2,805 | 70,646 | 7,815 | 0 | 622,553 | 594,323 | 6,135 | 2,875 | 74,261 | 7,621 | 0 | **685,214** |
| Peter MacCallum Cancer Institute | 294,527 | 0 | 0 | 278 | 0 | 357 | 295,163 | 303,849 | 0 | 0 | 287 | 0 | 377 | **304,513** |
| Royal Victorian Eye & Ear Hospital | 108,778 | 0 | 0 | 0 | 0 | 0 | 108,778 | 116,064 | 0 | 0 | 0 | 0 | 0 | **116,064** |
| St Vincent’s Hospital Melbourne Limited | 551,333 | 4,784 | 3,335 | 82,102 | 310 | 202 | 642,068 | 579,363 | 4,753 | 3,420 | 85,869 | 317 | 207 | **673,928** |
| The Royal Children’s Hospital | 544,703 | 20 | 0 | 28,525 | 502 | 1,046 | 574,796 | 564,633 | 21 | 0 | 29,119 | 514 | 458 | **594,745** |
| The Royal Women’s Hospital | 234,085 | 0 | 1,074 | 840 | 469 | 8 | 236,477 | 243,064 | 0 | 1,102 | 796 | 297 | 289 | **245,547** |
| Western Health | 935,321 | 5,872 | 14,660 | 4,022 | 2,711 | 923 | 963,509 | 1,024,804 | 5,801 | 15,008 | 5,587 | 2,772 | 496 | **1,054,468** |
| **Total** | **11,171,372** | **116,677** | **58,151** | **1,586,583** | **54,679** | **29,901** | **13,017,364** | **12,109,549** | **114,089** | **56,390** | **1,683,951** | **54,368** | **28,415** | **14,046,762** |

Subregional and local

| **Health Service** | **2021–2021** | | | | | | | **2022–2023** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Acute Health Services**  **$'000s** | **Ageing, aged and home care**  **$'000s** | **Drugs Services**  **$'000s** | **Mental Health**  **$'000s** | **Primary and Dental Health**  **$'000s** | **Public Health**  **$'000s** | **Total**  **$'000s** | **Acute Health Services**  **$'000s** | **Ageing, aged and home care**  **$'000s** | **Drugs Services**  **$'000s** | **Mental Health**  **$'000s** | **Primary and Dental Health**  **$'000s** | **Public Health**  **$'000s** | **Total**  **$'000s** |
| Bairnsdale Regional Health Service | 73,525 | 1,341 | 792 | 0 | 225 | 0 | **75,883** | 86,136 | 1,372 | 810 | 0 | 230 | 0 | **88,548** |
| Bass Coast Health | 73,181 | 1,689 | 90 | 0 | 2,558 | 0 | **77,518** | 83,561 | 1,727 | 92 | 0 | 2,280 | 0 | **87,659** |
| Benalla Health | 21,865 | 1,234 | 0 | 0 | 1,201 | 0 | **24,300** | 22,478 | 1,261 | 0 | 0 | 1,229 | 0 | **24,968** |
| Central Gippsland Health Service | 69,654 | 3,477 | 571 | 0 | 1,777 | 0 | **75,480** | 72,498 | 3,554 | 586 | 0 | 1,820 | 0 | **78,458** |
| Colac Area Health | 33,554 | 2,247 | 9 | 0 | 663 | 0 | **36,473** | 35,483 | 2,296 | 9 | 0 | 678 | 0 | **38,466** |
| Dhelkaya Health | 35,130 | 3,766 | 0 | 0 | 695 | 0 | **39,591** | 36,056 | 3,891 | 0 | 0 | 956 | 0 | **40,903** |
| East Grampians Health Serv | 25,812 | 1,702 | 0 | 0 | 893 | 0 | **28,407** | 29,106 | 1,741 | 0 | 0 | 914 | 0 | **31,761** |
| Echuca Regional Health | 73,475 | 2,033 | 0 | 0 | 970 | 0 | **76,478** | 80,867 | 2,078 | 0 | 0 | 1,042 | 0 | **83,986** |
| Gippsland Southern Health Service | 23,737 | 2,478 | 211 | 0 | 413 | 0 | **26,839** | 25,112 | 2,534 | 216 | 0 | 422 | 0 | **28,284** |
| Kyabram District Health Services | 17,626 | 1,455 | 0 | 0 | 1,195 | 0 | **20,276** | 17,859 | 1,488 | 0 | 0 | 1,223 | 0 | **20,570** |
| Maryborough District Health Service | 24,369 | 2,653 | 0 | 0 | 781 | 0 | **27,803** | 25,242 | 2,712 | 0 | 0 | 799 | 0 | **28,753** |
| Mildura Base Public Hospital | 121,232 | 0 | 425 | 24,741 | 0 | 0 | **146,398** | 130,236 | 0 | 436 | 25,459 | 0 | 0 | **156,131** |
| Northeast Health Wangaratta | 143,873 | 2,127 | 150 | 0 | 737 | 0 | **146,887** | 156,362 | 2,174 | 154 | 0 | 754 | 0 | **159,444** |
| Portland District Health | 30,301 | 1,240 | 14 | 0 | 1,939 | 0 | **33,494** | 32,555 | 1,267 | 14 | 0 | 1,984 | 0 | **35,820** |
| South West Healthcare | 149,365 | 1,615 | 441 | 32,456 | 2,519 | 0 | **186,397** | 155,535 | 1,651 | 452 | 34,678 | 2,439 | 0 | **194,755** |
| Swan Hill District Health | 48,644 | 2,061 | 0 | 0 | 1,849 | 0 | **52,554** | 51,719 | 2,106 | 0 | 0 | 1,630 | 0 | **55,454** |
| West Gippsland Healthcare Group | 97,220 | 2,970 | 0 | 0 | 1,038 | 0 | **101,228** | 100,989 | 3,032 | 0 | 0 | 1,062 | 0 | **105,084** |
| Western District Health Service | 54,306 | 3,685 | 0 | 117 | 1,044 | 1,100 | **60,252** | 58,543 | 3,768 | 0 | 119 | 703 | 1,000 | **64,133** |
| **Total** | **1,116,869** | **37,774** | **2,702** | **57,314** | **20,499** | **1,100** | **1,236,258** | **1,200,337** | **38,654** | **2,769** | **60,256** | **20,162** | **1,000** | **1,323,177** |

Combined total

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2021–2021** | | | | | | | **2022**–**2023** | | | | | | |
| **Acute Health Services** | **Ageing, aged and home care** | **Drugs Services** | **Mental Health** | **Primary and Dental Health** | **Public Health** | **Total** | **Acute Health Services** | **Ageing, aged and home care** | **Drugs Services** | **Mental Health** | **Primary and Dental Health** | **Public Health** | **Total** |
| **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** |
| Total | 12,288,241 | 154,451 | 60,853 | 1,643,898 | 75,178 | 31,001 | **14,253,622** | 13,309,886 | 152,743 | 59,159 | 1,744,206 | 74,530 | 29,415 | **15,369,939** |

### Small Rural Health Services Expenditure Budgets 2021–22 and 2022–23

Notes:

1. The expenditure budget for the Coleraine campus is reported as part of the Western District Health Service.
2. Subtotals and totals may not add up due to rounding.
3. Figures adjusted to remove one-off funding impacts in 2021–22 and 2022–23.

Table 2.2: Small rural health services expenditure budgets 2021–22 and 2022–23

| **Health Service** | **2021–2022** | | | | | **2022–23** | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Acute Health Services** | **Ageing, aged and home care** | **Mental Health** | **Primary and Dental Health** | **Total** | | **Acute Health Services** | **Ageing, aged and home care** | **Mental Health** | **Primary and Dental Health** | **Total** |
| $'000s | $'000s | $'000s | $'000s | $'000s | | $'000s | $'000s | $'000s | $'000s | $'000s |
| Alexandra District Health | 7,459 | 141 | 0 | 470 | **8,070** | | 7,647 | 144 | 0 | 481 | **8,272** |
| Alpine Health | 13,105 | 2,082 | 0 | 325 | **15,512** | | 13,760 | 2,129 | 0 | 332 | **16,221** |
| Beaufort & Skipton Health Service | 6,569 | 1,050 | 0 | 158 | **7,777** | | 6,839 | 1,073 | 0 | 162 | **8,075** |
| Beechworth Health Service | 5,650 | 1,198 | 0 | 366 | **7,214** | | 6,570 | 1,225 | 0 | 374 | **8,170** |
| Boort District Health | 3,198 | 394 | 0 | 0 | **3,592** | | 3,529 | 402 | 0 | 0 | **3,932** |
| Casterton Memorial Hospital | 4,724 | 1,044 | 0 | 40 | **5,807** | | 5,314 | 1,067 | 0 | 41 | **6,421** |
| Central Highlands Rural Health | 25,773 | 2,463 | 0 | 1,582 | **29,819** | | 29,492 | 2,518 | 0 | 1,155 | **33,165** |
| Cohuna District Hospital | 7,709 | 589 | 0 | 0 | **8,298** | | 8,233 | 602 | 0 | 0 | **8,835** |
| Corryong Health | 5,106 | 862 | 0 | 128 | **6,095** | | 5,253 | 881 | 0 | 131 | **6,265** |
| East Wimmera Health Service | 17,342 | 2,825 | 0 | 648 | **20,815** | | 18,382 | 2,888 | 0 | 663 | **21,933** |
| Great Ocean Road Health | 6,601 | 1,069 | 0 | 221 | **7,891** | | 7,282 | 1,093 | 0 | 226 | **8,601** |
| Heathcote Health | 3,474 | 544 | 0 | 136 | **4,154** | | 3,954 | 556 | 0 | 139 | **4,648** |
| Hesse Rural Health Service | 2,736 | 808 | 0 | 615 | **4,159** | | 2,852 | 826 | 0 | 629 | **4,307** |
| Heywood Rural Health | 3,350 | 515 | 0 | 0 | **3,865** | | 3,592 | 527 | 0 | 0 | **4,119** |
| Inglewood & Districts Health Service | 3,150 | 590 | 0 | 577 | **4,317** | | 3,303 | 603 | 0 | 590 | **4,496** |
| Kerang & District Health | 7,745 | 1,152 | 0 | 0 | **8,897** | | 8,158 | 1,178 | 0 | 0 | **9,335** |
| Kilmore District Health | 18,280 | 1,102 | 0 | 0 | **19,381** | | 19,910 | 1,126 | 0 | 0 | **21,036** |
| Kooweerup Regional Health Services | 6,326 | 956 | 0 | 0 | **7,282** | | 6,588 | 977 | 0 | 0 | **7,565** |
| Mallee Track Health & Community Service | 5,052 | 1,733 | 0 | 0 | **6,785** | | 5,342 | 1,772 | 0 | 0 | **7,114** |
| Mansfield District Hospital | 9,835 | 1,132 | 0 | 416 | **11,384** | | 10,372 | 1,157 | 0 | 425 | **11,955** |
| Moyne Health Services | 5,010 | 1,358 | 0 | 8 | **6,376** | | 5,289 | 1,389 | 0 | 8 | **6,686** |
| NCN Health | 24,361 | 2,886 | 0 | 403 | **27,650** | | 25,321 | 2,950 | 0 | 413 | **28,683** |
| Omeo District Health | 2,825 | 387 | 0 | 0 | **3,212** | | 3,350 | 396 | 0 | 0 | **3,745** |
| Orbost Regional Health | 7,194 | 651 | 0 | 611 | **8,455** | | 7,683 | 665 | 0 | 625 | **8,974** |
| Robinvale District Health Services | 6,679 | 983 | 0 | 248 | **7,909** | | 7,911 | 1,004 | 0 | 253 | **9,169** |
| Rochester And Elmore District Health Service | 6,658 | 1,109 | 0 | 0 | **7,768** | | 7,407 | 1,134 | 0 | 0 | **8,541** |
| Rural Northwest Health | 10,633 | 1,945 | 0 | 619 | **13,196** | | 11,458 | 1,988 | 0 | 633 | **14,080** |
| Seymour District Memorial Hospital | 15,739 | 1,098 | 0 | 93 | **16,930** | | 16,796 | 1,122 | 0 | 95 | **18,013** |
| South Gippsland Hospital | 7,458 | 49 | 0 | 85 | **7,591** | | 7,984 | 50 | 0 | 87 | **8,121** |
| Tallangatta Health Service | 5,184 | 670 | 0 | 237 | **6,091** | | 5,343 | 685 | 0 | 243 | **6,271** |
| Terang And Mortlake Health Service | 6,648 | 688 | 0 | 1,307 | **8,642** | | 6,974 | 703 | 0 | 1,337 | **9,014** |
| Timboon & District Healthcare Service | 4,421 | 359 | 0 | 307 | **5,087** | | 4,745 | 367 | 0 | 314 | **5,426** |
| West Wimmera Health Service | 17,729 | 3,393 | 273 | 2,935 | **24,329** | | 18,575 | 3,469 | 279 | 3,003 | **25,326** |
| Yarram & District Health Service | 7,115 | 811 | 0 | 437 | **8,362** | | 7,682 | 829 | 0 | 545 | **9,056** |
| Yarrawonga District Health Service | 11,717 | 1,422 | 0 | 686 | 13,825 | | 12,529 | 1,454 | 0 | 702 | 14,684 |
| Yea & District Memorial Hospital | 3,430 | 399 | 0 | 387 | 4,216 | | 3,602 | 408 | 0 | 396 | 4,405 |
| **Total** | **305,985** | **40,456** | **273** | **14,045** | 360,758 | | **329,019** | **41,357** | **279** | **14,003** | 384,658 |

### Activity–Based Funding: Health Service Expenditure Budgets 2021–22 and 2022–23 by Service Category

Notes:

1. This table shows (State and Commonwealth) funding flowed through the National Health Funding Pool to activity funding.
2. This table does not include public hospital services provided by small rural health services or non-health service organisations.
3. Grampians Health, activity relating to Edenhope is classified as ‘Small Rural Health service’ activity and is consolidated into Acute admitted activity.  This reflects the amalgamation of Edenhope with Grampians Health in 2021-22.
4. Activity related to ‘Other non-admitted services’ and ‘Non admitted Home Ventilation’ is consolidated with Acute Non-admitted Patients.
5. Subtotals and totals may not add up due to rounding.

Table 2.3: Activity-based funding: Health service expenditure budgets 2021–22 and 2022–23 by service category

Metropolitan and regional

| **Health Services** | **2021**–**2022** | **2022**–**2023** | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Total** | **Acute Admitted** | **Acute Non Admitted Patients** | **Emergency** | **Sub-Acute** | **Sub-Acute Non Admitted** | **Teaching, Training and Research** | **Mental Health Admitted** | **Non-Admitted Mental Health** | **Non-Admitted CAMHS** | **Other Public Hospital Programs** | **Out of Scope of Agreement** | **Specialised Drug Therapies** | **Total** |
|
| **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** |
| Albury Wodonga Health | **304,790** | 110,896 | 12,745 | 21,715 | 6,753 | 1,262 | 3,045 | 8,298 | 22,962 | 6,070 | 0 | 127,609 | 0 | **321,354** |
| Alfred Health | **1,052,508** | 647,713 | 80,658 | 78,154 | 66,624 | 2,374 | 18,476 | 38,526 | 49,640 | 16,037 | 42,432 | 124,256 | 1,300 | **1,166,188** |
| Austin Health | **881,250** | 595,006 | 74,631 | 67,210 | 57,325 | 967 | 17,765 | 37,393 | 30,020 | 17,539 | 0 | 92,608 | 0 | **990,464** |
| Barwon Health | **701,371** | 378,701 | 68,230 | 69,340 | 32,939 | 4,536 | 12,612 | 30,357 | 43,808 | 8,617 | 40,305 | 67,418 | 0 | **756,863** |
| Bendigo Health | **405,674** | 216,573 | 39,506 | 41,969 | 28,314 | 4,307 | 9,221 | 24,936 | 40,931 | 10,070 | 0 | 20,067 | 0 | **435,892** |
| Calvary Health Care Bethlehem Limited | **22,977** | 2,055 | 5,510 | 0 | 8,085 | 6,975 | 515 | 0 | 0 | 0 | 0 | 908 | 0 | **24,048** |
| Eastern Health | **1,044,862** | 586,221 | 79,394 | 119,431 | 66,317 | 0 | 16,191 | 51,738 | 101,164 | 19,728 | 0 | 72,960 | 0 | **1,113,144** |
| Goulburn Valley Health | **289,588** | 174,932 | 25,553 | 42,051 | 16,040 | 0 | 5,353 | 7,816 | 24,140 | 6,049 | 0 | 21,798 | 0 | **323,732** |
| Grampians Health | **514,301** | 275,744 | 41,272 | 54,215 | 28,338 | 1,657 | 11,816 | 17,193 | 32,076 | 7,971 | 0 | 65,911 | 0 | **536,194** |
| Latrobe Regional Hospital | **272,096** | 131,718 | 17,785 | 33,853 | 15,451 | 731 | 5,127 | 17,655 | 37,008 | 9,433 | 0 | 10,507 | 0 | **279,269** |
| Melbourne Health | **1,133,404** | 575,004 | 89,549 | 66,442 | 49,639 | 2,211 | 23,653 | 121,209 | 181,828 | 21,909 | 0 | 98,201 | 0 | **1,229,643** |
| Mercy Hospitals Victoria Limited | **457,383** | 285,728 | 41,893 | 42,006 | 9,514 | 0 | 5,260 | 30,528 | 44,822 | 1,594 | 0 | 19,730 | 0 | **481,074** |
| Monash Health | **1,880,397** | 1,186,960 | 150,891 | 163,787 | 80,306 | 1,019 | 31,904 | 93,458 | 131,822 | 24,716 | 69,230 | 103,703 | 0 | **2,037,797** |
| Northern Health | **613,420** | 395,303 | 67,186 | 82,745 | 42,632 | 0 | 9,853 | 3,801 | 918 | 0 | 29,146 | 45,034 | 0 | **676,619** |
| Peninsula Health | **622,189** | 375,117 | 37,992 | 78,278 | 52,107 | 208 | 8,516 | 17,697 | 46,100 | 3,142 | 0 | 66,057 | 0 | **685,214** |
| Peter MacCallum Cancer Institute | **295,163** | 145,902 | 29,510 | 0 | 4,595 | 0 | 2,831 | 0 | 0 | 0 | 0 | 74,569 | 47,105 | **304,513** |
| Royal Victorian Eye & Ear Hospital | **108,778** | 75,561 | 27,531 | 8,175 | 372 | 0 | 1,855 | 0 | 0 | 0 | 0 | 1,694 | 876 | **116,064** |
| St Vincent's Hospital Melbourne Limited | **642,068** | 365,759 | 58,270 | 53,115 | 42,722 | 938 | 18,248 | 26,113 | 51,259 | 2,726 | 0 | 54,779 | 0 | **673,928** |
| The Royal Children's Hospital | **574,796** | 392,294 | 62,400 | 53,886 | 11,333 | 10,345 | 9,816 | 5,608 | 4,645 | 18,167 | 0 | 17,835 | 8,416 | **594,745** |
| The Royal Women's Hospital | **236,477** | 189,791 | 41,900 | 6,828 | 1,463 | 0 | 4,353 | 484 | 312 | 0 | 0 | 416 | 0 | **245,547** |
| Western Health | **963,509** | 649,989 | 92,673 | 124,308 | 47,070 | 610 | 13,467 | 1,937 | 14,664 | 0 | 48,870 | 60,878 | 0 | **1,054,468** |
| **Total** | **13,017,000** | **7,756,965** | **1,145,080** | **1,207,508** | **667,939** | **38,141** | **229,875** | **534,747** | **858,118** | **173,768** | **229,983** | **1,146,940** | **57,697** | **14,046,762** |

Subregional and local

| **Health Services** | **2021–2022** | **2022–2023** | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Total** | **Acute Admitted** | **Acute Non Admitted Patients** | **Emergency** | **Sub-Acute** | **Sub-Acute Non Admitted** | **Teaching, Training and Research** | **Mental Health Admitted** | **Non-Admitted Mental Health** | **Non-Admitted CAMHS** | **Other Public Hospital Programs** | **Out of Scope of Agreement** | **Specialised Drug Therapies** | **Total** |
|  |
| **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** |
| Bairnsdale Regional Health Service | **75,883** | 50,606 | 8,769 | 16,186 | 5,022 | 545 | 2,577 | 0 | 810 | 0 | 0 | 4,032 | 0 | **88,548** |
| Bass Coast Health | **76,834** | 46,114 | 8,054 | 13,573 | 6,356 | 813 | 1,433 | 0 | 0 | 0 | 0 | 10,961 | 0 | **87,305** |
| Benalla Health | **24,300** | 16,215 | 2,336 | 1,637 | 579 | 773 | 359 | 0 | 0 | 0 | 0 | 3,070 | 0 | **24,968** |
| Central Gippsland Health Service | **75,480** | 43,708 | 9,480 | 12,124 | 3,540 | 803 | 1,559 | 0 | 586 | 0 | 0 | 6,659 | 0 | **78,458** |
| Colac Area Health | **36,473** | 24,117 | 3,216 | 5,312 | 759 | 408 | 422 | 0 | 0 | 0 | 0 | 4,231 | 0 | **38,466** |
| Dhelkaya Health | **39,591** | 22,154 | 4,427 | 1,581 | 4,090 | 535 | 409 | 0 | 0 | 0 | 0 | 7,706 | 0 | **40,903** |
| East Grampians Health Serv | **28,407** | 21,916 | 2,019 | 1,095 | 1,262 | 706 | 1,523 | 0 | 0 | 0 | 0 | 3,240 | 0 | **31,761** |
| Echuca Regional Health | **76,478** | 47,963 | 8,296 | 13,398 | 4,997 | 914 | 2,460 | 0 | 0 | 0 | 0 | 5,959 | 0 | **83,986** |
| Gippsland Southern Health Service | **26,839** | 17,630 | 2,220 | 2,185 | 1,028 | 642 | 252 | 0 | 216 | 0 | 0 | 4,111 | 0 | **28,284** |
| Kyabram District Health Services | **20,276** | 14,077 | 1,336 | 1,304 | 589 | 0 | 154 | 0 | 0 | 0 | 0 | 3,111 | 0 | **20,570** |
| Maryborough District Health Service | **27,803** | 18,589 | 2,399 | 2,637 | 175 | 337 | 560 | 0 | 0 | 0 | 0 | 4,057 | 0 | **28,753** |
| Mildura Base Public Hospital | **146,398** | 85,213 | 8,219 | 19,362 | 4,729 | 0 | 3,299 | 4,984 | 13,747 | 3,061 | 0 | 13,516 | 0 | **156,131** |
| Northeast Health Wangaratta | **146,887** | 104,149 | 11,547 | 25,488 | 7,006 | 1,136 | 2,616 | 14 | 154 | 0 | 0 | 7,333 | 0 | **159,444** |
| Portland District Health | **33,494** | 21,528 | 3,027 | 5,194 | 1,083 | 339 | 322 | 0 | 0 | 0 | 0 | 4,326 | 0 | **35,820** |
| South West Healthcare | **186,397** | 94,810 | 14,556 | 25,246 | 11,797 | 1,267 | 4,229 | 7,245 | 18,423 | 4,014 | 0 | 13,169 | 0 | **194,755** |
| Swan Hill District Health | **52,301** | 28,160 | 5,999 | 10,361 | 2,751 | 926 | 686 | 0 | 0 | 0 | 0 | 6,572 | 0 | **55,454** |
| West Gippsland Healthcare Group | **101,228** | 69,838 | 7,894 | 15,148 | 2,492 | 936 | 2,160 | 0 | 0 | 0 | 0 | 6,615 | 0 | **105,084** |
| Western District Health Service | **59,894** | 36,020 | 5,625 | 8,041 | 2,283 | 432 | 767 | 0 | 119 | 0 | 0 | 10,846 | 0 | **64,133** |
| **Total** | **1,234,962** | **762,807** | **109,419** | **179,873** | **60,538** | **11,512** | **25,787** | **12,242** | **34,055** | **7,075** | **0** | **119,515** | **0** | **1,322,823** |

Combined total

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Health Services** | **2021–2022** | **2022–2023** | | | | | | | | | | | | | |
| **Total** | **Acute Admitted** | **Acute Non Admitted Patients** | **Emergency** | **Sub-Acute** | **Sub-Acute Non Admitted** | **Teaching, Training and Research** | **Mental Health Admitted** | **Non-Admitted Mental Health** | **Non-Admitted CAMHS** | **Other Public Hospital Programs** | **Out of Scope of Agreement** | **CAR T** | **Total** |
|
| **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** |
| **Total** | **14,251,962** | **8,519,772** | **1,254,498** | **1,387,381** | **728,477** | **49,653** | **255,662** | **546,990** | **892,173** | **180,843** | **229,983** | **1,266,456** | **57,697** | **15,369,585** |

### Mental Health Expenditure budgets 2021–22 and 2022–23 by Service Type

Notes:

1. Subtotals and totals may not add up due to rounding.

Table 2.4: Mental health expenditure budgets 2021-22 and 2022-23 by service type

Metropolitan and regional

| **Health Services** | **2021–2022** | | **2022–2023** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Total** | **Acute** | | **Non Acute** | **Ambulatory** | **Psychosocial Rehabilitation & Support** | **Residential** | **Service System Capacity** | **Sub-Acute** | **Total** |
| **$'000s** | **$'000s** | | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** |
| Albury Wodonga Health | **39,308** | 7,900 | | 0 | 22,074 | 1,184 | 1,520 | 2,093 | 6,242 | **41,012** |
| Alfred Health | **98,035** | 37,061 | | 0 | 60,009 | 2,185 | 0 | 6,013 | 6,524 | **111,792** |
| Austin Health | **91,908** | 36,126 | | 5,583 | 40,254 | 1,250 | 0 | 6,896 | 8,116 | **98,225** |
| Barwon Health | **75,226** | 28,934 | | 670 | 45,773 | 1,408 | 1,779 | 5,991 | 4,284 | **88,838** |
| Bendigo Health | **76,778** | 19,760 | | 4,466 | 41,298 | 1,648 | 1,371 | 5,939 | 6,300 | **80,782** |
| Calvary Health Care Bethlehem Limited | **0** | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| Eastern Health | **173,753** | 50,420 | | 0 | 101,628 | 3,435 | 2,706 | 8,742 | 11,635 | **178,566** |
| Goulburn Valley Health | **39,401** | 7,402 | | 0 | 24,624 | 1,175 | 790 | 2,673 | 3,570 | **40,234** |
| Grampians Health | **61,059** | 13,990 | | 2,680 | 35,346 | 1,468 | 1,047 | 3,604 | 3,777 | **61,913** |
| Latrobe Regional Hospital | **66,301** | 15,647 | | 1,340 | 42,115 | 1,297 | 395 | 3,325 | 4,187 | **68,306** |
| Melbourne Health | **325,832** | 110,876 | | 5,806 | 176,759 | 2,547 | 2,845 | 20,667 | 27,633 | **347,132** |
| Mercy Hospitals Victoria Limited | **80,280** | 29,278 | | 0 | 40,483 | 1,456 | 0 | 6,009 | 6,524 | **83,750** |
| Monash Health | **252,103** | 78,551 | | 11,158 | 131,454 | 3,200 | 4,024 | 10,104 | 21,603 | **260,093** |
| Northern Health | **202** | 3,688 | | 0 | 863 | 2,348 | 0 | 698 | 0 | **7,596** |
| Peninsula Health | **70,191** | 16,845 | | 0 | 38,644 | 1,884 | 1,355 | 6,128 | 8,946 | **73,803** |
| Peter MacCallum Cancer Institute | **277** | 0 | | 0 | 0 | 0 | 0 | 287 | 0 | **287** |
| Royal Victorian Eye & Ear Hospital | **0** | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| St Vincent’s Hospital Melbourne Limited | **81,572** | 24,751 | | 0 | 42,123 | 1,728 | 2,866 | 7,340 | 6,524 | **85,334** |
| The Royal Children’s Hospital | **28,357** | 5,648 | | 0 | 20,977 | 150 | 0 | 2,172 | 0 | **28,947** |
| The Royal Women’s Hospital | **835** | 0 | | 0 | 481 | 0 | 0 | 310 | 0 | **791** |
| Western Health | **4,000** | 1,935 | | 0 | 3,344 | 0 | 0 | 287 | 0 | **5,566** |
| **Total** | **1,565,419** | **488,811** | | **31,703** | **868,248** | **28,363** | **20,699** | **99,279** | **125,864** | **1,662,968** |

Subregional and local

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Health Services** | | **2021–2022** | | | **2022–2023** | | | | | | | | | | | | | | |
| **Total** | | **Acute** | | | **Non Acute** | | **Ambulatory** | | **Psychosocial Rehabilitation & Support** | | **Residential** | | **Service System Capacity** | | **Sub-Acute** | | **Total** |
| **$'000s** | | **$'000s** | | | **$'000s** | | **$'000s** | | **$'000s** | | **$'000s** | | **$'000s** | | **$'000s** | | **$'000s** |
| Mildura Base Public Hospital | **24,588** | | 4,515 | | | 0 | | 14,526 | | 1,297 | | 0 | | 2,942 | | 2,029 | | **25,309** | |
| South West Healthcare | **32,257** | | 6,772 | | | 0 | | 19,316 | | 1,086 | | 0 | | 4,261 | | 3,043 | | **34,479** | |
| Western District Health Service | **116** | | 0 | | | 0 | | 0 | | 0 | | 119 | | 0 | | 0 | | **119** | |
| **Total** | **56,961** | | **11,288** | | | **0** | | **33,842** | | **2,383** | | **119** | | **7,202** | | **5,072** | | **59,906** | |

Small rural health

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Health Services** | **2021–2022** | **2022–2023** | | | | | | | | |
| **Total** | | **Acute** | **Non Acute** | **Ambulatory** | **Psychosocial Rehabilitation & Support** | **Residential** | **Service System Capacity** | **Sub-Acute** | **Total** |
| **$'000s** | | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** |
| West Wimmera Health Service | **271** | | 0 | 0 | 0 | 0 | 277 | 0 | 0 | **277** |
| **Total** | **271** | | **0** | **0** | **0** | **0** | **277** | **0** | **0** | **277** |

Non-Government

| **Health Services** | **2021–2022** | **2022–2023** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Total** | | **Acute** | **Non Acute** | **Ambulatory** | **Psychosocial Rehabilitation & Support** | **Residential** | **Service System Capacity** | **Sub-Acute** | **Total** |
| **$'000s** | | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** |
| La Trobe University | **2,038** | | 0 | 0 | 1,338 | 0 | 0 | 747 | 0 | **2,085** |
| The University Of Melbourne | **386** | | 0 | 0 | 0 | 0 | 0 | 395 | 0 | **395** |
|  | **2,424** | | **0** | **0** | **1,338** | **0** | **0** | **1,141** | **0** | **2,480** |

Other

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Health Services** | **2021–2022** | **2022–2023** | | | | | | | | |
| **Total** | | **Acute** | **Non Acute** | **Ambulatory** | **Psychosocial Rehabilitation & Support** | **Residential** | **Service System Capacity** | **Sub-Acute** | **Total** |
| **$'000s** | | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** |
| Lyndoch Living Inc | **386** | | 0 | 0 | 0 | 0 | 395 | 0 | 0 | **395** |
| The Queen Elizabeth Centre | **138** | | 0 | 0 | 0 | 0 | 0 | 142 | 0 | **142** |
| Tweddle Child & Family Health Service | **142** | | 0 | 0 | 0 | 0 | 0 | 145 | 0 | **145** |
| Victorian Council Of Social Services | **203** | | 0 | 0 | 0 | 0 | 0 | 203 | 0 | **203** |
| Victorian Institute Of Forensic Mental Health | **79,545** | | 57,530 | 2,727 | 16,268 | 243 | 0 | 5,322 | 0 | **82,090** |
| **Total** | **80,415** | | **57,530** | **2,727** | **16,268** | **243** | **395** | **5,812** | **0** | **82,975** |

Combined total

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2021–2022** | **2022–2023** | | | | | | | | | |
| **Total** | | **Acute** | **Non Acute** | **Ambulatory** | **Psychosocial Rehabilitation & Support** | **Residential** | **Service System Capacity** | **Sub-Acute** | **Total** |
| **$'000s** | | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** |
| **Total** | **1,705,489** | | **557,629** | **34,430** | **919,697** | **30,989** | **21,490** | **113,435** | **130,936** | **1,808,606** |

### Registered Community Health Centres Budgets 2021–22 and 2022–23

Table 2.5: Registered community expenditure budgets 2021–22 and 2022–23

| **Health Service** | **2021–2022** | | | | | | | **2022–2023** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Acute Health Services** | **Ageing, aged and home care** | **Drugs Services** | **Mental Health** | **Primary and Dental Health** | **Public Health** | **Total** | **Acute Health Services** | **Ageing, aged and home care** | **Drugs Services** | **Mental Health** | **Primary and Dental Health** | **Public Health** | **Total** |
| **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** |
| Access Health And Community | 0 | 1,043 | 0 | 0 | 3,484 | 0 | **4,527** | 0 | 1,067 | 0 | 0 | 3,567 | 0 | **4,634** |
| Ballarat Community Health | 72 | 455 | 3,394 | 761 | 3,185 | 273 | **8,141** | 74 | 466 | 3,601 | 888 | 3,267 | 280 | **8,575** |
| Banyule Community Health | 0 | 628 | 0 | 0 | 3,578 | 0 | **4,206** | 0 | 642 | 0 | 0 | 3,244 | 0 | **3,886** |
| Bellarine Community Health Ltd | 595 | 734 | 0 | 0 | 2,519 | 0 | **3,848** | 609 | 808 | 0 | 0 | 2,585 | 0 | **4,003** |
| Bendigo Community Health Services Limited | 0 | 195 | 4,950 | 141 | 3,995 | 336 | **9,617** | 0 | 200 | 5,196 | 144 | 3,799 | 344 | **9,683** |
| Bentleigh Bayside Community Health | 0 | 339 | 0 | 0 | 2,442 | 0 | **2,781** | 0 | 347 | 0 | 0 | 2,500 | 0 | **2,847** |
| Bhn Better Health Network Ltd | 1,983 | 2,532 | 4,080 | 2 | 4,775 | 781 | **14,153** | 2,028 | 2,594 | 4,761 | 2 | 4,897 | 801 | **15,084** |
| Central Bayside Community Health Services Limited | 0 | 612 | 0 | 0 | 3,721 | 0 | **4,333** | 0 | 626 | 0 | 0 | 3,127 | 0 | **3,753** |
| Cohealth Limited | 0 | 6,217 | 6,262 | 5,136 | 11,413 | 131 | **29,159** | 0 | 6,367 | 8,831 | 6,133 | 12,029 | 134 | **33,494** |
| Darebin Community Health Service | 570 | 708 | 577 | 0 | 5,122 | 0 | **6,977** | 0 | 725 | 592 | 0 | 5,242 | 0 | **6,559** |
| Dpv Health | 0 | 1,557 | 0 | 2 | 9,591 | 0 | **11,150** | 0 | 1,593 | 0 | 2 | 10,531 | 0 | **12,126** |
| Eastern Access Community Health Inc | 0 | 1,151 | 8,973 | 3,468 | 7,089 | 117 | **20,798** | 0 | 1,178 | 9,201 | 3,556 | 7,023 | 120 | **21,077** |
| Gateway Health Limited | 0 | 401 | 4,846 | 141 | 2,811 | 205 | **8,403** | 0 | 2,127 | 2,938 | 197 | 2,918 | 210 | **8,389** |
| Gippsland Lakes Community Health | 496 | 518 | 318 | 38 | 4,215 | 117 | **5,703** | 508 | 927 | 326 | 94 | 4,224 | 120 | **6,199** |
| Grampians Community Health | 0 | 533 | 276 | 88 | 1,358 | 0 | **2,255** | 0 | 546 | 283 | 91 | 1,035 | 0 | **1,954** |
| Ipc Health | 0 | 2,902 | 0 | 0 | 9,697 | 0 | **12,599** | 0 | 3,019 | 0 | 0 | 10,350 | 0 | **13,370** |
| Latrobe Community Health Service Limited | 1,478 | 3,180 | 6,242 | 838 | 8,991 | 0 | **20,728** | 1,512 | 5,921 | 6,520 | 912 | 8,942 | 0 | **23,806** |
| Merri Community Health Services Limited | 0 | 1,310 | 0 | 78 | 4,553 | 0 | **5,942** | 0 | 1,340 | 0 | 80 | 4,311 | 0 | **5,731** |
| Nexus Primary Health | 0 | 1,325 | 717 | 0 | 1,457 | 0 | **3,499** | 0 | 1,796 | 723 | 0 | 1,210 | 0 | **3,729** |
| Nillumbik Community Health Service Ltd | 13 | 895 | 718 | 0 | 4,938 | 0 | **6,564** | 0 | 915 | 857 | 0 | 4,481 | 0 | **6,253** |
| North Richmond Community Health Limited | 1,719 | 91 | 11,150 | 0 | 2,620 | 377 | **15,957** | 1,759 | 93 | 11,509 | 0 | 2,685 | 1,248 | **17,294** |
| Primary Care Connect | 0 | 0 | 1,371 | 0 | 1,312 | 0 | **2,684** | 0 | 0 | 1,523 | 0 | 1,656 | 0 | **3,179** |
| Ranges Community Health | 0 | 258 | 0 | 0 | 2,675 | 0 | **2,934** | 0 | 264 | 0 | 0 | 2,739 | 0 | **3,004** |
| Sunbury Community Health Centre Limited | 0 | 569 | 426 | 226 | 3,274 | 0 | **4,495** | 0 | 582 | 437 | 231 | 2,922 | 0 | **4,172** |
| Sunraysia Community Health Services Limited | 1,360 | 725 | 884 | 0 | 3,779 | 127 | **6,874** | 1,391 | 1,444 | 907 | 0 | 4,056 | 130 | **7,927** |
| All other organisations (<$1 m) | 0 | 40 | 0 | 0 | 237 | 0 | **277** | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| **Total** | **8,287** | **28,917** | **55,185** | **10,921** | **112,829** | **2,463** | **218,602** | **7,881** | **35,586** | **58,204** | **12,330** | **113,341** | **3,387** | **230,728** |

### Local Government Authorities 2021–22 and 2022–23

Notes:

1. This table shows the health funding to local government authorities that receive > $1 million from specific health outputs.
2. The Primary and dental health column includes the impact of machinery of government changes for Maternal and child health services.
3. Subtotals and totals may not add up due to rounding.

Table 2.6: Local government authorities 2021–22 and 2022–23

| **Health Service** | **2021–2022** | | | | | **2022–2023** | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ageing, aged and home care** | **Drugs Services** | **Primary and Dental Health** | **Public Health** | **Total** | **Ageing, aged and home care** | **Drugs Services** | **Primary and Dental Health** | **Public Health** | **Total** |
| **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** |
| Banyule City Council | 300 | 0 | 1,244 | 0 | **1,543** | 915 | 0 | 1,247 | 0 | **2,163** |
| Baw Baw Shire Council | 427 | 0 | 901 | 0 | **1,327** | 436 | 0 | 903 | 0 | **1,339** |
| Bayside City Council | 382 | 0 | 650 | 0 | **1,032** | 1,085 | 0 | 652 | 0 | **1,737** |
| Brimbank City Council | 641 | 0 | 3,105 | 0 | **3,746** | 1,265 | 0 | 3,116 | 0 | **4,381** |
| Cardinia Shire Council | 54 | 0 | 2,045 | 0 | **2,099** | 56 | 0 | 2,051 | 0 | **2,106** |
| Casey City Council | 2,388 | 0 | 6,732 | 0 | **9,120** | 3,638 | 0 | 6,752 | 0 | **10,390** |
| City Of Ballarat | 46 | 0 | 1,613 | 0 | **1,659** | 865 | 0 | 1,618 | 0 | **2,483** |
| City Of Boroondara | 0 | 0 | 1,000 | 0 | **1,000** | 835 | 0 | 1,003 | 0 | **1,837** |
| City Of Darebin | 593 | 0 | 1,581 | 0 | **2,174** | 1,354 | 0 | 1,587 | 0 | **2,940** |
| City Of Greater Geelong | 722 | 0 | 3,376 | 62 | **4,160** | 2,097 | 0 | 3,387 | 64 | **5,547** |
| City Of Kingston | 1,538 | 0 | 1,480 | 0 | **3,019** | 2,852 | 0 | 1,485 | 0 | **4,337** |
| City Of Manningham | 32 | 0 | 955 | 0 | **987** | 906 | 0 | 957 | 0 | **1,863** |
| City Of Port Phillip | 692 | 0 | 861 | 0 | **1,553** | 1,153 | 0 | 864 | 0 | **2,017** |
| City Of Stonnington | 0 | 0 | 684 | 0 | **684** | 506 | 0 | 686 | 0 | **1,191** |
| Frankston City Council | 888 | 0 | 1,887 | 0 | **2,775** | 909 | 0 | 1,893 | 0 | **2,801** |
| Glen Eira City Council | 420 | 0 | 1,252 | 0 | **1,672** | 1,314 | 0 | 1,255 | 0 | **2,569** |
| Golden Plains Shire Council | 176 | 0 | 862 | 0 | **1,038** | 166 | 0 | 874 | 0 | **1,040** |
| Greater Bendigo City Council | 46 | 0 | 2,020 | 0 | **2,066** | 770 | 0 | 2,026 | 0 | **2,796** |
| Greater Shepparton City Council | 94 | 0 | 1,250 | 0 | **1,344** | 96 | 0 | 1,254 | 0 | **1,351** |
| Hobsons Bay City Council | 151 | 0 | 1,109 | 0 | **1,260** | 653 | 0 | 1,112 | 0 | **1,765** |
| Hume City Council | 863 | 0 | 5,248 | 0 | **6,111** | 882 | 0 | 5,264 | 0 | **6,146** |
| Knox City Council | 46 | 0 | 1,600 | 0 | **1,646** | 784 | 0 | 1,605 | 0 | **2,389** |
| Latrobe City Council | 743 | 0 | 1,352 | 0 | **2,095** | 1,565 | 0 | 1,356 | 0 | **2,921** |
| Maribyrnong City Council | 95 | 0 | 1,033 | 0 | **1,128** | 320 | 0 | 1,036 | 0 | **1,356** |
| Maroondah City Council | 25 | 0 | 1,301 | 0 | **1,326** | 538 | 0 | 1,305 | 0 | **1,843** |
| Melbourne City Council | 0 | 0 | 903 | 0 | **903** | 226 | 0 | 906 | 0 | **1,131** |
| Melton City Council | 601 | 0 | 3,295 | 0 | **3,897** | 615 | 0 | 3,305 | 0 | **3,920** |
| Mildura Rural City Council | 520 | 0 | 1,485 | 0 | **2,006** | 793 | 0 | 1,213 | 0 | **2,006** |
| Monash City Council | 0 | 0 | 1,448 | 0 | **1,448** | 1,285 | 0 | 1,452 | 0 | **2,738** |
| Moonee Valley City Council | 547 | 0 | 1,113 | 0 | **1,660** | 1,048 | 0 | 1,116 | 0 | **2,164** |
| Moreland City Council | 573 | 0 | 2,047 | 0 | **2,620** | 1,254 | 0 | 2,053 | 0 | **3,307** |
| Mornington Peninsula Shire Council | 1,083 | 0 | 1,838 | 0 | **2,921** | 2,112 | 0 | 1,843 | 0 | **3,955** |
| Municipal Association Of Victoria | 191 | 0 | 214 | 1,458 | **1,864** | 196 | 0 | 420 | 1,591 | **2,207** |
| The City Of Greater Dandenong | 1,279 | 139 | 2,564 | 0 | **3,982** | 2,375 | 281 | 2,572 | 0 | **5,229** |
| Whitehorse City Council | 455 | 0 | 1,341 | 0 | **1,795** | 1,250 | 0 | 1,345 | 0 | **2,594** |
| Whittlesea City Council | 807 | 0 | 3,858 | 0 | **4,666** | 1,712 | 0 | 3,869 | 0 | **5,581** |
| Wyndham City Council | 1,053 | 0 | 5,703 | 0 | **6,756** | 1,765 | 0 | 5,720 | 0 | **7,485** |
| Yarra City Council | 563 | 0 | 832 | 0 | **1,395** | 748 | 0 | 835 | 0 | **1,583** |
| Yarra Ranges Shire Council | 974 | 0 | 2,112 | 0 | **3,086** | 1,697 | 0 | 2,117 | 0 | **3,813** |
| All other organisations (<$1 m) | 3,854 | 0 | 15,276 | 0 | **19,130** | 6,583 | 0 | 14,804 | 0 | **21,387** |
| **Grand Total** | **23,867** | **139** | **89,168** | **1,520** | **114,694** | **49,617** | **281** | **88,856** | **1,655** | **140,409** |

### Non-Government Providers 2021–22 and 2022–23

Notes:

1. This table shows the health funding to non-government organisations that receive > $1 million from specific health outputs.
2. Subtotals and totals may not add up due to rounding.

Table 2.7: Non-government providers 2021–22 and 2022–23

| **Health Service** | **2021–2022** | | | | | | | **2022–2023** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Acute Health Services** | **Ageing, aged and home care** | **Drugs Services** | **Mental Health** | **Primary and Dental Health** | **Public Health** | **Total** | **Acute Health Services** | **Ageing, aged and home care** | **Drugs Services** | **Mental Health** | **Primary and Dental Health** | **Public Health** | **Total** |
| **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** |
| Aboriginal Community Elders Services Inc | 0 | 154 | 0 | 0 | 284 | 0 | **438** | 0 | 158 | 0 | 0 | 1,163 | 0 | **1,322** |
| Anglican Aged Care Services Group | 0 | 438 | 0 | 0 | 707 | 0 | **1,145** | 0 | 448 | 0 | 0 | 727 | 0 | **1,175** |
| Anglicare Victoria | 0 | 0 | 1,188 | 210 | 0 | 0 | **1,398** | 0 | 0 | 1,218 | 215 | 0 | 0 | **1,433** |
| Arbias Limited | 0 | 572 | 0 | 340 | 0 | 0 | **912** | 0 | 585 | 0 | 524 | 0 | 0 | **1,108** |
| Australian Centre For Grief And Bereavement Inc | 1,974 | 0 | 0 | 0 | 0 | 0 | **1,974** | 2,020 | 0 | 0 | 0 | 0 | 0 | **2,020** |
| Australian College Of Optometry | 0 | 7,328 | 0 | 0 | 0 | 0 | **7,328** | 0 | 7,514 | 0 | 0 | 0 | 0 | **7,514** |
| Australian Community Support Organisation Inc | 0 | 0 | 14,642 | 3,501 | 0 | 0 | **18,142** | 0 | 0 | 15,014 | 3,590 | 0 | 0 | **18,603** |
| Australian Drug Foundation Inc | 0 | 0 | 1,572 | 0 | 0 | 0 | **1,572** | 0 | 0 | 1,612 | 0 | 0 | 0 | **1,612** |
| Australian Red Cross Blood Service | 13,837 | 0 | 0 | 0 | 0 | 0 | **13,837** | 14,179 | 0 | 0 | 0 | 0 | 0 | **14,179** |
| Ballarat And District Aboriginal Co-Operative Limited | 0 | 57 | 466 | 72 | 102 | 0 | **696** | 0 | 58 | 477 | 74 | 472 | 0 | **1,082** |
| Ballarat Hospice Care Inc | 2,795 | 0 | 0 | 0 | 0 | 0 | **2,795** | 2,859 | 0 | 0 | 0 | 0 | 0 | **2,859** |
| Banksia Palliative Care Service Inc | 4,129 | 0 | 0 | 0 | 0 | 0 | **4,129** | 4,224 | 0 | 0 | 0 | 0 | 0 | **4,224** |
| Bendigo And District Aboriginal Co-Operative Ltd | 0 | 87 | 309 | 72 | 265 | 0 | **733** | 0 | 90 | 317 | 73 | 741 | 0 | **1,221** |
| Beyond Blue Limited | 0 | 0 | 0 | 2,233 | 0 | 0 | **2,233** | 0 | 0 | 0 | 2,284 | 0 | 0 | **2,284** |
| Breastscreen Victoria Inc. | 0 | 0 | 0 | 0 | 0 | 48,051 | **48,051** | 0 | 0 | 0 | 0 | 0 | 49,272 | **49,272** |
| Cancer Council Victoria | 6,188 | 0 | 0 | 0 | 0 | 9,192 | **15,379** | 2,696 | 0 | 0 | 0 | 0 | 9,430 | **12,127** |
| Caraniche Pty Ltd | 0 | 0 | 2,043 | 0 | 0 | 0 | **2,043** | 0 | 0 | 2,095 | 0 | 0 | 0 | **2,095** |
| Dandenong & District Aborigines Co-Operative Limited | 272 | 79 | 161 | 144 | 315 | 0 | **971** | 279 | 81 | 165 | 148 | 828 | 0 | **1,502** |
| Darlingford Upper Goulburn Nursing Home Inc | 0 | 1,299 | 0 | 0 | 0 | 0 | **1,299** | 0 | 1,336 | 0 | 0 | 0 | 0 | **1,336** |
| Dementia Australia Limited | 0 | 3,725 | 0 | 0 | 0 | 0 | **3,725** | 0 | 3,820 | 0 | 0 | 0 | 0 | **3,820** |
| Diabetes Australia - Victoria | 0 | 0 | 0 | 0 | 2,219 | 5,348 | **7,567** | 0 | 0 | 0 | 0 | 2,270 | 5,517 | **7,786** |
| Eastern Palliative Care Association Inc. | 12,786 | 0 | 0 | 0 | 0 | 0 | **12,786** | 13,060 | 0 | 0 | 0 | 0 | 0 | **13,060** |
| Family Planning Victoria Inc | 0 | 0 | 0 | 0 | 3,711 | 869 | **4,580** | 0 | 0 | 0 | 0 | 3,797 | 891 | **4,687** |
| Gay And Lesbian Switchboard (Victoria) Inc. | 0 | 0 | 0 | 1,289 | 0 | 46 | **1,335** | 0 | 0 | 0 | 1,349 | 0 | 47 | **1,396** |
| Gegac | 214 | 176 | 476 | 39 | 155 | 0 | **1,060** | 220 | 181 | 1,660 | 40 | 159 | 0 | **2,258** |
| Gunditjmara Aboriginal Co-Operative Limited | 262 | 123 | 441 | 71 | 467 | 0 | **1,364** | 269 | 126 | 452 | 73 | 972 | 0 | **1,892** |
| Harm Reduction Victoria Inc | 0 | 0 | 546 | 460 | 0 | 840 | **1,846** | 0 | 0 | 560 | 512 | 0 | 861 | **1,933** |
| Hepatitis Victoria Inc | 0 | 0 | 0 | 0 | 0 | 1,509 | **1,509** | 0 | 0 | 0 | 0 | 0 | 1,547 | **1,547** |
| Indigo North Health Inc | 0 | 1,228 | 0 | 0 | 578 | 0 | **1,806** | 0 | 1,244 | 0 | 0 | 578 | 0 | **1,823** |
| Integrated Clinical Oncology Network Pty Ltd | 1,466 | 0 | 0 | 0 | 0 | 0 | **1,466** | 16 | 0 | 0 | 0 | 0 | 0 | **16** |
| La Trobe University | 4,995 | 800 | 128 | 2,520 | 740 | 567 | **9,749** | 1,361 | 1,279 | 131 | 2,720 | 757 | 409 | **6,656** |
| Mcauley Community Services For Women | 0 | 378 | 0 | 988 | 0 | 0 | **1,366** | 0 | 387 | 0 | 1,013 | 0 | 0 | **1,400** |
| Mecwa | 0 | 8,733 | 0 | 0 | 0 | 0 | **8,733** | 0 | 11,833 | 0 | 0 | 0 | 0 | **11,833** |
| Melbourne City Mission | 6,824 | 202 | 0 | 0 | 0 | 0 | **7,026** | 6,981 | 206 | 0 | 0 | 0 | 0 | **7,188** |
| Mercy Palliative Care Ltd | 8,637 | 0 | 0 | 0 | 0 | 0 | **8,637** | 8,836 | 0 | 0 | 0 | 0 | 0 | **8,836** |
| Merri Outreach Support Service Inc | 0 | 1,585 | 0 | 0 | 0 | 0 | **1,585** | 0 | 1,624 | 0 | 0 | 0 | 0 | **1,624** |
| Mind Australia | 0 | 0 | 0 | 5,276 | 0 | 0 | **5,276** | 0 | 0 | 0 | 5,410 | 0 | 0 | **5,410** |
| Moira Inc. | 0 | 1,148 | 0 | 0 | 0 | 0 | **1,148** | 0 | 1,175 | 0 | 0 | 0 | 0 | **1,175** |
| Monash University | 3,333 | 0 | 0 | 0 | 0 | 50 | **3,383** | 1,653 | 0 | 0 | 0 | 0 | 414 | **2,067** |
| Mungabareena Aboriginal Corporation | 233 | 39 | 161 | 72 | 231 | 0 | **736** | 239 | 40 | 165 | 74 | 515 | 0 | **1,033** |
| National Ageing Research Institute Ltd | 385 | 836 | 0 | 0 | 0 | 0 | **1,221** | 394 | 845 | 0 | 0 | 0 | 0 | **1,239** |
| Neami Limited | 0 | 0 | 0 | 6,680 | 0 | 0 | **6,680** | 0 | 0 | 0 | 6,823 | 0 | 0 | **6,823** |
| Njernda Aboriginal Corporation | 270 | 178 | 666 | 72 | 189 | 0 | **1,375** | 283 | 186 | 697 | 75 | 748 | 0 | **1,989** |
| Northern District Community Health Service | 0 | 117 | 0 | 0 | 1,467 | 0 | **1,584** | 0 | 117 | 0 | 0 | 1,474 | 0 | **1,592** |
| Odyssey House, Victoria | 0 | 0 | 22,153 | 0 | 0 | 0 | **22,153** | 0 | 0 | 22,716 | 0 | 0 | 0 | **22,716** |
| On The Line Australia Limited | 0 | 0 | 0 | 1,039 | 0 | 0 | **1,039** | 0 | 0 | 0 | 1,062 | 0 | 0 | **1,062** |
| Penington Institute | 0 | 0 | 1,015 | 0 | 0 | 0 | **1,015** | 0 | 0 | 1,041 | 0 | 0 | 0 | **1,041** |
| Peninsula Home Hospice | 4,589 | 0 | 0 | 0 | 0 | 0 | **4,589** | 4,682 | 0 | 0 | 0 | 0 | 0 | **4,682** |
| People Living With HIV/Aids Victoria Inc | 0 | 0 | 0 | 0 | 0 | 1,828 | **1,828** | 0 | 0 | 0 | 0 | 0 | 1,875 | **1,875** |
| Psychiatric Disability Services Of Victoria (Vicserv) Inc | 0 | 0 | 0 | 2,551 | 0 | 0 | **2,551** | 0 | 0 | 0 | 2,445 | 0 | 0 | **2,445** |
| Ramahyuck District Aboriginal Corporation | 269 | 58 | 161 | 170 | 131 | 0 | **789** | 276 | 60 | 165 | 174 | 615 | 0 | **1,289** |
| Red Cliffs And Community Aged Care Services Inc | 0 | 1,162 | 0 | 0 | 0 | 0 | **1,162** | 0 | 1,196 | 0 | 0 | 0 | 0 | **1,196** |
| Royal District Nursing Service Limited | 0 | 27,959 | 0 | 0 | 113 | 777 | **28,848** | 0 | 28,606 | 0 | 0 | 115 | 796 | **29,517** |
| Rumbalara Aboriginal Co-Operative Limited | 215 | 191 | 855 | 72 | 535 | 0 | **1,869** | 220 | 275 | 877 | 74 | 1,521 | 0 | **2,968** |
| Rural Workforce Agency, Victoria Limited | 548 | 0 | 0 | 2,640 | 0 | 0 | **3,188** | 995 | 0 | 0 | 1,225 | 0 | 0 | **2,220** |
| Sacred Heart Mission Inc. | 0 | 516 | 0 | 1,475 | 0 | 0 | **1,992** | 0 | 582 | 0 | 1,513 | 0 | 0 | **2,095** |
| Self Help Addiction Resource Centre Inc | 0 | 0 | 853 | 2,433 | 0 | 0 | **3,285** | 0 | 0 | 874 | 509 | 0 | 0 | **1,384** |
| Spiritual Health Victoria Incorporated | 1,354 | 0 | 0 | 0 | 0 | 0 | **1,354** | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| Tandem Inc | 0 | 0 | 0 | 7,077 | 0 | 0 | **7,077** | 0 | 0 | 0 | 7,069 | 0 | 0 | **7,069** |
| Task Force Community Agency Inc | 0 | 0 | 3,734 | 0 | 0 | 0 | **3,734** | 0 | 0 | 3,823 | 0 | 0 | 0 | **3,823** |
| The Australian Nutrition Foundation-Victorian Division Inc. | 0 | 0 | 0 | 0 | 0 | 1,261 | **1,261** | 0 | 0 | 0 | 0 | 0 | 1,293 | **1,293** |
| The Goulburn Valley Hospice Care Service Inc | 1,809 | 0 | 0 | 0 | 0 | 0 | **1,809** | 1,851 | 0 | 0 | 0 | 0 | 0 | **1,851** |
| The Salvation Army (Victoria) Property Trust | 0 | 3,100 | 12,562 | 192 | 0 | 0 | **15,854** | 0 | 3,175 | 13,886 | 262 | 0 | 0 | **17,323** |
| The University Of Melbourne | 3,267 | 0 | 0 | 2,855 | 267 | 8,092 | **14,481** | 2,008 | 0 | 0 | 2,921 | 273 | 8,759 | **13,961** |
| The Victorian Foundation For Survivors Of Torture Inc | 0 | 0 | 0 | 2,725 | 2,203 | 0 | **4,928** | 0 | 0 | 0 | 2,322 | 2,253 | 0 | **4,575** |
| Uniting Agewell Victoria | 0 | 1,275 | 0 | 0 | 0 | 0 | **1,275** | 0 | 1,305 | 0 | 0 | 0 | 0 | **1,305** |
| Very Special Kids | 2,238 | 0 | 0 | 0 | 0 | 0 | **2,238** | 2,290 | 0 | 0 | 0 | 0 | 0 | **2,290** |
| Victoria Legal Aid | 0 | 0 | 0 | 2,923 | 0 | 0 | **2,923** | 0 | 0 | 0 | 3,048 | 0 | 0 | **3,048** |
| Victorian Aboriginal Community Controlled Health Organisation Inc | 653 | 159 | 158 | 396 | 1,301 | 1,555 | **4,222** | 670 | 163 | 162 | 406 | 3,384 | 1,595 | **6,379** |
| Victorian Aboriginal Health Service Co-Operative Limited | 269 | 195 | 445 | 2,272 | 649 | 200 | **4,030** | 276 | 200 | 457 | 2,330 | 1,433 | 205 | **4,901** |
| Victorian Aids Council Inc | 0 | 0 | 486 | 119 | 0 | 7,417 | **8,023** | 0 | 0 | 499 | 122 | 0 | 7,601 | **8,221** |
| Victorian Assisted Reproductive Treatment Authority | 0 | 0 | 0 | 0 | 0 | 1,702 | **1,702** | 0 | 0 | 0 | 0 | 0 | 1,745 | **1,745** |
| Victorian Clinical Genetics Services Limited | 5,774 | 0 | 0 | 0 | 0 | 2,397 | **8,171** | 5,288 | 0 | 0 | 0 | 0 | 2,458 | **7,746** |
| Victorian Cytology Service Limited | 0 | 0 | 0 | 0 | 0 | 3,027 | **3,027** | 0 | 0 | 0 | 0 | 0 | 3,104 | **3,104** |
| Victorian Health Promotion Foundation | 0 | 0 | 0 | 0 | 0 | 42,138 | **42,138** | 0 | 0 | 0 | 0 | 0 | 43,209 | **43,209** |
| Victorian Mental Illness Awareness Council Inc | 0 | 0 | 0 | 3,279 | 0 | 0 | **3,279** | 0 | 0 | 0 | 2,961 | 0 | 0 | **2,961** |
| Vincentcare Victoria | 0 | 1,169 | 0 | 0 | 0 | 0 | **1,169** | 0 | 1,196 | 0 | 0 | 0 | 0 | **1,196** |
| Wathaurong Aboriginal Co-Operative Limited | 263 | 44 | 309 | 231 | 288 | 0 | **1,136** | 270 | 45 | 317 | 237 | 1,236 | 0 | **2,105** |
| Wellways Australia Limited | 0 | 82 | 0 | 5,801 | 0 | 0 | **5,883** | 0 | 84 | 0 | 5,948 | 0 | 0 | **6,032** |
| Wesley Mission Victoria | 0 | 2,633 | 22,897 | 2,683 | 0 | 0 | **28,213** | 0 | 2,694 | 23,390 | 2,801 | 0 | 0 | **28,884** |
| Western Region Alcohol And Drug Centre Inc | 0 | 0 | 2,402 | 0 | 0 | 0 | **2,402** | 0 | 0 | 2,463 | 0 | 0 | 0 | **2,463** |
| Western Victoria Primary Health Network Limited | 0 | 0 | 704 | 0 | 41 | 919 | **1,663** | 0 | 0 | 721 | 0 | 41 | 606 | **1,369** |
| Windana Drug & Alcohol Recovery Inc. | 0 | 0 | 15,750 | 0 | 0 | 0 | **15,750** | 0 | 0 | 14,119 | 0 | 0 | 0 | **14,119** |
| Wintringham | 0 | 1,025 | 0 | 0 | 0 | 0 | **1,025** | 0 | 1,050 | 0 | 0 | 0 | 0 | **1,050** |
| Women'S Health Victoria Inc | 718 | 0 | 0 | 0 | 1,495 | 519 | **2,731** | 734 | 0 | 0 | 0 | 1,529 | 532 | **2,795** |
| Women'S Health West Inc | 0 | 112 | 0 | 0 | 1,241 | 0 | **1,353** | 0 | 115 | 0 | 0 | 1,269 | 0 | **1,384** |
| Youth Projects Limited | 0 | 0 | 2,895 | 0 | 0 | 0 | **2,895** | 0 | 0 | 4,025 | 0 | 0 | 0 | **4,025** |
| YSAS Pty Ltd | 0 | 0 | 19,464 | 140 | 0 | 0 | **19,604** | 0 | 0 | 20,457 | 143 | 0 | 0 | **20,600** |
| All other organisations (<$1 m) | 12,759 | 21,496 | 4,122 | 9,056 | 11,150 | 1,438 | **60,022** | 11,952 | 22,390 | 4,419 | 9,454 | 11,759 | 1,494 | **61,469** |
| **Total** | **103,324** | **90,461** | **133,766** | **74,169** | **30,841** | **139,741** | **572,303** | **91,079** | **96,468** | **138,974** | **72,022** | **40,632** | **143,660** | **582,834** |

### Other Funded Organisations 2021–22 and 2022–23

Table 2.8: Other funded organisations expenditure budgets 2021–22 and 2022–23

| **Health Service** | **2021–2022** | | | | | | | | **2022–2023** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Acute Health Services** | **Ageing, aged and home care** | **Ambulance Services** | **Drugs Services** | **Mental Health** | **Primary and Dental Health** | **Public Health** | **Total** | **Acute Health Services** | **Ageing, aged and home care** | **Ambulance Services** | **Drugs Services** | **Mental Health** | **Primary and Dental Health** | **Public Health** | **Total** |
| **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** |
| Act Health | 5,905 | 0 | 0 | 0 | 0 | 0 | 0 | 5,905 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ambulance Victoria | 16,430 | 0 | 920,732 | 0 | 0 | 0 | 0 | 937,162 | 26,438 | 0 | 983,904 | 0 | 0 | 0 | 0 | 1,010,342 |
| Australian College Of Nursing Ltd | 0 | 0 | 0 | 0 | 319 | 0 | 0 | 319 | 0 | 0 | 0 | 0 | 1,528 | 0 | 0 | 1,528 |
| Australian Commission On Safety & Quality In Health Care | 2,219 | 0 | 0 | 0 | 0 | 0 | 0 | 2,219 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Border Medical Oncology Research Fund | 1,299 | 0 | 0 | 0 | 0 | 0 | 0 | 1,299 | 998 | 0 | 0 | 0 | 0 | 0 | 0 | 998 |
| Children’s Health Partnership Pty Ltd | 164,764 | 0 | 0 | 0 | 0 | 0 | 0 | 164,764 | 149,605 | 0 | 0 | 0 | 0 | 0 | 0 | 149,605 |
| Dental Health Services Victoria | 44 | 0 | 0 | 0 | 0 | 167,197 | 272 | 167,513 | 212 | 0 | 0 | 0 | 0 | 168,835 | 279 | 169,327 |
| Department Of Health And Ageing | 1,278 | 0 | 0 | 0 | 0 | 0 | 0 | 1,278 | 1,307 | 0 | 0 | 0 | 0 | 0 | 0 | 1,307 |
| Department Of Health Qld | 12,619 | 0 | 0 | 0 | 0 | 0 | 0 | 12,619 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Department Of Health Wa | 2,818 | 0 | 0 | 0 | 0 | 0 | 0 | 2,818 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Epilepsy Foundation | 1,366 | 0 | 0 | 0 | 0 | 0 | 0 | 1,366 | 1,432 | 0 | 0 | 0 | 0 | 0 | 0 | 1,432 |
| Exemplar Health Partnership | 62,754 | 0 | 0 | 0 | 0 | 0 | 0 | 62,754 | 64,349 | 0 | 0 | 0 | 0 | 0 | 0 | 64,349 |
| Healthshare Vic | 41,708 | 0 | 0 | 0 | 0 | 0 | 0 | 41,708 | 42,749 | 0 | 0 | 0 | 0 | 0 | 0 | 42,749 |
| Karingal St Laurence Limited | 0 | 1,249 | 0 | 0 | 246 | 0 | 0 | 1,496 | 0 | 1,279 | 0 | 0 | 253 | 0 | 0 | 1,532 |
| Lyndoch Living Inc | 2,200 | 3,457 | 0 | 0 | 389 | 319 | 0 | 6,365 | 2,241 | 5,227 | 0 | 0 | 398 | 0 | 0 | 7,866 |
| Mallee District Aboriginal Services Limited | 484 | 49 | 0 | 1,421 | 353 | 726 | 0 | 3,032 | 496 | 50 | 0 | 1,457 | 362 | 1,676 | 0 | 4,041 |
| Murray Primary Health Network | 0 | 0 | 0 | 0 | 0 | 41 | 136 | 176 | 0 | 0 | 0 | 0 | 0 | 41 | 994 | 1,036 |
| National Blood Authority | 124,150 | 0 | 0 | 0 | 0 | 0 | 0 | 124,150 | 134,412 | 0 | 0 | 0 | 0 | 0 | 0 | 134,412 |
| Ngwala Willumbong Aboriginal Corporation | 0 | 114 | 0 | 1,259 | 0 | 277 | 0 | 1,649 | 0 | 117 | 0 | 1,291 | 0 | 854 | 0 | 2,262 |
| Orygen | 1,034 | 0 | 0 | 0 | 11,612 | 0 | 0 | 12,647 | 0 | 0 | 0 | 0 | 16,536 | 0 | 0 | 16,536 |
| Plenary Health Casey Pty Ltd (Non Gst) | 14,711 | 0 | 0 | 0 | 0 | 0 | 0 | 14,711 | 15,079 | 0 | 0 | 0 | 0 | 0 | 0 | 15,079 |
| Plenary Health Ccc Pty Ltd | 128,770 | 0 | 0 | 0 | 0 | 0 | 0 | 128,770 | 128,635 | 0 | 0 | 0 | 0 | 0 | 0 | 128,635 |
| Plenary Health Chep Pty Ltd (Non Gst) | 7,302 | 0 | 0 | 0 | 0 | 0 | 0 | 7,302 | 7,433 | 0 | 0 | 0 | 0 | 0 | 0 | 7,433 |
| Postgraduate Medical Council Of Victoria | 1,915 | 0 | 0 | 0 | 0 | 0 | 0 | 1,915 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Rw Health Partnerships Pty Ltd | 46,423 | 0 | 0 | 0 | 0 | 0 | 0 | 46,423 | 44,586 | 0 | 0 | 0 | 0 | 0 | 0 | 44,586 |
| Satellite Foundation | 0 | 0 | 0 | 0 | 754 | 0 | 0 | 754 | 0 | 0 | 0 | 0 | 2,203 | 0 | 0 | 2,203 |
| South Australia Health | 29,173 | 0 | 0 | 0 | 0 | 0 | 0 | 29,173 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| South East Palliative Care Ltd | 5,931 | 0 | 0 | 0 | 0 | 0 | 0 | 5,931 | 6,067 | 0 | 0 | 0 | 0 | 0 | 0 | 6,067 |
| Stephanie Alexander Kitchen Garden Foundation | 0 | 0 | 0 | 0 | 0 | 0 | 2,467 | 2,467 | 0 | 0 | 0 | 0 | 0 | 0 | 2,467 | 2,467 |
| Tasmanian Health Services | 1,453 | 0 | 0 | 0 | 0 | 0 | 0 | 1,453 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| The Florey Institute Of Neuroscience And Mental Health | 291 | 0 | 0 | 0 | 1,629 | 0 | 0 | 1,920 | 0 | 0 | 0 | 0 | 1,667 | 0 | 0 | 1,667 |
| The NSW Ministry Of Health | 15,360 | 0 | 0 | 0 | 0 | 0 | 0 | 15,360 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| The Queen Elizabeth Centre | 631 | 0 | 0 | 0 | 139 | 4,026 | 0 | 4,797 | 684 | 0 | 0 | 0 | 143 | 1,447 | 0 | 2,274 |
| The Walter & Eliza Hall Institute Of Medical Research | 1,428 | 0 | 0 | 0 | 0 | 0 | 0 | 1,428 | 264 | 0 | 0 | 0 | 0 | 0 | 0 | 264 |
| Tweddle Child & Family Health Service | 258 | 0 | 0 | 0 | 143 | 3,735 | 0 | 4,137 | 283 | 0 | 0 | 0 | 146 | 1,101 | 0 | 1,530 |
| Victorian Comprehensive Cancer Centre Ltd | 9,715 | 0 | 0 | 0 | 0 | 0 | 0 | 9,715 | 9,401 | 0 | 0 | 0 | 0 | 0 | 0 | 9,401 |
| Victorian Institute Of Forensic Mental Health | 809 | 0 | 0 | 0 | 80,086 | 0 | 0 | 80,895 | 817 | 0 | 0 | 0 | 82,643 | 0 | 0 | 83,460 |
| All other organisations (<$1 m) | 3,107 | 622 | 0 | 863 | 465 | 1,541 | 265 | 6,863 | 1,391 | 645 | 0 | 885 | 523 | 2,501 | 180 | 6,126 |
| **Grand Total** | **708,349** | **5,491** | **920,732** | **3,543** | **96,137** | **177,862** | **3,139** | **1,915,254** | **638,879** | **7,319** | **983,904** | **3,633** | **106,401** | **176,456** | **3,920** | **1,920,511** |

### Health Operations 2021–22 and 2022–23

Notes:

1. Acute and subacute category includes ambulance services.
2. Subtotals and totals may not add up due to rounding.
3. Figures adjusted to remove one-off funding impacts in 2021–22 and 2022–23.

Table 2.9: Health operations expenditure budgets 2021–22 and 2022–23

| **Provider Type** | **2021–2022** | | | | | | | | **2022–2023** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Acute Health Services** | **Ageing, aged and home care** | **Ambulance Services** | **Drugs Services** | **Mental Health** | **Primary and Dental Health** | **Public Health** | **Total** | **Acute Health Services** | **Ageing, aged and home care** | **Ambulance Services** | **Drugs Services** | **Mental Health** | **Primary and Dental Health** | **Public Health** | **22/23 Total** |
| **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** | **$'000s** |
| Health Service | 12,288,241 | 154,451 | 0 | 60,853 | 1,643,898 | 75,178 | 31,001 | 14,253,622 | 13,309,886 | 152,743 | 0 | 59,159 | 1,744,206 | 74,530 | 29,415 | 15,369,939 |
| Small Rural Health Service | 305,985 | 40,456 | 0 | 0 | 273 | 14,045 | 0 | 360,758 | 329,019 | 41,357 | 0 | 0 | 279 | 14,003 | 0 | 384,658 |
| Community Health Centres | 8,287 | 28,917 | 0 | 55,185 | 10,921 | 112,829 | 2,463 | 218,602 | 7,881 | 35,586 | 0 | 58,204 | 12,330 | 113,341 | 3,387 | 230,728 |
| Local Government | 0 | 23,867 | 0 | 139 | 0 | 89,168 | 1,520 | 114,694 | 0 | 49,617 | 0 | 281 | 0 | 88,856 | 1,655 | 140,409 |
| Non-Government Providers | 103,324 | 90,461 | 0 | 133,766 | 74,169 | 30,841 | 139,741 | 572,303 | 91,079 | 96,468 | 0 | 138,974 | 72,022 | 40,632 | 143,660 | 582,834 |
| Other | 708,349 | 5,491 | 920,732 | 3,543 | 96,137 | 177,862 | 3,139 | 1,915,254 | 638,879 | 7,319 | 983,904 | 3,633 | 106,401 | 176,456 | 3,920 | 1,920,511 |
| **Total** | **13,414,186** | **343,642** | **920,732** | **253,485** | **1,825,398** | **499,924** | **177,865** | **17,435,233** | **14,376,743** | **383,090** | **983,904** | **260,250** | **1,935,238** | **507,818** | **182,037** | **18,629,079** |

## Activity Target Tables

### Victorian Acute Admitted Activity Targets (NWAU) 2022–23

Notes:

1. NBCSP NWAU refers to the National Bowel Cancer Screen Program colonoscopy NWAU.
2. Note that Acute admitted, subacute admitted, Non admitted, And Emergency NWAU are now consolidated into one target, following the introduction of the National Funding Model.
3. Targets include adjustments made in the statement of priorities, including changes relating to National Funding Model implementation.

Table 2.10: Victorian acute admitted activity targets (NWAU) 2022–23

| **Health Service** | **Acute Admitted NWAU** | **NWAU National Bowel Screening Program NWAU** | **Admitted DVA NWAU** | **Admitted TAC NWAU** | **Total NWAU** |
| --- | --- | --- | --- | --- | --- |
| Albury Wodonga Health | 19,609.72 | 6.90 | 92.00 | 62.00 | 19,771 |
| Alfred Health | 120,588.39 | 5.75 | 360.00 | 5,664.00 | 126,618 |
| Austin Health | 102,999.56 | 131.70 | 692.00 | 1,452.00 | 105,275 |
| Bairnsdale Regional Health Service | 10,135.68 | 75.34 | 104.00 | 27.00 | 10,342 |
| Barwon Health | 74,835.05 | 55.96 | 249.00 | 564.00 | 75,704 |
| Bass Coast Health | 7,844.08 | 7.53 | 70.00 | 0.00 | 7,922 |
| Benalla Health | 2,697.28 | 7.25 | 26.00 | 0.00 | 2,731 |
| Bendigo Health | 43,912.34 | 39.47 | 339.00 | 376.00 | 44,667 |
| Central Gippsland Health Service | 7,863.72 | 65.16 | 57.00 | 22.00 | 8,008 |
| Colac Area Health | 3,698.11 | 16.34 | 11.00 | 8.00 | 3,733 |
| Dhelkaya Health | 3,227.21 | 21.13 | 39.00 | 0.00 | 3,287 |
| East Grampians Health Service | 3,459.63 | 4.88 | 6.00 | 1.00 | 3,472 |
| Eastern Health | 114,400.79 | 153.10 | 394.00 | 270.00 | 115,218 |
| Echuca Regional Health | 9,000.15 | 46.36 | 53.00 | 50.00 | 9,150 |
| Gippsland Southern Health Service | 2,772.85 | 37.56 | 27.00 | 5.00 | 2,842 |
| Goulburn Valley Health | 30,278.58 | 30.29 | 194.00 | 204.00 | 30,707 |
| Grampians Health | 49,546.54 | 117.20 | 48.00 | 242.00 | 49,954 |
| Kyabram District Health Services | 2,404.89 | 7.19 | 17.00 | 7.00 | 2,436 |
| Latrobe Regional Hospital | 27,099.41 | 24.94 | 151.00 | 168.00 | 27,443 |
| Maryborough District Health Service | 3,120.32 | 12.49 | 22.00 | 0.00 | 3,155 |
| Melbourne Health | 106,647.24 | 3.56 | 167.00 | 4,946.00 | 111,764 |
| Mercy Hospitals Victoria Limited | 52,724.47 | 96.57 | 81.00 | 22.00 | 52,924 |
| Mildura Base Public Hospital | 15,253.04 | 49.38 | 135.00 | 80.00 | 15,517 |
| Monash Health | 208,261.97 | 1.97 | 421.00 | 489.00 | 209,174 |
| Northeast Health Wangaratta | 17,341.75 | 14.61 | 172.00 | 133.00 | 17,661 |
| Northern Health | 79,444.55 | 206.32 | 167.00 | 361.00 | 80,179 |
| Peninsula Health | 78,338.91 | 5.23 | 377.00 | 309.00 | 79,030 |
| Peter MacCallum Cancer Institute | 25,210.83 |  | 79.00 |  | 25,290 |
| Portland District Health | 3,787.15 | 15.84 | 31.00 | 14.00 | 3,848 |
| Royal Victorian Eye & Ear Hospital | 13,930.30 |  | 17.00 | 30.00 | 13,977 |
| St Vincent's Hospital Melbourne Limited | 64,054.87 | 54.78 | 145.00 | 189.00 | 64,444 |
| South West Healthcare | 17,888.82 | 36.85 | 102.00 | 98.00 | 18,126 |
| Swan Hill District Health | 4,973.83 | 10.14 | 61.00 | 23.00 | 5,068 |
| The Royal Children's Hospital | 68,715.25 |  |  | 380.00 | 69,095 |
| The Royal Women's Hospital | 35,144.28 |  |  | 7.00 | 35,151 |
| West Gippsland Healthcare Group | 12,797.59 |  | 29.00 | 14.00 | 12,841 |
| Western District Health Service | 5,388.86 | 49.80 | 232.00 |  | 5,671 |
| Western Health | 115,904.23 | 192.99 | 264.00 | 434.00 | 116,795 |
| **Total** | **1,565,302.24** | **1,604.58** | **5,431.00** | **16,651.00** | **1,588,988.82** |

### Victorian Small Rural Health Service Acute Admitted Activity Targets 2022–23

Notes:

1. Recall is not applied on notional public/private NWAU targets for small rural health services.
2. NBCSP refers to National Bowel Cancer Screen Program colonoscopy NWAU.
3. NBCSP is paid to actual activity. Targets shown in the table are estimated activity volumes only.

Table 2.11: Victorian small rural health service acute admitted activity targets 2022–23

| **Health Service** | **National Bowel Screening** | **NWAU admitted DVA** | **NWAU admitted TAC** | **NWAU Renal** | **Total** |
| --- | --- | --- | --- | --- | --- |
| Alexandra District Health | 7.23 | 2 |  |  | 9.23 |
| Alpine Health |  | 29 | 7 | 40.27 | 76.27 |
| Beaufort & Skipton Health Service |  |  |  |  | 0 |
| Beechworth Health Service |  | 18 | 6 |  | 24 |
| Boort District Health |  | 23 |  |  | 23 |
| Casterton Memorial Hospital | 4.48 | 2 |  | 3.44 | 9.92 |
| Central Highlands Rural Health | 110.43 | 8 |  | 106.55 | 224.98 |
| Cohuna District Hospital | 7.78 | 6 |  | 24.96 | 38.74 |
| Corryong Health | 0 |  |  | 29.39 | 29.39 |
| Dhelkaya Health |  |  |  |  | 0 |
| East Wimmera Health Service |  | 6 |  | 22.81 | 28.81 |
| Grampians Health |  | 2 |  | 32.57 | 34.57 |
| Great Ocean Road Health |  | 150.46 |  | 21.06 | 171.52 |
| Heathcote Health |  | 1 |  |  | 1 |
| Hesse Rural Health Service |  | 0 | 3 |  | 3 |
| Heywood Rural Health |  | 5 |  |  | 5 |
| Inglewood & Districts Health Service |  |  |  |  |  |
| Kerang & District Health | 3.67 | 11 |  |  | 14.67 |
| Kilmore District Health | 27.45 | 1 |  |  | 28.45 |
| Kooweerup Regional Health Services |  |  |  |  |  |
| Mansfield District Hospital | 9.93 | 7 | 4 | 47.68 | 68.61 |
| Moyne Health Services |  | 17 |  |  | 17 |
| NCN Health | 1.01 | 17 |  |  | 18.01 |
| Omeo District Health |  |  |  |  |  |
| Orbost Regional Health |  | 7 |  | 86.58 | 93.58 |
| Robinvale District Health Services |  |  |  | 176.35 | 176.35 |
| Rochester and Elmore District Health Service |  | 9 |  |  | 9 |
| Rural Northwest Health |  | 8 |  |  | 8 |
| Seymour District Memorial Hospital | 20.8 | 37 |  | 167.68 | 225.48 |
| South Gippsland Hospital | 20.66 | 9 |  |  | 29.66 |
| Tallangatta Health Service |  |  |  |  |  |
| Terang and Mortlake Health Service | 4.5 | 6 |  |  | 10.5 |
| Timboon & District Healthcare Service | 6.43 | 13 |  |  | 19.43 |
| West Wimmera Health Service |  | 6 |  |  | 6 |
| Western District Health Service |  |  | 25.5 |  | 25.5 |
| Yarram & District Health Service |  | 4 |  | 55.29 | 59.29 |
| Yarrawonga District Health Service | 4.51 | 19 |  | 133.35 | 156.86 |
| Yea & District Memorial Hospital |  | 9 |  |  | 9 |
| **Total** | **228.88** | **432.46** | **45.5** | **947.98** | **1654.82** |

### Non-Admitted Radiotherapy Activity (WAU) Targets 2022–23

Table 2.12: Non-admitted radiotherapy activity targets 2022–23

|  |  |  |  |
| --- | --- | --- | --- |
| **Health Service** | **Radiotherapy base variable WAU** | **Radiotherapy DVA base variable WAU** | **Total** |
| Alfred Health | 78,194 | 405 | 78,599 |
| Austin Health | 85,644 | 457 | 86,101 |
| Barwon Health | 42,395 | 344 | 42,739 |
| Peter MacCallum Cancer Institute | 316,290 | 1,307 | 317,597 |
| **Total** | **522,523** | **2,513** | **525,036** |

Table 2.13: Shared care radiotherapy activity targets 2022–23

|  |  |
| --- | --- |
| **Health Service** | **Radiotherapy non admitted shared care** |
| Monash Health | 173 |
| Northern Health | 209 |
| Peninsula Health | 165 |
| Western Health | 17 |
| **Total** | **564** |

### Admitted Subacute and Non-Acute Targets (Subacute NWAU) 2022–23

Notes:

1. Targets include adjustments made in the statement of priorities, including changes relating to National Funding Model implementation.

Table 2.14: Admitted subacute and non-acute targets (subacute NWAU) 2022–23

| **Health Service** | **Subacute admitted NWAU** | **DVA subacute admitted NWAU** |
| --- | --- | --- |
| Albury Wodonga Health | 1,413 | 75 |
| Alfred Health | 13,096 | 135 |
| Austin Health | 14,116 | 184 |
| Bairnsdale Regional Health Service | 1,474 | 31 |
| Barwon Health | 8,050 | 72 |
| Bass Coast Health | 1,863 | 46 |
| Benalla Health | 175 | 10 |
| Bendigo Health | 7,155 | 168 |
| Calvary Health Care Bethlehem Limited | 2,113 | 0 |
| Central Gippsland Health Service | 1,012 | 12 |
| Colac Area Health | 229 | 0 |
| Dhelkaya Health | 1,146 | 36 |
| East Grampians Health Serv | 337 | 0 |
| Eastern Health | 17,517 | 216 |
| Echuca Regional Health | 1,304 | 10 |
| Gippsland Southern Health Service | 302 | 31 |
| Goulburn Valley Health | 4,292 | 63 |
| Grampians Health | 7,092 | 20 |
| Kyabram District Health Services | 185 | 0 |
| Latrobe Regional Hospital | 3,731 | 71 |
| Maryborough District Health Service | 52 | 0 |
| Melbourne Health | 12,597 | 18 |
| Mercy Hospitals Victoria Limited | 2,302 | 49 |
| Mildura Base Public Hospital | 1,404 | 36 |
| Monash Health | 20,310 | 119 |
| Northeast Health Wangaratta | 1,849 | 61 |
| Northern Health | 10,828 | 86 |
| Peninsula Health | 13,286 | 252 |
| Peter MacCallum Cancer Institute | 1,096 | 0 |
| Portland District Health | 324 | 3 |
| Royal Victorian Eye & Ear Hospital | 83 | 0 |
| South West Healthcare | 2,860 | 54 |
| St Vincent’s Hospital Melbourne Limited | 10,987 | 111 |
| Swan Hill District Health | 757 | 23 |
| The Royal Children’s Hospital | 2,113 | 0 |
| The Royal Women’s Hospital | 325 | 0 |
| West Gippsland Healthcare Group | 550 | 0 |
| Western District Health Service | 651 | 366 |
| Western Health | 12,736 | 152 |
| **Total** | **181,713** | **2,509** |

### Transition Care Program Targets 2022–23

Table 2.15: Transition Care Program targets 2022–23

|  |  |  |  |
| --- | --- | --- | --- |
| **Health Service** | **Transition care program bed day** | **Transition care program home day** | **Total** |
| Alfred Health | 21,900.00 | 10,220.00 | 32,120.00 |
| Austin Health | 5,840.41 | 12,410.23 | 18,250.64 |
| Barwon Health | 13,119.62 | 7,320.01 | 20,439.63 |
| Bendigo Health | 18,220.03 | 12,813.90 | 31,033.93 |
| Eastern Health | 26,279.85 | 9,855.45 | 36,135.30 |
| Goulburn Valley Health | 13,118.42 | 13,546.12 | 26,664.54 |
| Grampians Health | 13,847.22 | 9,152.79 | 23,000.01 |
| Latrobe Regional Hospital | 9,111.22 | 7,686.12 | 16,797.34 |
| Melbourne Health | 8,373.30 | 14,652.45 | 23,025.75 |
| Mercy Hospitals Victoria Limited | 2,186.40 | 1,464.45 | 3,650.85 |
| Mildura Base Public Hospital | 2,275.80 | 3,570.00 | 5,845.80 |
| Monash Health | 17,491.23 | 10,983.34 | 28,474.57 |
| Northern Health | 8,745.62 | 15,742.79 | 24,488.41 |
| Peninsula Health | 22,237.43 | 5,491.67 | 27,729.10 |
| Portland District Health | 1,457.60 | 732.22 | 2,189.82 |
| Ramsay Health Care Australia PTY LTD | 0.00 | 0.00 | 0.00 |
| South West Healthcare | 3,645.21 | 3,663.34 | 7,308.55 |
| St Vincent’s Hospital Melbourne Limited | 9,472.02 | 16,459.45 | 25,931.47 |
| Western District Health Service | 1,458.20 | 1,829.45 | 3,287.65 |
| Western Health | 12,389.62 | 12,808.34 | 25,197.96 |
| **Total** | **211,169.20** | **170,402.12** | **381,571.32** |

### Total Parenteral Nutrition Activity Targets (NWAU) 2022–23

Notes:

1. Targets include adjustments made in the statement of priorities, including changes relating to National Funding Model implementation.

Table 2.16: Total parenteral nutrition activity targets (NWAU) 2022–23

|  |  |
| --- | --- |
| **Health Service** | **Service event target** |
| Austin Health | 349.43 |
| Melbourne Health | 273.24 |
| Monash Health | 567.49 |
| St Vincent’s Hospital Melbourne Limited | 149.75 |
| The Royal Children’s Hospital | 312.65 |
| **Total** | **1,652.56** |

### Home Enteral Nutrition Activity Targets (NWAU) 2022–23

Notes:

1. Targets include adjustments made in the statement of priorities, including changes relating to National Funding Model implementation.

Table 2.17: Home enteral nutrition activity targets (NWAU) 2022–23

Metropolitan and Regional

|  |  |
| --- | --- |
| **Health Service** | **Service event target** |
| Albury Wodonga Health | 26.6 |
| Alfred Health | 267.4 |
| Austin Health | 70.8 |
| Barwon Health | 69.4 |
| Bendigo Health | 40.9 |
| Calvary Health Care Bethlehem Limited | 16.5 |
| Eastern Health | 39.2 |
| Goulburn Valley Health | 17.4 |
| Grampians Health | 55.6 |
| Latrobe Regional Hospital | 13.4 |
| Melbourne Health | 72.5 |
| Monash Health | 316.1 |
| Northern Health | 40.4 |
| Peninsula Health | 27.6 |
| Peter MacCallum Cancer Institute | 149.5 |
| St Vincent’s Hospital Melbourne Limited | 126.6 |
| The Royal Children’s Hospital | 489.1 |
| Western Health | 32.2 |
| **Total** | **1871.07** |

Subregional and local

|  |  |
| --- | --- |
| **Health Service** | **Service event target** |
| Bairnsdale Regional Health Service | 3.8 |
| Bass Coast Health | 5.3 |
| Benalla Health | 1.5 |
| Central Gippsland Health Service | 10.4 |
| Colac Area Health | 1.9 |
| East Grampians Health Serv | 2.5 |
| Maryborough District Health Service | 0.8 |
| Mildura Base Public Hospital | 13.6 |
| Northeast Health Wangaratta | 5.7 |
| Portland District Health | 0.8 |
| South West Healthcare | 14.3 |
| Swan Hill District Health | 2.6 |
| West Gippsland Healthcare Group | 6.0 |
| **Total** | **69.14** |

Combined total

|  |  |
| --- | --- |
|  | **Service event target** |
| **Total** | 1,940.2 |

### Home Renal Dialysis Targets 2022–23

Notes:

1. Targets include adjustments made in the statement of priorities, including changes relating to National Funding Model implementation.

Table 2.18 Home renal dialysis targets 2022–23

|  |  |
| --- | --- |
| **Health Service** | **Annual target** |
| Alfred Health | 938.38 |
| Austin Health | 647.65 |
| Barwon Health | 607.81 |
| Bendigo Health | 500.42 |
| Eastern Health | 690.52 |
| Melbourne Health | 1,454.45 |
| Monash Health | 1,986.42 |
| Northern Health | 404.99 |
| St Vincent's Hospital Melbourne Limited | 906.21 |
| The Royal Children’s Hospital | 89.54 |
| Western Health | 1,026.13 |
| **Total** | **9,252.52** |

### Non-Admitted Episode Targets – Community Palliative Care

Notes:

1. In 2022-23, community palliative care will move from targets based on contacts to episodes of care.

Table 2.19 Community Palliative Care - New episodes for distinct clients 2022–23

| Health service/Organisation | Annual target |
| --- | --- |

|  |  |  |
| --- | --- | --- |
| Albury Wodonga Health | | 222 |
| Bairnsdale Regional Health Service | | 73 |
| Ballarat Hospice Care | | 381 |
| Banksia Palliative Care Service | | 951 |
| Barwon Health | | 578 |
| Bass Coast Health | | 83 |
| Bellarine Community Health Service | | 153 |
| Benalla and District Memorial Hospital | | 131 |
| Bendigo Health | | 339 |
| Calvary Health Care Bethlehem | | 1188 |
| Castlemaine Health | | 55 |
| Central Gippsland Health Service | | 133 |
| Colac Area Health | | 77 |
| Health service/Organisation | Annual target | |
| East Grampians Health Service | | 109 |
| Eastern Palliative Care | | 2536 |
| Echuca Regional Health | | 144 |
| Gippsland Lakes Community Health | | 170 |
| Gippsland Southern Health Service | | 81 |
| Goulburn Valley Hospice | | 230 |
| Grampians Health (Wimmera Health Care Group) | | 149 |
| Kyneton District Health (Central Highlands) | | 131 |
| Latrobe Community Health Service | | 190 |
| Maryborough District Health Service | | 39 |
| Melbourne City Mission | | 1418 |
| Mercy Palliative Care | | 2222 |
| North East Health Wangaratta | | 211 |
| NCN Health | | 111 |
| Peninsula Home Hospice Service | | 805 |
| Portland and District Hospital | | 52 |
| Seymour Health | | 165 |
| Palliative Care South East | | 1093 |
| Southwest Healthcare | | 251 |
| Sunraysia Community Health Services | | 202 |
| Swan Hill District Health | | 99 |
| West Gippsland Healthcare Group | | 129 |
| Western District Health Service | | 67 |
| Western Health (Djerriwarrh Health Service) | | 77 |
| Yarram and District Health Service | | 17 |
| Total statewide | | 15,062 |

### Nationally Funded Centres Program 2022–23

Notes:

1. Targets are subject to approval by the Health Chief Executives Forum.
2. Prices are subject to approval by the Health Chief Executives Forum.
3. Paediatric liver transplantation – 55% for The Royal Children’s Hospital and 45% for Austin Health.
4. Paediatric lung/heart-lung transplantation – 97% for Alfred Health and 3% for The Royal Children’s Hospital.

Table 2.19: Nationally Funded Centres Program targets 2022–23

|  |  |  |
| --- | --- | --- |
| **Price Name** | **Health Service** | **Annual target** |
| NFC islet cell transplantation | St Vincent’s Hospital Melbourne Limited | 6 |
| NFC paediatric heart no VAD | The Royal Children’s Hospital | 5 |
| NFC paediatric heart VAD | The Royal Children’s Hospital | 9 |
| NFC paediatric lung transplantation | Alfred Health | 3.88 |
| NFC paediatric lung transplantation | The Royal Children’s Hospital | 0.12 |
| NFC pancreas transplants | Monash Health | 15 |
| NFC transplants paediatric liver | Austin Health | 4.5 |
| NFC transplants paediatric liver | The Royal Children’s Hospital | 5.5 |

### 

### Mental Health Acute, Non-Acute, Subacute, and Residential Available Beds 2022–23

Note for the following three tables:

1. mental health funded bed days
2. Increased capacity through the purchase of public beds from private hospitals and Hospital in the Home is not included in the table
3. Northern Health became a designated mental health service from 1 July 2022. Realignment of funding and targets from Melbourne Health to Northern Health are currently under review.

Table 2.20: Mental health acute available beds 2022–23

Metropolitan and regional

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Health service** | **Mental health funded bed – acute specialist** | **Mental health funded bed – acute adult** | **Mental health funded bed – acute aged** | **Mental health funded bed – acute child and adolescent** | **Total**  **Mental health funded acute bed** | **Total**  **Mental health funded acute bed days** |
| Albury Wodonga Health |  | 15 | 5 |  | 20 | 7,305 |
| Alfred Health | 33 | 54 | 15 |  | 102 | 32,089 |
| Austin Health | 23 | 53 |  | 23 | 99 | 34,189 |
| Grampians Health | 5 | 23 | 10 | 2 | 40 | 14,610 |
| Barwon Health |  | 44 | 6 |  | 50 | 17,267 |
| Bendigo Health Care Group | 5 | 35 | 20 |  | 60 | 21,915 |
| Eastern Health |  | 88 | 30 | 12 | 130 | 47,483 |
| Goulburn Valley Health |  | 15 | 5 |  | 20 | 7,305 |
| Latrobe Regional | 5 | 29 | 10 | 2 | 46 | 16,802 |
| Melbourne Health | 16 | 187 | 54 |  | 257 | 86,085 |
| Mercy Health | 6 | 70 |  |  | 76 | 27,759 |
| Monash Health | 8 | 111 | 40 | 23 | 182 | 66,476 |
| Northern Health |  | 16 |  |  | 16 | 2,190 |
| Peninsula Health |  | 35 | 15 |  | 50 | 18,263 |
| St Vincent’s Hospital |  | 44 | 20 |  | 64 | 23,376 |
| The Royal Children’s Hospital |  |  |  | 17 | 17 | 6,209 |
| Victorian Institute of Forensic Mental Health | 54 |  |  |  | 54 |  |

Subregional and rural

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Health service** | **Mental health funded bed – acute specialist** | **Mental health funded bed – acute adult** | **Mental health funded bed – acute aged** | **Mental health funded bed – acute child and adolescent** | **Total** | **Total** |
| **Mental health funded acute bed** | **Mental health funded acute bed days** |
| Mildura Base Hospital |  | 10 | 2 | 2 | 14 | 5,114 |
| South West Healthcare |  | 15 | 5 |  | 20 | 7,305 |

Combined total

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Mental health funded bed – acute specialist** | **Mental health funded bed – acute adult** | **Mental health funded bed – acute aged** | **Mental health funded bed – acute child and adolescent** | **Total** | **Total** |
| **Mental health funded acute bed** | **Mental health funded acute bed days** |
| **Total** | **155** | **844** | **237** | **81** | **1,317** | **441,742** |

Table 2.21: Mental health non-acute, subacute and residential available beds 2022–23

Metropolitan and regional

| **Health service** | **Mental health funded bed – non-acute** | **Mental health funded bed – subacute CCU** | **Mental health funded bed – subacute PARC** | **Mental health funded bed – residential** | **Total** | **Total** |
| --- | --- | --- | --- | --- | --- | --- |
| **Mental health funded subacute and residential bed** | **Mental health funded subacute and residential bed days** |
| Albury Wodonga Health |  | 26 | 10 | 15 | 51 | 18,628 |
| Alfred Health |  | 20 | 10 |  | 30 | 10,958 |
| Austin Health | 38 | 22 | 10 | 20 | 90 | 32,873 |
| Grampians Health | 12 |  | 12 | 32 | 56 | 20,454 |
| Barwon Health | 3 | 12 | 12 | 45 | 72 | 26,298 |
| Bendigo Health Care Group | 20 | 12 | 20 | 30 | 82 | 29,951 |
| Eastern Health |  | 40 | 20 | 60 | 120 | 43,830 |
| Goulburn Valley Health |  | 10 | 10 | 20 | 40 | 14,610 |
| Latrobe Regional | 6 | 14 | 10 | 10 | 40 | 14,610 |
| Melbourne Health | 26 | 80 | 52 | 62 | 220 | 79,980 |
| Mercy Health |  | 20 | 10 |  | 30 | 10,958 |
| Monash Health | 60 | 40 | 50 | 94 | 244 | 89,121 |
| Peninsula Health |  | 20 | 20 | 30 | 70 | 25,568 |
| St Vincent’s Hospital |  | 20 | 10 | 60 | 90 | 32,873 |
| Victorian Institute of Forensic Mental Health | 82 |  |  |  | 82 |  |

Subregional and local

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Health service** | **Mental health funded bed – non-acute** | **Mental health funded bed – subacute CCU** | **Mental health funded bed – subacute PARC** | **Mental health funded bed – residential** | **Total** | **Total** |
| **Mental health funded subacute and residential bed** | **Mental health funded subacute and residential bed days** |
| Mildura Base Hospital |  |  | 10 |  | 10 | 3,653 |
| South West Health | 0 | 0 | 15 | 13 | 28 | 10,227 |

Combined total

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Mental health funded bed – non-acute** | **Mental health funded bed – subacute CCU** | **Mental health funded bed – subacute PARC** | **Mental health funded bed – residential** | **Total** | **Total** |
| **Mental health funded subacute and residential bed** | **Mental health funded subacute and residential bed days** |
| **Total** | **247** | **336** | **281** | **491** | **1,355** | **464,592** |

Table 2.22: Mental health total acute, non-acute, subacute and residential available beds and available bed days 2022–23

Metropolitan and regional

| **Health service** | **Mental health funded acute bed** | **Mental health funded acute bed days** | **Mental health funded non-acute, subacute, and residential bed** | **Mental health funded non-acute, subacute, and residential bed days** | **Mental health beds** | **Mental health bed days** |
| --- | --- | --- | --- | --- | --- | --- |
| Albury Wodonga Health | 20 | 7,305 | 51 | 18,628 | 71 | 25,933 |
| Alfred Health | 102 | 32,089 | 30 | 10,958 | 132 | 43,047 |
| Austin Health | 99 | 34,189 | 90 | 32,873 | 189 | 67,062 |
| Grampians Health | 40 | 14,610 | 56 | 20,454 | 96 | 35,064 |
| Barwon Health | 50 | 17,267 | 72 | 26,298 | 122 | 43,565 |
| Bendigo Health Care Group | 60 | 21,915 | 82 | 29,951 | 142 | 51,866 |
| Eastern Health | 130 | 47,483 | 120 | 43,830 | 250 | 91,313 |
| Goulburn Valley Health | 20 | 7,305 | 40 | 14,610 | 60 | 21,915 |
| Latrobe Regional Hospital | 46 | 16,802 | 40 | 14,610 | 86 | 31,412 |
| Melbourne Health | 257 | 86,085 | 220 | 79,980 | 477 | 166,065 |
| Mercy Health | 76 | 27,759 | 30 | 10,958 | 106 | 38,717 |
| Monash Health | 182 | 66,476 | 244 | 89,121 | 426 | 155,597 |
| Northern Health | 16 | 2,190 |  |  |  | 2,190 |
| Peninsula Health | 50 | 18,263 | 70 | 25,568 | 120 | 43,831 |
| St Vincent’s Hospital | 64 | 23,376 | 90 | 32,873 | 154 | 56,249 |
| The Royal Children’s Hospital | 17 | 6,209 |  |  | 17 | 6,209 |
| Victorian Institute of Forensic Mental Health | 54 |  | 82 |  | 136 |  |

Subregional and local

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Health service** | **Mental health funded acute bed** | **Mental health funded acute bed days** | **Mental health funded non-acute, subacute, and residential bed** | **Mental health funded non-acute, subacute, and residential bed days** | **Mental health beds** | **Mental health bed days** |
| Mildura Base Hospital | 14 | 5,114 | 10 | 3,653 | 24 | 8,767 |
| South West Health | 20 | 7,305 | 28 | 10,227 | 48 | 17,532 |

Combined total

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Mental health funded acute bed** | **Mental health funded acute bed days** | **Mental health funded non-acute, subacute, and residential bed** | **Mental health funded non-acute, subacute, and residential bed days** | **Mental health beds** | **Mental health bed days** |
| **Total** | **1,317** | **441,742** | **1,355** | **464,592** | **2,656** | **906,334** |

### 

### Mental Health Ambulatory Targets 2022–23

Table 2.23: Mental health acute, non-acute, subacute and residential service hour targets 2022–23

Note:

1. 2022-23 targets are under review on the basis of FYTD performance and the need for adjustment to reflect 2022-23 growth allocations.
2. Northern Health became a designated mental health service from 1 July 2022. Realignment of community service funding and targets from Melbourne Health to Northern Health are currently under review.

Metropolitan and regional

|  |  |
| --- | --- |
| **Health service** | **Ambulatory contacts** |
| Albury Wodonga Health | 44,747 |
| Alfred Health | 118,235 |
| Austin Health | 83,303 |
| Ballarat Health Services | 73,858 |
| Barwon Health | 90,058 |
| Bendigo Health Care Group | 84,277 |
| Eastern Health | 215,218 |
| Goulburn Valley Health | 51,334 |
| Latrobe Regional Hospital | 83,802 |
| Melbourne Health | 348,865 |
| Mercy Health | 84,447 |
| Monash Health | 255,395 |
| Peninsula Health | 69,995 |
| St Vincent’s Hospital | 81,571 |
| The Royal Children’s Hospital | 44,209 |

Subregional and local

|  |  |
| --- | --- |
| **Health service** | **Ambulatory contacts** |
| Mildura Base Hospital | 30,622 |
| South West Healthcare | 39,904 |

Combined total

|  |  |
| --- | --- |
|  | **Ambulatory contacts** |
| **Total** | **1,799,840** |

### Alcohol and Other Drugs Output Targets 2022–23

Table 2.24: Alcohol and other drugs output targets 2022–23

Metropolitan and regional

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Health Service** | **DTU – activity** | **DTAU – residential drug withdrawal** | **DTAU – residential rehabilitation** | **DTAU – Intake and assessment** | **DTAU – Care and recovery coordination** | **DTAU – counselling** | **Episode of care – Mobile overdose response service** | **DTAU – Non-residential withdrawal** | **DTAU – Rural withdrawal** | **Episode of care – Specialist Pharmacotherapy** | **Episode of care – Specialist Pharmacotherapy Service** | **Episode of care – Youth A&D supported accommodation** | **Episode of care – Youth A&D supported accommodation rural** | **Episode of care –Youth Outreach** | **Total** |
| Alfred Health |  |  |  |  |  |  |  |  |  |  | 140 |  |  |  | 140 |
| Austin Health |  |  |  |  |  |  |  |  |  |  | 140 |  |  |  | 140 |
| Barwon Health | 1,940 |  |  | 0 | 0 |  |  |  |  |  |  |  | 5 | 55 | 2,000 |
| Bendigo Health | 2,391 |  |  |  |  |  |  |  |  |  |  |  |  |  | 2,391 |
| Eastern Health | 7,113 |  |  | 0 | 0 |  | 19 |  |  | 100 | 70 |  |  |  | 7,302 |
| Goulburn Valley Health | 2,213 |  |  | 0 | 0 |  |  |  |  |  |  |  |  |  | 2,213 |
| Monash Health | 3,113 |  |  |  |  |  |  |  |  |  |  | 32 |  | 28 | 3,173 |
| Peninsula Health | 1,472 |  |  | 0 | 0 |  |  |  |  |  |  | 8 |  | 109 | 1,589 |
| St Vincent’s Hospital Melbourne Limited | 2,769 |  |  |  |  |  |  |  |  |  |  |  |  |  | 2,769 |
| Western Health | 11,400 |  |  | 497 | 392 | 1,245 |  | 578 |  |  | 140 |  |  | 220 | 14,472 |

Subregional and local

| **Health Service** | **DTU – activity** | **DTAU – residential drug withdrawal** | **DTAU – residential rehabilitation** | **DTAU – Intake and assessment** | **DTAU – Care and recovery coordination** | **DTAU – counselling** | **Episode of care – Mobile overdose response service** | **DTAU – Non-residential withdrawal** | **DTAU – Rural withdrawal** | **Episode of care – Specialist Pharmacotherapy** | **Episode of care – Specialist Pharmacotherapy Service** | **Episode of care – Youth A&D supported accommodation** | **Episode of care – Youth A&D supported accommodation rural** | **Episode of care –Youth Outreach** | **Total** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bairnsdale Regional Health Service | 724 |  |  |  |  |  |  |  |  |  |  |  |  |  | 724 |
| Central Gippsland Health Service | 476 |  |  |  |  |  |  |  |  |  |  |  |  |  | 476 |
| Colac Area Health |  |  |  |  |  |  |  |  |  |  |  |  | 1 |  | 1 |
| Gippsland Southern Health Service | 238 |  |  |  |  |  |  |  |  |  |  |  |  |  | 238 |
| Mildura Base Public Hospital | 308 |  |  |  |  |  |  |  |  |  |  |  |  |  | 308 |
| Portland District Health |  |  |  |  |  |  |  |  |  |  |  |  | 1 |  | 1 |
| Ramsay Health Care Australia PTY LTD | 0 |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 |
| South West Healthcare |  |  |  |  |  |  |  |  | 120 |  | 12 |  |  |  | 132 |

Combined total

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **DTU – activity** | **DTAU – residential drug withdrawal** | **DTAU – residential rehabilitation** | **DTAU – Intake and assessment** | **DTAU – Care and recovery coordination** | **DTAU – counselling** | **Episode of care – Mobile overdose response service** | **DTAU – Non-residential withdrawal** | **DTAU – Rural withdrawal** | **Episode of care – Specialist Pharmacotherapy** | **Episode of care – Specialist Pharmacotherapy Service** | **Episode of care – Youth A&D supported accommodation** | **Episode of care – Youth A&D supported accommodation rural** | **Episode of care –Youth Outreach** | **Total** |
| **Total** | **3,113** | **0** | **0** | **0** | **0** | **0** | **0** | **578** | **120** | **100** | **502** | **40** | **7** | **412** | **38,069** |

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# Acronyms and Abbreviations

ABO blood group system

ACCO Aboriginal community-controlled organisations

ACHI Australian Classification of Health Interventions

ACS Australian Coding Standard

AECC Australian Emergency Care Classification

AIDS acquired immune deficiency syndrome

AIMS Agency Information Management System

ALOS average length of stay

AN-SNAP Australian National Subacute and Non-Acute Patient

AOD alcohol and other drugs

AR-DRG Australian Refined Diagnosis-Related Groups

ASD atrial septal defect

CCU critical care unit

CORE Centre for Outcome and Resource Evaluation

CSO community service organisation

DRG diagnosis-related group

EBA enterprise bargaining agreements

ECT electroconvulsive treatment

ED emergency department

F1 financial data

FCP Family Choice Program

FIM™ Functional Independence Measure

GEM geriatric evaluation and management

HACC Home and Community Care

HACC-PYP Home and Community Care Program Younger People

HARP Hospital Admission Risk Program

HBPCCT hospital-based palliative care consultancy team

HEN home enteral nutrition

HITH Hospital in the Home

HIV human immunodeficiency virus

ICT information communication technology

ICU intensive care unit

IHACPA Independent Health and Aged Care Pricing Authority

LOS length of stay

MDS Hospital Minimum Payroll and Workforce Employee Dataset

MHCSS mental health community support services

MICA mobile intensive care ambulance

NADC Non Admitted Data Collection

NBCSP National Bowel Cancer Screening Program

NGO non-government organisation

NHT nursing home type

NFC Nationally Funded Centres

NHRA National Health Reform Agreement

NWAU national weighted activity unit

OP specialist (outpatient) clinics

PAC post-acute care

PARC prevention and recovery care

PC palliative care

PSRACS public sector residential aged care service

RIR residential in-reach

SACS subacute ambulatory care services

SMF State-Managed Fund

SOP Statement of Priorities

STI sexually transmissible infections

TAC Transport Accident Commission

TCP Transition Care Program

TPN total parenteral nutrition

UDG Urgency Disposition Groups Classification

VACS Victorian Ambulatory Classification and Funding System

VAED Victorian Admitted Episodes Dataset

VCDC Victorian Cost Data Collection

VEP Victorian efficient price

VIC-DRG Victorian-modified Diagnosis-Related Group

ViCTOR Victorian Children’s Tool for Observation and Response

VINAH Victorian Integrated Non-Admitted Health minimum dataset

VRSS Victorian Respiratory Support Service

WASE weighted ambulatory service event

WAU weighted activity unit

WIES weighted inlier equivalent separation

1. Calculated using higher values for projects with range. [↑](#footnote-ref-2)
2. Urgent care centres also provide minor injury/illness services after hours when general practitioner services are not available. [↑](#footnote-ref-3)
3. A registered account with login and password is required to access the portal. [↑](#footnote-ref-4)
4. A registered account with login and password is required to access the portal. [↑](#footnote-ref-5)
5. Biannual in this instance refers to twice yearly. [↑](#footnote-ref-6)
6. Further work will be undertaken on leave event measures terminology that better captures patient experience and Aboriginal community’s holistic understanding of health and wellbeing. [↑](#footnote-ref-7)
7. Distributed to relevant health services. [↑](#footnote-ref-8)
8. State component only. [↑](#footnote-ref-9)
9. Where ‘HACC’ is referred to, the service relates to the Home and Community Care Program for Younger People (HACC-PYP). [↑](#footnote-ref-10)
10. Annual funding is generally calculated as follows:

    Number of operational places × 365.25 days per year × 99% occupancy factor × relevant unit price. Places that are not operational (for a time-limited period or ongoing), or used for any other purpose, will not attract state government PSRACS supplements. [↑](#footnote-ref-11)
11. This supplement was previously referred to as HSUA 1 EBA – hostel. [↑](#footnote-ref-12)
12. Annual funding is generally calculated as follows:

    Number of operational places × 365.25 days per year × 99% occupancy factor × relevant unit price. Places that are not operational (for a time-limited period or ongoing), or used for any other purpose, will not attract state government PSRACS supplements. [↑](#footnote-ref-13)
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