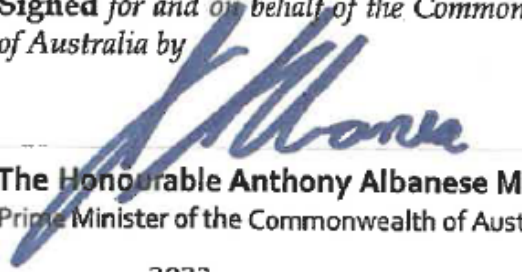


The Parties have confirmed their commitment to this agreement as follows:

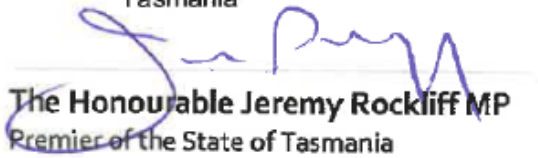
**Signed for and on behalf of the Commonwealth  
of Australia by**



**The Honourable Anthony Albanese MP**  
Prime Minister of the Commonwealth of Australia

2023

**Signed for and on behalf of the  
State of ~~Victoria~~ by  
Tasmania**



**The Honourable Jeremy Rockliff MP**  
Premier of the State of Tasmania

2023

# Schedule A. Financial Contributions

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## Tasmania's financial contributions

1. Tasmania will contribute \$244.3 million in 2019-20.
2. The \$244.3 million includes an \$11.0 million Budget Neutral Adjustment as a result of changes to Commonwealth and State roles and responsibilities under Schedule F of the 2011 National Health Reform Agreement. The Budget Neutral Adjustment will be escalated at 3.5 per cent per annum.
3. The remaining contribution of \$233.3 million in 2019-20 will be escalated as per Clause 4.
  - a. Table 1 outlines Tasmania's financial contribution each year from 2019-20 to 2027-28.
  - b. The reallocation as per Clauses 11-15 in this Schedule, in combination with the escalation rate, will determine Tasmania's contribution for 2023-24 and every five years thereafter.

**TABLE 1: TASMANIA'S CONTRIBUTIONS**

<b>Year</b>	<b>Total (millions)</b>
<b>2019-20</b>	\$244.3
<b>2020-21</b>	\$254.0
<b>2021-22</b>	\$264.1
<b>2022-23</b>	\$274.6
<b>2023-24</b>	\$274.7
<b>2024-25</b>	\$285.6
<b>2025-26</b>	\$297.0
<b>2026-27</b>	\$308.8
<b>2027-28</b>	\$321.1

4. The escalation rate will be a fixed rate of 4.0 per cent per annum to account for inflation and population changes.
  - a. The 4.0 per cent escalation rate will not be reviewed prior to the 2028 review of NDIS costs. Tasmania will not seek any variation of the 4.0 per cent escalation rate prior to the 2028 review.
  - b. The escalation rate may be reassessed by the Parties following the 2028 review, and any subsequent independent review of NDIS costs after 2028.
5. Tasmania's contribution will pay for participant supports, including:
  - a. individualised support packages for Scheme participants; and

- b. Information, Linkages and Capacity Building and other general supports as described by section 13(2) of the NDIS Act.
6. Tasmania's cash contributions will be made in advance, within the first two working days of each quarter, following receipt of an invoice from the NDIA.
7. Tasmania's cash contributions will be adjusted to take into account end of transition arrangements and in-kind funding contributions, as outlined in Schedule B.

## **Commonwealth contributions**

8. The Commonwealth will continue to project the future cost of the NDIS, informed by each independent review of NDIS costs commencing from 2023.
9. The Commonwealth will be responsible for the balance of all NDIS costs, taking into account the financial contributions from Tasmania, and will fully provision for all Commonwealth financial contributions.
10. The Commonwealth's cash contributions will be made in advance, within the first two working days of each quarter, following receipt of an invoice from the NDIA.

## **Reallocation of Tasmania's contributions**

11. A net neutral reallocation of all state and territory contributions will occur from 1 July 2023 and every five years thereafter, in line with each state's and territory's share of the total national population as per the most recent Census data at the time. This Schedule will be amended in 2023 and every five years thereafter to reflect the reallocation.
12. State population shares will be taken from the Australian Bureau of Statistics measure *3101.0 – Australian Demographic Statistics*.
13. State population shares will be taken from the December data from the year that each Census was undertaken (i.e. the first data used will be December 2021 Census data).
14. When a reallocation occurs, the total quantum of baseline state and territory financial contributions to the NDIS in a financial year will be considered as a single figure. This figure will then be divided based upon the updated share of national population residing in each state and territory.
15. This reallocation will result in increased contributions from states and territories whose share of the national population has grown, and reduced contributions from states and territories whose share of the national population has fallen, at the time of reallocation.

## **The National Injury Insurance Scheme (NIIS)**

16. The minimum benchmarks are outlined in the COAG Decision Regulation Impact Statements – Standing Council on Federal Financial Relations for motor vehicle or workplace accidents.
17. Tasmania will make additional contributions to the NDIS if Tasmania's motor vehicle or workplace insurance schemes are below nationally agreed minimum benchmarks, or any revised minimum benchmarks subsequently amended by the Standing Council on Federal Financial Relations. The Commonwealth will agree with states and territories a process to verify that minimum benchmarks continue to be met.
18. The amount of any additional contributions from Tasmania under Clause 17 will be the cost of the NDIS plan, and agreed administration costs, provided to a person in the NDIS.
19. Tasmania and the Commonwealth will continue to assess the feasibility of a NIIS for catastrophic general accidents in good faith, through the Standing Council on Federal Financial Relations.
20. The Commonwealth and Tasmania may continue negotiations, through the Standing Council on Federal Financial Relations, on coverage for no fault catastrophic medical treatment accidents, following a decision by COAG in 2017 to not proceed with the medical injury stream of the NIIS at this time.

## **Discharge delay**

21. The Parties agree to request the Ministerial Council to agree principles, key performance indicators and reporting and amelioration regime for the NDIA and jurisdictions to ensure the timely discharge or release of NDIS eligible individuals from state and territory services, noting that delays in exiting state and territory services have significant impacts on individuals and services.
  - a. For the purposes of this clause, state and territory services include public hospitals, forensic mental health, out-of-home care relating to statutory care and protection orders and correctional facilities.