## **Request for Proposal (RFP) Response Form**

## **Improved Access to Psychological Services in Residential Aged Care Homes (PAC113)**

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| **Organisation Information** | |
| **Legal Entity Name** |  |
| **Trading/Business Name** *(if applicable)* |  |
| **Australian Business Number** *(ABN)* |  |
| **Entity Type** | Choose an item. |
| **Business Address** *(physical)* |  |
| **Business Address** *(mailing)* |  |
| **Telephone** |  |
| **Email** |  |
| **Contact details for RFP** | |
| **Name** |  |
| **Position** |  |
| **Phone** |  |
| **Email** |  |

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| **Part C: Assessment Criteria**  Words in any graphics, images, and/or tables, unless specifically identified by the Assessment Criteria, will be counted as part of the maximum word count for each response. Attaching additional supplementary documents to the application is not permitted unless specifically identified. The following criteria will be used to access proposals.  **Any words exceeding the maximum word count for each criterion will not be considered.** | | | | | |
| 1. **Local Service Model** *(max. 1000 words) [Weighting 25%]*   Provide a high-level overview/summary of the proposed service model. The service model should be evidence based and appropriate for the target group.  This response should also identify how the service model addresses specific local needs and contexts.   1. How the service will prioritise identified vulnerable groups and homes ensuring equitable and prompt access for residents assessed as having the greatest need 2. How the proposed Psychological Services (individual and group therapy) will be implemented, outline the evidence / principles upon which this proposal is based 3. How the service will utilise varied methods of therapy to adapt to individual needs including but not limited to decline in cognition 4. How the model aligns with the stepped care approach 5. How the model will support coordinated and integrated with a multi-disciplinary approach 6. Demonstrate strategies to manage the timely response to referral and demand management to ensure equitable and prompt access for residents with the greatest need     *Optionally, respondent may also submit a graphic/image representation of the proposed service model. This is limited to one A4 page and a maximum of 50 words, which will not be counted toward the word limit for this Assessment Criterion. This graphic may be used to visualise service elements or flow more effectively but should only contain information already detailed in the written response. It may be included as an attachment instead of using the RFP response form.* | | | | | |
| *[Response here]* | | | | | |
| 1. **Responsive Practice** (max. 350 words) [Weighting 15%]   Describe how the proposed service will ensure that support provided to service users is strengths-based, inclusive, culturally safe, person-centred, and trauma-informed. | | | | | |
| *[Response here]* | | | | | |
| 1. **Engagement and Participation** (max. 350 words) [Weighting 15%]   Propose avenues for the service to integrate, collaborate, and develop relationships with key regional stakeholders. This may include other mental health services and initiatives, primary care supports, the wider mental health, health, and community members.  Describe the strategies to be implemented to:   * Reach and meet the needs of identified priority population groups * Engage residents, their family, friends or carers * Support RACH staff to identify variety of mental health needs that are common among residents, facilitate timely and appropriate referrals and provide day-to-day support to enhance staff skills and knowledge.   Explain how residents’ outcomes and experience will be measured including quality improvement mechanisms. | | | | | |
| *[Response here]* | | | | | |
| 1. **Experience and Capacity** (max. 300 words) [Weighting 10%]   Provide details on the nature and extent of previous and current experience in working with older people with mild to moderate mental illness including existing skills and expertise that your organisation will contribute.  Include:   * Any plans for workforce needs associated with implementing services, including the upskilling of mental health professionals to support the needs of RACF residents. * Experience engaging/working with GPs, Residential Aged Care sector and other primary health care providers * Capability to collect, manage and report person centered outcome data through Primary Mental Health Care Minimum Data Set. * Demonstrated experience and evidence of meeting key performance indicators and building evaluation frameworks that inform continuous improvement.   *Respondent may also wish to detail experience providing supports relevant to their specific proposed service model outlined in Criterion 1.* | | | | | |
| *[Response here]* | | | | | |
| 1. **Governance Structure and Systems** *(max. 350 words) [Weighting 15%]*   Describe the applicant organisation’s existing governance structure and processes, and detail how these organisational factors will support the service to deliver high-quality care. Consider how these governance structures and systems impact accountability, decision-making, and reporting processes and enable risk identification, mitigation, and management.  Optionally, respondents may also attach a graphic representation of their current organisational structure. This is limited to one A4 page, and all words must be names, titles, or team/area/project/service designations. Any additional words or descriptions in this organisational structure graphic will not be considered.  Words in this graphic will not be counted towards the word limit for this Assessment Criterion, and it may be included as an attachment instead of using the RFP response form. This graphic or the written response must indicate where under any existing governance structure the service would be directly managed. | | | | | |
| *[Response here]* | | | | | |
| 1. **Implementation Plan** *(max. 250 words) [Weighting 10%]*   Outline your proposed implementation plan/timeline including stakeholder engagement and partnership development, service delivery, marketing and communications, clinical governance, workforce development, quality assurance mechanisms and scale up. | | | | | |
| *[Response here]* | | | | | |
| 1. **Value for Money** *[Weighting 10%]*   Provide a budget demonstrating costing and pricing methodology for the Service, including line item budget, reflecting year on year scale up and reasonable direct to indirect cost ratio.  Please ensure that:   * Administrative costs are capped at a maximum of 14.5% of the proposed budget. * Administration and service delivery costs are specifically defined and itemized where practical. * All amounts included in the proposed budget must be GST-exclusive.   Optionally, respondents may also attach a separate document showing a detailed budget.  Demonstrate value for money by estimating the number of residents and occasions of service to be delivered by the psychological service. | | | | | |
| *[Response here]* | | | | | |
| **Part D: Assurances and Compliance** | | | | | |
| **Conflict of Interest** *(max. 250 words)*Provide details of any interests, relationships or clients which may or do give rise to a conflict of interest and the area of expertise in which that conflict or potential conflict does or may arise, plus details of any strategies for preventing and/or managing conflicts of interest (actual or perceived). | | | | | |
| *[Response here]* | | | | | |
| 1. **Risk management and mitigation strategies** *(max. 250 words)*   Provide details of all risk management strategies and practices of the Applicant that would be applicable or relevant in the context of the supply of goods and/or services. | | | | | |
| *[Response here]* | | | | | |
| 1. **Insurance information:** Provide details of all relevant insurances maintained by the Applicant. | | | | | |
| **Public Liability** | | | | | |
| **Insurance company** |  | | **Policy number** | |  |
| **Amount $** |  | | **Expiry date** | |  |
| **List any relevant exclusions:** | | | | | |
| **Professional Indemnity** | | | | | |
| **Insurance company** |  | | **Policy number** | |  |
| **Amount $** |  | | **Expiry date** | |  |
| **List any relevant exclusions:** | | | | | |
| **Work Cover (if applicable)** | | | | | |
| **Insurance company** |  | | **Policy number** | |  |
| **Amount $** |  | | **Expiry date** | |  |
| **List any relevant exclusions:** | | | | | |
| 1. **Accreditation/Registration/Certification**:Provide relevant details as appropriate. | | | | | |
| **Accreditation/Registration/Certification** | | |  | | |
| **Accreditation/Registration/Certification** | | |  | | |
| **Standard/Obligation** | | |  | | |
| 1. **Referees** | | | | | |
|  | | **Referee 1** | | **Referee 2** | |
| **Name** | |  | |  | |
| **Position** | |  | |  | |
| **Organisation** | |  | |  | |
| **Phone** | |  | |  | |
| **Email** | |  | |  | |
| **Relationship/details** | |  | |  | |

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| **DECLARATION** |

**Please read and sign the following declaration:**

* I have read and accept the Conditions outlined in Parts A, B & C in the RFP.
* I declare that the organisation is financially viable and able to provide the Service.
* I declare that all information provided in this application is true and correct.
* I understand and accept that information provided in this application will be stored by CHN in various formats including hard copy and/or electronic storage.
* I accept that the ‘*Standard Terms and Conditions (PHN)’* will form the basis of the Service Order and are not negotiable.
* I declare that as an applicant, this business is compliant with the Workplace Gender Equality Act 2012 (Cth).

I have supplied all the following Application requirements and supporting documentation (where required):

Completed Response form

Evidence of current Public Liability Insurance (eg. Certificate of Currency)

Evidence of current Professional Indemnity Insurance (eg. Certificate of Currency)

Evidence of Workers Compensation Insurance (eg. Certificate of Currency)

**Signed by authorised organisation representative:**

|  |  |
| --- | --- |
| **Signature** |  |
| **Date** |  |
| **Name** |  |
| **Position** |  |